

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
WESTFIELDS HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
8170 33RD AVENUE SOUTH PO BOX 1309

City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 554401309

D Employer identification number
39-0808442

E Telephone number
(952) 883-6584

G Gross receipts \$ 65,355,947

F Name and address of principal officer
STEVEN M MASSEY
8170 33RD AVENUE SOUTH PO BOX 1309
MINNEAPOLIS, MN 554401309

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 HEALTHPARTNERS COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1950

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	466
6 Total number of volunteers (estimate if necessary)	67
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	38,821

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	87,257	52,714
9 Program service revenue (Part VIII, line 2g)	58,089,695	64,659,747
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	222,480	16,180
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	375,304	279,624
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,774,736	65,008,265
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,070	128,567
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)	36,159,979	37,718,498
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,831,922	24,363,294
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	58,057,971	62,210,359
19 Revenue less expenses Subtract line 18 from line 12	716,765	2,797,906
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	53,934,794	55,027,595
21 Total liabilities (Part X, line 26)	19,086,803	17,367,151
22 Net assets or fund balances Subtract line 21 from line 20	34,847,991	37,660,444

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: _____ Date: 2019-11-14

DAVE A DZIUK CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01413237
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 4200 WELLS FARGO CTR 90 S7TH STREET MINNEAPOLIS, MN 55402			Phone no (612) 305-5000	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WESTFIELDS HOSPITAL, IN PARTNERSHIP WITH OTHERS, WILL IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE WHICH MEETS THE NEEDS OF ALL PEOPLE

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 \$ 55,233,252 including grants of \$ 128,567) (Revenue \$ 64,564,533)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 55,233,252

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	466			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>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></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (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 (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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 JOHNSON CHIEF FINANCIAL OFFICER 535 HOSPITAL ROAD NEW RICHMOND, WI 54017 (715) 243-2852

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) ANGELA BRANDES MD DIRECTOR	0 50 59 50	X						0	238,468	36,434
(2) GREG CHRISTENSON DIRECTOR	0 52	X						0	0	0
(3) HEATHER MCABEE DIRECTOR	0 71	X						0	0	0
(4) TOM MEWS CHAIR & DIRECTOR	1 60	X		X				0	0	0
(5) KATIE WENDT DIRECTOR	0 35	X						0	0	0
(6) JEFF MOBERG DIRECTOR	0 12	X						0	0	0
(7) PATRICK OLSON DIRECTOR	0 35	X						0	0	0
(8) REGAN BROWN DIRECTOR	0 26	X						0	0	0
(9) JILL STEENIS DIRECTOR	0 30	X						0	0	0
(10) AMY DEWANE DIRECTOR	0 50 54 50	X						0	378,147	53,505
(11) ANDREW E DORWART MD DIRECTOR	0 50 49 50	X						0	463,141	54,737
(12) DAVE A DZIUK DIRECTOR & TREASURER	0 50 54 50	X		X				0	678,446	237,019
(13) ANTHONY C HECHT MD DIRECTOR	0 50 59 50	X						0	434,750	42,134
(14) TYLER R SCHMIDTZ DIRECTOR	0 50 49 50	X						0	348,333	72,902
(15) JASON LUHRS DIRECTOR & CFO	0 50 49 50	X		X				0	205,235	62,557
(16) STEVEN MASSEY DIRECTOR, PRESIDENT & CEO	0 50 49 50	X		X				0	302,883	71,564
(17) VINI MANCHANDA DIRECTOR	0 50 49 50	X						0	296,225	73,389

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEVE MUELLERLEILE VP - OPERATIONS & BUSINESS	0 50 39 50			X				0	125,938	29,377
(19) HELEN A SATHRE VP - PATIENT SERVICES	50 00			X				196,789	0	26,544
(20) MICHELE K RIEDEL PHARMACIST	40 00					X		146,144	0	39,718
(21) JENNIFER FLETCH PHYSICIAN ASSISTANCE	40 00					X		148,796	0	17,720
(22) NICOLE M TROSEN PHARMACY MANAGER	40 00					X		136,767	0	39,517
(23) JACQUELINE M NELSON PHARMACIST	40 00					X		132,702	0	29,215
(24) JOANN MCGATH PHARMACIST	40 00					X		133,265	0	20,888
(25) DAVID DEGEAR MD FORMER VP - MEDICAL AFFAIRS	0 50 64 50						X	0	485,818	54,056
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								894,463	3,957,384	961,276

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 ▶ 33

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RIVER VALLEY ANESTHESIA INC PO BOX 118 NEW RICHMOND, WI 540170118	ANESTHESIA SERVICES	1,390,586
DERRICK BUILDING SOLUTIONS LLC PO BOX 445 NEW RICHMOND, WI 54017	CONSTRUCTION SERVICES	872,215
CANCER CENTER OF WESTERN WISCONSIN 501 HOSPITAL RD NEW RICHMOND, WI 54017	MEDICAL SERVICE	639,260
SHARED MEDICAL TECHNOLOGY INC 202 W NEWTON ST RICE LAKE, WI 54868	RADIOLOGY SERVICES	383,560
REGIONS HOSPITAL 640 JACKSON ST ST PAUL, MN 551012595	MEDICAL SERVICE	383,020

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 ▶ 19

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	52,714		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		52,714		

Program Service Revenue			Business Code			
	2a PATIENT SERVICES			64,564,533	64,564,533	
	b DIETARY SERVICES		623000	95,214		95,214
	c _____		722514			
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f			64,659,747		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,180			16,180	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses		554,920			
		c Rental income or (loss)		347,682			
		d Net rental income or (loss)		207,238			207,238
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	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 OTHER INCOME	900099	46,574			46,574		
b GIFT SHOP	453220	25,812			25,812		
c _____							
d All other revenue							
e Total. Add lines 11a-11d		72,386					
12 Total revenue. See Instructions		65,008,265	64,564,533	0	391,018		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	128,567	128,567		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	223,333		223,333	
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.	32,992,411	29,136,632	3,855,779	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	735,155	649,238	85,917	
9 Other employee benefits.	2,220,618	1,984,516	236,102	
10 Payroll taxes.	1,546,981	1,366,187	180,794	
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.				
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).	4,432,613	4,207,379	225,234	
12 Advertising and promotion.	224,236	8,355	215,881	
13 Office expenses.	430,580	294,298	136,282	
14 Information technology.	256,993	146,466	110,527	
15 Royalties.				
16 Occupancy.	904,244	850,206	54,038	
17 Travel.	72,132	47,550	24,582	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	38,305	22,542	15,763	
20 Interest.	370,791	370,791		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,173,538	2,636,988	536,550	
23 Insurance.	332,042	332,042		
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 DRUGS	7,723,958	7,723,958		
b MEDICAL SUPPLIES	3,306,597	3,292,841	13,756	
c EQUIPMENT RENT/LEASE	1,900,647	1,022,000	878,647	
d MISCELLANEOUS	676,915	676,915		
e All other expenses	519,703	335,781	183,922	
25 Total functional expenses. Add lines 1 through 24e.	62,210,359	55,233,252	6,977,107	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	634,537	1	1,675,822
	2 Savings and temporary cash investments	10,399,376	2	15,346,114
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,615,836	4	7,286,964
	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	707,597	8	852,240
	9 Prepaid expenses and deferred charges	183,592	9	154,546
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 47,711,033		
	b Less accumulated depreciation	10b 24,327,169	23,794,258	10c 23,383,864
	11 Investments—publicly traded securities	8,135,910	11	2,823,003
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	395,235	13	385,000
	14 Intangible assets	1,412,608	14	1,412,608
	15 Other assets See Part IV, line 11	1,655,845	15	1,707,434
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,934,794	16	55,027,595	
Liabilities	17 Accounts payable and accrued expenses	9,537,728	17	8,539,786
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	9,549,075	20	8,827,365
	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		25	
	26 Total liabilities. Add lines 17 through 25	19,086,803	26	17,367,151
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	34,847,991	27	37,660,444
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	34,847,991	33	37,660,444	
34 Total liabilities and net assets/fund balances	53,934,794	34	55,027,595	

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	65,008,265
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,210,359
3	Revenue less expenses Subtract line 2 from line 1	3	2,797,906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,847,991
5	Net unrealized gains (losses) on investments	5	14,547
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,660,444

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0808442

Name: WESTFIELDS HOSPITAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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 I of Schedule L (Form 990 or 990-EZ).		
	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<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	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 39-0808442

Name: WESTFIELDS HOSPITAL INC

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

Facts And Circumstances Test

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

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 WESTFIELDS HOSPITAL INC	Employer identification number 39-0808442
---	--

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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? Yes No
- 4a Was a correction made? Yes 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? Yes 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-
1				
2				
3				
4				
5				
6				

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

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?

Yes 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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 on 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		
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	WESTFIELDS HOSPITAL, INC PAYS FOR CERTAIN CORPORATE AND EMPLOYEE PROFESSIONAL ASSOCIATION MEMBERSHIPS A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		48,587		48,587
b Buildings		28,772,699	9,918,339	18,854,360
c Leasehold improvements				
d Equipment		18,565,873	14,162,008	4,403,865
e Other		323,874	246,822	77,052
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				23,383,864

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0808442

Name: WESTFIELDS HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	WESTFIELDS 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, 2018 OR 2017 FOR UNRECOGNIZED TAX BENEFITS

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

Name of the organization
 WESTFIELDS HOSPITAL INC

Employer identification number
 39-0808442

OMB No 1545-0047
2018
 Open to Public Inspection

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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	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 <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		200	378,230		378,230	0.610 %
b Medicaid (from Worksheet 3, column a)		2,660	6,922,347	4,633,668	2,288,679	3.680 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		2,860	7,300,577	4,633,668	2,666,909	4.290 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		733	349,328	4,015	345,313	0.560 %
f Health professions education (from Worksheet 5)		41	120,726		120,726	0.190 %
g Subsidized health services (from Worksheet 6)		27,328	3,430,313		3,430,313	5.510 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			97,268		97,268	0.160 %
j Total Other Benefits		28,102	3,997,635	4,015	3,993,620	6.420 %
k Total Add lines 7d and 7j		30,962	11,298,212	4,637,683	6,660,529	10.710 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development		129	2,124		2,124	0 %
3 Community support			923		923	0 %
4 Environmental improvements			500		500	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total		129	3,547		3,547	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,387,812	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 378,230	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5 19,466,868
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 19,466,868
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (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 CANCER CENTER OF WESTERN WISCONSIN	ONCOLOGY SERVICES	23.680 %	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)
WESTFIELDS 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?		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		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)	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 checked="" 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 checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</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 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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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		No
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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP /LWWW WESTFIELDSHOSPITAL COM/HEALTH-WELLNESS-PROGRAMS/PROGRAMS/HEALTHI</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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>HTTP /LWWW WESTFIELDSHOSPITAL COM/HEALTH-WELLNESS-PROGRAMS/PROGRAMS/HEALTHI</u>	Yes	
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<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>250 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<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 type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW WESTFIELDSHOSPITAL COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW WESTFIELDSHOSPITAL COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW WESTFIELDSHOSPITAL COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<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 19 (check all that apply)		
a	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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)		

Part V Facility Information *(continued)*

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

WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	ACTUAL COSTS ESTIMATED USING COST-TO-CHARGE RATIO WORKSHEETS PROVIDED IN SCHEDULE H
PART I, LINE 7G	WESTFIELDS HOSPITAL, INC , (WESTFIELDS) IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS IN 2018, LOSS ON SERVICES FOR HOSPITAL OUTPATIENT SERVICES INCLUDING EMERGENCY, RESPIRATORY THERAPY, PHYSICAL THERAPY, ONCOLOGY, SPECIALTY CLINIC, AND PRIMARY CLINIC TOTALED \$3,430,313

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>WESTFIELDS 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, WESTFIELDS' COMMUNITY BENEFIT PROGRAM STRIVES TO MAKE VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS WESTFIELDS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT TO IMPROVE THE BUSINESS CLIMATE IN THE REGION THESE ACTIVITIES INCLUDED EMERGENCY PREPAREDNESS AND YOUTH ASSET DEVELOPMENT, INCLUDING DRUG AND SAFETY PREVENTION, LEADERSHIP DEVELOPMENT/CONFLICT RESOLUTION, HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT AND COALITION BUILDING TO PROVIDE LEADERSHIP AND IN-KIND SUPPORT FOR HEALTHIER TOGETHER - PIERCE & ST CROIX COUNTIES AND THE NEW RICHMOND AREA CENTRE (CENTRE) WELLNESS FACILITY AND LOCAL COMMUNITY HEALTH TO PROMOTE POSITIVE BEHAVIOR TO REDUCE OBESITY, WESTFIELDS HAS IMPLEMENTED 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 ADDITIONAL PROGRAMS/ACTIVITIES INCLUDED NEW RICHMOND CHAMBER OF COMMERCE & THE CENTRE PARTNERSHIPS, VISION 2020 COMMUNITY GROUP, AND THE LEADERSHIP TRUST INITIATIVE - A PROGRAM DEDICATED TO PROMOTING AND DEVELOPING DYNAMIC BUSINESS AND COMMUNITY LEADERS IN SUPPORT OF "HEALTHY FOOD IN HEALTH CARE," LOCAL FARMS AND PROCUREMENT OF LOCAL FOOD, WESTFIELDS PARTICIPATED IN COMMUNITY SUPPORTED AGRICULTURE AND HOSTED WEEKLY FARMER'S MARKET EVENTS</p>
SCHEDULE H, PART VI LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL SERVING THE NEW RICHMOND AREA SINCE 1950, WESTFIELDS CONTINUES TO PLAY AN IMPORTANT ROLE AND IS POSITIONED WELL TO MEET THE HEALTH CARE NEEDS OF THE AREA WESTFIELDS IS A FULL-SERVICE MEDICAL CAMPUS OFFERING EMERGENCY SERVICES, SPECIALTY CLINICS AND PHARMACY, AS WELL AS INPATIENT, OUTPATIENT AND MATERNITY SERVICES WESTFIELDS IS GOVERNED BY A BOARD OF DIRECTORS WITH REPRESENTATION FROM COMMUNITY MEMBERS WORKING IN PARTNERSHIP WITH EACH OTHER, WESTFIELDS, THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS, AND THE COMMUNITY ACCOMPLISHED A GREAT DEAL IN 2018 ADVANCEMENTS WERE MADE IN SUPPORT OF THE TRIPLE AIM TO ENSURE BETTER HEALTH FOR ALL, IMPROVED PATIENT EXPERIENCE AND AFFORDABLE HEALTH CARE DEDICATED STAFF PROMOTE COMMUNITY HEALTH IN THE FOLLOWING WAYS FREE ON-GOING SUPPORT AND EDUCATION GROUPS IN BEREAVEMENT/ GRIEF, BREASTFEEDING, CANCER, DIABETES, NUTRITION AND WEIGHT MANAGEMENT AND CAREGIVERS, SCHOOL-BASED EDUCATION FOR ELEMENTARY AND SECONDARY SCHOOLS, TRAININGS FOR HEALTH CARE PROFESSIONALS AND NURSING STUDENTS, SELF-HELP PROGRAMMING FOLLOWING CARDIAC REHAB AND PHYSICAL THERAPY TO COMMUNITY MEMBERSWESTFIELDS ENCOURAGES PATIENTS AND THEIR FAMILIES - THEIR PARTNERS IN HEALTH - TO BE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR OWN HEALTH CARE RESEARCH SHOWS THAT PATIENTS AND THEIR FAMILIES WHO ARE MORE INVOLVED WITH THEIR CARE FEEL THEY GET BETTER RESULTS AND ARE MORE SATISFIED SAFETY AND SATISFACTION ARE PRIORITIES AT WESTFIELDS WESTFIELDS IS MORE THAN JUST A HOSPITAL TAKING CARE OF PATIENTS WHEN THEY ARE SICK OR HURT THE GOAL IS TO BE A LEADING PARTNER IN HEALTH EDUCATION, OUTREACH AND IMPROVEMENT WESTFIELDS IS CONTINUALLY MAKING IMPROVEMENTS TO REACH THAT GOAL BENEFITS TO PATIENTS AND THE COMMUNITY IN 2018WESTFIELDS' 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, WESTFIELDS OFFERED SPECIAL HELP AND SUPPORT - FOR INDIVIDUALS OR FAMILIES EXPERIENCING FINANCIAL HARDSHIP TO EFFORTS OR ORGANIZATIONS STRIVING TO IMPROVE THE QUALITY OF LIFE FOR ALL TOTAL 2018 COMMUNITY BENEFIT CONTRIBUTION EQUALED \$6,660,529, WHICH REPRESENTS 10.7% OF NET REVENUE THIS FIGURE IS REPORTED AT COST PER THE CATHOLIC HEALTH ASSOCIATION (CHA) COMMUNITY BENEFIT REPORTING 2018 ACCOMPLISHMENTS INCLUDE NEW OR EXPANDED SERVICES INCLUDED BEHAVIORAL HEALTH, FAMILY MEDICINE, NEUROLOGY, GASTROENTEROLOGY, AND ONCOLOGY THE ADDITIONS CREATED CONVENIENT ACCESS TO SPECIALIZED CARE THAT IS CLOSE TO HOME AND PHYSICIAN AVAILABILITY PRIMARY CARE CLINIC CONTINUED PROVIDING ALL CHILDREN 6 MONTHS TO 5 YEARS WITH A BOOK AT EVERY WELL-CHILD VISIT THROUGH THE REACH OUT AND READ PROGRAM PRIMARY CARE PROVIDERS HANDED OUT HUNDREDS OF PRESCRIPTIONS - GOOD FOR FREE FRESH FRUITS AND VEGETABLES FROM LOCAL GROCERY STORES - TO CHILDREN DURING THEIR WELL-CHILD VISIT TO PROMOTE EATING FIVE FRUITS AND VEGETABLES A DAY AND REDUCE THE RISK OF OBESITY RECOGNIZED BY PRACTICE GREENHEALTH, WITH MULTIPLE AWARDS FOR CONTINUED ADVANCEMENT FOR SUSTAINABLE PRACTICES, GREEN HEALTH EMERALD AWARD, CIRCLES OF EXCELLENCE-FOOD, GREENING THE OR, AMONG THE 68 GREENEST HOSPITALS IN AMERICA RECEIVED THE JOINT COMMISSION GOLD SEAL OF APPROVAL VERY FEW CRITICAL ACCESS HOSPITALS ARE ABLE TO ACHIEVE THIS IN FACT, OF THE ALMOST 1,400 CRITICAL ACCESS HOSPITALS IN THE U S , ONLY 367 ARE ACCREDITED BY THE JOINT COMMISSION WESTFIELDS' SHIFT TO JOINT COMMISSION ACCREDITATION ILLUSTRATES OUR INCREASED FOCUS ON PATIENT SAFETY AND OVERALL QUALITY ACROSS THE CAMPUS RECOGNIZED BY HEALTHGRADES WITH AWARD FOR OUTSTANDING PATIENT EXPERIENCE, AND AN AWARD FOR PATIENT SAFETY EXCELLENCE FOR INPATIENTS FOR THE FOURTH TIME IN FIVE YEARS, WESTFIELDS WAS NAMED AS A TOP 100 CRITICAL ACCESS HOSPITAL BY IVANTAGE, WHICH MEASURES 70 DIFFERENT PERFORMANCE METRICS, INCLUDING QUALITY, OUTCOMES, PATIENT PERSPECTIVE AFFORDABILITY, POPULATION RISK AND EFFICIENCY CONTINUED A VOLUNTEER-SUPPORTED PROGRAM - WESTFIELDS ELDER LIFE PROGRAM OR HELP TO ASSIST IN PREVENTING DELIRIUM IN OLDER INPATIENTS FOR OUTPATIENTS IN 2018 MANY DEPARTMENTS HIT RECORD VOLUMES, 5,000 CT SCANS, 2,000 MAMMOGRAMS, 8,000 EMERGENCY DEPARTMENT VISITS, 9,400 SPECIALTY CLINIC VISITS, AND 48,200 PRIMARY CARE CLINIC VISITS FINISHED AN \$8.8 MILLION DOLLAR CAMPUS RENOVATION PROJECT WHICH ACCOMMODATES CAMPUS GROWTH AND ALLOWS FOR EXPANDED PATIENT ACCESS AND ADDITION OF NEW SERVICES IN REHABILITATION SERVICES, CARDIOPULMONARY SERVICES, SLEEP HEALTH, OUTPATIENT SURGICAL SERVICES AND EMERGENCY MEDICINE MOST AREAS WERE COMPLETED DURING 2017, WITH THE FINAL PHASE OF THE EMERGENCY DEPARTMENT PROJECT CONCLUDING EARLY IN 2018</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	WESTFIELDS HOSPITAL'S AUDITED FINANCIAL STATEMENTS INCLUDE A FOOTNOTE DISCUSSING BAD DEBT EXPENSE, AND ALLOWANCE OF DOUBTFUL ACCOUNTS THE FOOTNOTE IS LOCATED ON PAGE 28 OF THE ATTACHED AUDIT REPORT
PART III, LINE 8	MEDICARE SURPLUS (SHORTFALL) IN LINE 7 REPRESENTS THE ADDITIONAL 1% OF ALLOWABLE COST THAT CRITICAL ACCESS HOSPITALS RECEIVE MEDICARE SHORTFALL IS CURRENTLY EXCLUDED FROM THE COMMUNITY BENEFIT CALCULATION PER THE WHA, BUT CAN BE INCLUDED IN OTHER FINANCIAL REPORTS WESTFIELDS BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY, COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	WESTFIELDS DEBT COLLECTION POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE WESTFIELDS 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
PART VI, LINE 2	<p>IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CONSULTING TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN WESTFIELDS' SPECIFIC STUDY AREA IS DEFINED AS - ST CROIX COUNTY DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES - DEMOGRAPHICS CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN ST CROIX COUNTY, INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT - HEALTH DATA COLLECTION WESTFIELDS PARTICIPATED IN A COUNTY-WIDE INITIATIVE TO ANALYZE THE HEALTH OF RESIDENTS IN THE COMMUNITY, THE ST CROIX COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPROVEMENT PLAN 2014-2016 - COMMUNITY INPUT AS A PART OF THE COUNTY-WIDE ASSESSMENT, COMMUNITY INPUT WAS ANALYZED THROUGH THE FOLLOWING METHODS COMMUNITY HEALTH ASSESSMENT AND GROUP EVALUATION (CHANGE) ASSESSMENT, TRANSFORM WISCONSIN PUBLIC OPINION POLL, AND THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) SURVEY FINAL PRIORITIZED NEEDS- MENTAL AND BEHAVIORAL HEALTH- ACCESS AND AFFORDABILITY- CHRONIC DISEASE AND ILLNESS PREVENTION- EQUITABLE CARE- A FULL REPORT OF WESTFIELDS' CHNA AND IMPLEMENTATION PLAN IS POSTED ON WESTFIELDS' WEBPAGE AT HTTP //WWW WESTFIELDSSHOSPITAL COM/HEALTH-WELLNESS-PROGRAMS/PROGRAMS/HEALTHIER-TOGETHER/ IN 2018, WE WERE PART OF A COMPREHENSIVE CHNA THAT INCLUDED ALL THE HOSPITALS IN THE HEALTHPARTNERS SYSTEM IN CONSULT WITH THE IMPROVE GROUP, THE ASSESSMENT ANALYZED HEALTH DATA AND INPUT FROM COMMUNITY MEMBERS TO IDENTIFY THE BIGGEST NEEDS THOSE TOP NEEDS ARE ACCESS TO CARE ACCESS TO HEALTH MENTAL HEALTH AND WELLBEING NUTRITION AND PHYSICAL ACTIVITY SUBSTANCE ABUSE OUR HOSPITALS AND HEALTHPARTNERS WILL CONTINUE TO WORK COLLABORATIVELY WITH THE COMMUNITY TO DEVELOP SHARED GOALS AND ACTIONS THAT ADDRESS THE TOP FIVE PRIORITY NEEDS IDENTIFIED IN THE CHNA THESE SHARED GOALS AND ACTIONS WILL BE PRESENTED IN OUR IMPLEMENTATION STRATEGY (FOR YEARS 2019, 2020 AND 2021), WHICH IS A REQUIRED COMPANION REPORT TO THE CHNA EACH NEED ADDRESSED WILL BE TAILORED TO THE HOSPITAL'S PROGRAMS, RESOURCES, PRIORITIES, PLANS AND/OR COLLABORATION WITH GOVERNMENTAL, NON-PROFIT OR OTHER HEALTH CARE ORGANIZATIONS WHILE THE HEALTHPARTNERS HOSPITALS JOINTLY PRIORITIZED SYSTEMS-LEVEL NEEDS, THE U S DEPARTMENT OF THE TREASURY AND THE IRS REQUIRE A HOSPITAL ORGANIZATION TO SEPARATELY DOCUMENT THE IMPLEMENTATION STRATEGY FOR EACH OF ITS HOSPITAL FACILITIES THE BOARD OF EACH HOSPITAL MUST APPROVE THE IMPLEMENTATION STRATEGY BY MAY 2019</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	WESTFIELDS IS COMMITTED TO PROVIDING QUALITY MEDICAL CARE TO OUR PATIENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE AS A RESULT, OUR FINANCIAL ASSISTANCE POLICY (REFERRED TO HEREIN AS "FAP OR "POLICY") IS AVAILABLE TO UNINSURED OR UNDERINSURED PATIENTS BASED ON THE PATIENT'S ABILITY TO PAY FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE OUR POLICY IS AVAILABLE TO PROVIDE EPISODIC HELP, IT IS NOT MEANT TO PROVIDE LONG-TERM, FREE OR DISCOUNTED CARE OUR POLICY SETS FORTH AND DESCRIBES ELIGIBILITY CRITERIA, HOW WE CALCULATE DISCOUNTS, HOW TO APPLY FOR FINANCIAL ASSISTANCE, THE PROVIDERS DELIVERING CARE IN OUR HOSPITAL AND OUR EMERGENCY MEDICAL CARE POLICY WESTFIELDS FAP IS WIDELY PUBLICIZED IN MULTIPLE WAYS PATIENTS CAN OBTAIN FREE COPIES OF THIS POLICY AT ALL PATIENT REGISTRATION LOCATIONS AT WESTFIELDS FOR ADDITIONAL INFORMATION OR QUESTIONS ABOUT THE APPLICATION PROCESS, OR TO REQUEST COPIES BY MAIL, PATIENTS CAN CONTACT OUR PATIENT FINANCIAL SERVICES DEPARTMENT AT 1-715-243-2600 FREE COPIES OF THIS POLICY AND THE FINANCIAL ASSISTANCE APPLICATION FORM ARE ALSO AVAILABLE AT HTTP //WWW WESTFIELDSHOSPITAL COM
PART VI, LINE 4	WESTFIELDS SERVES RESIDENTS FROM ST CROIX COUNTY, WISCONSIN AND SURROUNDING COUNTIES OF POLK, DUNN AND PIERCE 2018 CENSUS LISTS THE POPULATION OF ST CROIX COUNTY AT 89,694, A 6.3% POPULATION GROWTH SINCE 2010 RAPID GROWTH CONTINUES WITHIN ST CROIX COUNTY, 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 35% UNDER 19, 11% 65 YEARS AND OVER THE POPULATION IS 95.9% WHITE, 1.0% BLACK, 0.6% AMERICAN INDIAN, 1.0% ASIAN AND 1.5% HISPANIC OR LATINO ST CROIX COUNTY HAS A HIGH MEDIAN INCOME COMPARATIVELY WITHIN THE STATE - \$77,768 AND A POVERTY RATE APPROXIMATELY HALF THAT OF THE REST OF THE STATE - 4.8% ACCORDING TO THE 2018 COUNTY HEALTH RANKINGS REPORT, ST CROIX COUNTY RANKED AS THE SEVENTH HEALTHIEST COUNTY OVERALL IN THE STATE (OUT OF 72 COUNTIES)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	PLEASE SEE WESTFIELD' SCHEDULE O DISCUSSION OF EXEMPT PURPOSE AND ACHIEVEMENTS - "I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE "
PART VI, LINE 7, REPORTS FILED WITH STATES	WI

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H - PART I, LINE 7F -HEALTH PROFESSIONS EDUCATION	WESTFIELDS STAFF PROVIDED CLINICAL TRAINING 41 HEALTH PROFESSIONALS FROM 11 INSTITUTIONS AT A COST OF \$120,726

Additional Data**Software ID:****Software Version:****EIN:** 39-0808442**Name:** WESTFIELDS HOSPITAL INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	WESTFIELDS HOSPITAL INC 535 HOSPITAL ROAD NEW RICHMOND, WI 54017 WWW.WESTFIELDSHOSPITAL.COM WISCONSIN LICENSE # 1050	X	X			X		X			

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

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

Form and Line Reference	Explanation
WESTFIELDS HOSPITAL, INC	<p>PART V, SECTION B, LINE 5 WESTFIELDS HOSPITAL (WESTFIELDS) IS AN INTEGRAL PART OF HEALTHIER TOGETHER - PIERCE & ST CROIX COUNTIES, AND SERVES AS ONE OF THE SIX PARTNERS IN THE COALITION AS PART OF THE DATA COLLECTION PROCESS FOR THE MOST RECENT CHNA THAT WAS CONDUCTED IN 2015, WESTFIELDS COLLABORATED EXTENSIVELY WITH THE COALITION TO CONDUCT - THE COMMUNITY HEALTH ASSESSMENT AND GROUP EVALUATION (CHANGE) TOOL, DEVELOPED BY CDC'S HEALTHY COMMUNITIES PROGRAM TO HELP ORGANIZE INFORMATION ON INDICATORS RELATED TO ENVIRONMENTS AND POLIES SUPPORTING HEALTH EATING, ACTIVE LIVING, AND CHRONIC DISEASE MANAGEMENT INTERVIEWS WERE CONDUCTED IN THE COMMUNITY AT LARGE, HEALTHCARE, AND SCHOOL SECTORS WITH OVER 25 KEY INFORMANTS - A PUBLIC OPINION POLL WITH THE HELP OF PUBLIC OPINION STRATEGIES THE PURPOSE OF THE POLL WAS TO EVALUATE PUBLIC SUPPORT FOR HEALTHIER TOGETHER'S EFFORTS TO PROMOTE HEALTHIER PLACES TO LIVE, WORK AND PLAY PUBLIC OPINION STRATEGIES COMPLETED THE SURVEY WITH 300 RANDOM ST CROIX ADULTS - A COMMUNITY HEALTH NEEDS ASSESSMENT ONLINE AND PAPER SURVEY, HEAVILY PROMOTED WITH PUBLIC HEALTH PROGRAM PARTICIPANTS FEEDBACK WAS RECEIVED BETWEEN JULY AND DECEMBER 2013 FROM - STATE, LOCAL, TRIBAL, OR REGIONAL GOVERNMENTAL PUBLIC HEALTH DEPARTMENT (OR EQUIVALENT DEPARTMENT OR AGENCY) WITH KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY - MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE COMMUNITY, OR INDIVIDUALS OR ORGANIZATIONS SERVING OR REPRESENTING THE INTERESTS OF SUCH POPULATIONS FOR A FULL DETAILED LIST OF INSTITUTIONS AND PERSONS, PLEASE SEE OUR WEBSITE HTTP //WWW WESTFIELDSHOSPITAL COM/HEALTH-WELLNESS-PROGRAMS/PROGRAMS/HEALTHIER-TOGETHER/</p>
WESTFIELDS HOSPITAL, INC	<p>PART V, SECTION B, LINE 6A OTHER HOSPITAL FACILITIES INCLUDED IN THE 2015 HEALTHPARTNERS CHNA WERE - LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, STILLWATER, MN - PARK NICOLLET METHODIST HOSPITAL, MN - REGIONS HOSPITAL, MN - AMERY REGIONAL MEDICAL CENTER, WI - HUDSON HOSPITAL, HUDSON, WI</p>

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
WESTFIELDS HOSPITAL, INC	PART V, SECTION B, LINE 11 THE 2015 HEALTHPARTNERS CHNA CONDUCTED RESULTED IN THE FOLLOWING PRIORITIES PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTH PRIORITY 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION / PHYSICAL THERAPY) PRIORITY 3 INCREASE ACCESS TO PRIMARY AND PREVENTIVE CARE PRIORITY 4 IMPROVE SERVICE INTEGRATION PRIORITY 5 PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO / ALCOHOL / SUBSTANCE ABUSE) A FULL REPORT OF WESTFIELDS 2015 CHNA AND ANNUAL IMPLEMENTATION PLAN UPDATE IS POSTED ON THEIR WEBPAGE AT HTTP //WWW WESTFIELD SHOSPITAL COM/HEALTH-WELLNESS-PROGRAMS/PROGRAMS/HEALTHIER-TOGETHER/ WHICH PROVIDES A DETAILED DESCRIPTION OF ALL THE ACTIVITIES

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WESTFIELDS HOSPITAL INC

Employer identification number 39-0808442

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: NEW RICHMOND SCHOOL DISTRICT, 46-3009590, 501(C)(3), 120,000, PROGRAM SUPPORT.

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

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	WESTFIELDS HOSPITAL, INC (WESTFIELDS) MANAGEMENT STAFF REVIEW THE MISSION AND PURPOSE OF POTENTIAL GRANTEE ORGANIZATIONS TO ASSURE CONSISTENCY WITH WESTFIELDS' MISSION AND PURPOSE AMOUNTS SUBSEQUENTLY GRANTED ARE SUBJECT TO THE WESTFIELDS' FORMAL SPENDING APPROVAL AND DOCUMENTATION PROCESS BASED ON AMOUNT OF THE EXPENDITURE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>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?</p>	2									
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

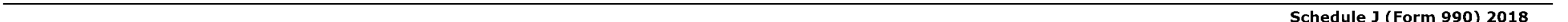
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	WESTFIELDS' PRESIDENT AND ITS OFFICERS ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS), GROUP HEALTH PLAN, INC , (GHI), OR HUDSON HOSPITAL, ALL OF WHICH ARE RELATED ORGANIZATIONS. GHI, REGIONS, AND HUDSON HOSPITAL HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF WESTFIELDS PRESIDENT AND OTHER OFFICERS.

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 DIRECTOR DAVID A DZIUK \$44,618

Return Reference	Explanation
PART I, LINE 6	WESTFIELDS HOSPITAL, INC (WESTFIELDS) DOES HAVE EMPLOYEES, HOWEVER, WESTFIELDS' PRESIDENT AND CHIEF FINANCIAL OFFICER ARE EMPLOYEES OF RELATED ORGANIZATIONS REGIONS HOSPITAL (REGIONS) AND GROUP HEALTH PLAN, INC (GHI) RESPECTIVELY COMPENSATION PAID TO THESE TWO OFFICERS BY REGIONS AND GHI IS REIMBURSED BY WESTFIELDS BOTH REGIONS AND GHI HAVE MANAGEMENT INCENTIVE PROGRAMS THAT INCENT AND REWARD THE ORGANIZATIONS' BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR THE PROGRAM IS AN ELEMENT OF THE PARTICIPANT'S REGIONS OR GHI TOTAL COMPENSATION PACKAGE REGIONS AND GHI MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION 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

Return Reference	Explanation
FORM 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 DIRECTORS DAVID A DZIUK \$ 47,394 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



Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 39-0808442
Name: WESTFIELDS 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANGELA BRANDES MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	207,731	0	30,737	17,866	18,568	274,902	0
AMY DEWANE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	294,705	74,844	8,598	20,625	32,880	431,652	0
ANDREW E DORWART MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	382,166	37,086	43,889	20,625	34,112	517,878	0
DAVE A DZIUK DIRECTOR & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	461,334	157,584	59,528	199,785	37,234	915,465	47,394
ANTHONY C HECHT MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	282,700	0	152,050	20,625	21,509	476,884	0
TYLER R SCHMIDTZ DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	269,802	69,299	9,232	40,864	32,038	421,235	0
JASON LUHRS DIRECTOR & CFO	(i)	0	0	0	0	0	0	0
	(ii)	186,683	17,473	1,079	34,342	28,215	267,792	0
STEVEN MASSEY DIRECTOR, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	263,330	36,866	2,687	40,864	30,700	374,447	0
VINI MANCHANDA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	230,860	58,212	7,153	41,697	31,692	369,614	0
STEVE MUELLERLEILE VP - OPERATIONS & BUSINESS	(i)	0	0	0	0	0	0	0
	(ii)	111,974	12,200	1,764	3,965	25,412	155,315	0
HELEN A SATHRE VP - PATIENT SERVICES	(i)	179,509	16,859	421	8,853	17,691	223,333	0
	(ii)	0	0	0	0	0	0	0
MICHELE K RIEDEL PHARMACIST	(i)	142,660	374	3,110	7,288	32,430	185,862	0
	(ii)	0	0	0	0	0	0	0
JENNIFER FLETCH PHYSICIAN ASSISTANCE	(i)	145,125	3,636	35	7,527	10,193	166,516	0
	(ii)	0	0	0	0	0	0	0
NICOLE M TROSEN PHARMACY MANAGER	(i)	128,074	4,894	3,799	7,223	32,294	176,284	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE M NELSON PHARMACIST	(i)	109,869	4,238	18,595	4,529	24,686	161,917	0
	(ii)	0	0	0	0	0	0	0
JOANN MCGATH PHARMACIST	(i)	120,065	4,564	8,636	3,888	17,000	154,153	0
	(ii)	0	0	0	0	0	0	0
DAVID DEGEAR MD FORMER VP - MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	286,731	6,699	192,388	20,625	33,431	539,874	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number

39-0808442

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 CITY OF NEW RICHMOND WI	39-6005554	NONE99999	07-06-2016	3,223,708	REFUNDING OF SERIES 1999A		X		X		X
B VILLAGE OF STAR PRAIRIE WI	39-1280538	NONE99999	07-06-2016	6,854,052	REFUNDING OF SERIES 1999B/2016B		X		X		X

Part II Proceeds

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Amount of bonds retired			1,332,100				1,700		
2 Amount of bonds legally defeased									
3 Total proceeds of issue			3,223,708				6,854,052		
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds							135,000		
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion			1999				2017		
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X		X						
15 Were the bonds issued as part of an advance refunding issue?		X		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		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		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		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		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 AND 3D	WESTFIELD'S HOSPITAL USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACT IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL

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

Additional Data

Software ID:

Software Version:

EIN: 39-0808442

Name: WESTFIELDS HOSPITAL INC

Return Reference	Explanation
SCHEDULE K, PART III, LINES 3B AND 3D	WESTFIELD'S HOSPITAL USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACT IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL
SCHEDULE K, PART V	SINCE 12/31/2012 WESTFIELD'S HOSPITAL HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number

39-0808442

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A- PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE WESTFIELDS HOSPITAL (WESTFIELDS), A STATE LICENSE D 25-BED, LEVEL IV CRITICAL ACCESS HOSPITAL (CAH), IS A WISCONSIN NONSTOCK CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501 (C)(3) AND IS PART OF THE HEALTHPARTNERS ORGANIZATION ("HEALTHPARTNERS") FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES A ND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AN D WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTI ONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAININ G AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA, WESTERN WISCONSIN AND EXPAND ING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELI VERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1 8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 DENTAL FACILITIES WI TH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITAL S AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA, WESTERN WISCONSIN AND E XPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SU PPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN HEAL THPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND 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 INDIVIDUAL FORM 990 RETURN FOR THAT ORGA NIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTH IER LIVES HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNIT Y AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, C REATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POL ICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SI GNATURE INITIATIVES CONTINUING IN 2018 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A- PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	<p>C, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL 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 RIHS AND ITS SISTER ORGANIZATIONS, REGIONS HOSPITAL (REGIONS), REGIONS HOSPITAL FOUNDATION, RH-WISCONSIN, INC, STILLWATER HEALTH SYSTEM (LAKEVIEW HEALTH), AND CAPITOL VIEW TRANSITIONAL CARE CENTER, ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) RH-WISCONSIN, INC IS THE CLASS A CORPORATE MEMBER OF WESTFIELDS WESTFIELDS IS THE SOLE CORPORATE MEMBER OF WESTFIELDS HOSPITAL FOUNDATION COMMUNITY BENEFIT TO THE COMMUNITY 1 COMMUNITY HEALTH SERVICES COMMUNITY HEALTH IMPROVEMENT SERVICES NEARLY 2,000 PEOPLE BENEFITED FROM THE FOLLOWING PROGRAMS OR ACTIVITIES THAT WERE CARRIED OUT AND SUPPORTED BY WESTFIELDS IN 2018 FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, TOTALING A COST OF \$148,806 COMMUNITY HEALTH EDUCATION OVER 500 PEOPLE ATTENDED EDUCATIONAL PROGRAMS, CLASSES, SPECIAL EVENTS, HEALTH FAIRS OR SUPPORT GROUPS TAUGHT OR HOSTED BY MEDICAL AND CLINICS STAFF AND CAMPUS PARTNERS TOTAL COMMUNITY HEALTH EDUCATION EXPENSES TOTALLED \$100,807 CLASSES INCLUDED BREASTFEEDING, FAMILY/PARENTING/SIBLING EDUCATION, DIABETES, NUTRITION AND WEIGHT MANAGEMENT, SCHOOL-BASED HEALTH EDUCATION, WORK SITE HEALTH EDUCATION, WOMEN'S HEALTH TOPICS, AND SENIOR CARE IN ADDITION, ALMOST 1,000 PEOPLE ATTENDED SUPPORT GROUPS HELD FOR THE BROADER COMMUNITY ON BREASTFEEDING, CANCER, DIABETES, NUTRITION AND WEIGHT MANAGEMENT, CAREGIVERS, AND SMOKING CESSATION COMMUNITY BASED CLINICAL SERVICES WESTFIELDS HOSTED A BLOOD DRIVE IN SUPPORT OF THE AMERICAN RED CROSS, OFFERED A FREE DIABETES SCREENING, AND BLOOD PRESSURE SCREENING AT A COST OF \$5,077 HEALTH CARE SUPPORT SERVICES IN 2018, ALMOST 200 PEOPLE REALIZED THE BENEFIT OF HEALTH CARE SUPPORT SERVICES AVAILABLE THESE SERVICES INCLUDED ENROLLMENT ASSISTANCE, INFORMATION AND REFERRAL SERVICES, WHICH WERE PROVIDED TO HELP SECURE A PAYMENT SOURCE OR ACCESS SERVICES BEYOND MEDICAL CARE FOR UNINSURED AND UNDERINSURED PATIENTS THE COST WAS \$94,638 2 HEALTH PROFESSIONAL EDUCATION WESTFIELDS' STAFF PROVIDED CLINICAL TRAINING FOR 41 HEALTH PROFESSIONALS FROM 11 INSTITUTIONS AT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A- PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	<p>A COST OF \$120,726 3 SUBSIDIZED HEALTH SERVICES WESTFIELDS IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS IN 2018, LOSS ON SERVICES FOR OUTPATIENT HEALTH SERVICES INCLUDING EMERGENCY CARE, PRIMARY CLINIC, SPECIALTY CLINIC, ONCOLOGY, PHYSICAL THERAPY, AND RESPIRATORY THERAPY TOTALED \$3,430,313 FINANCIAL ASSISTANCE AND HEALTH CARE ACCESS FOR LOW-INCOME INDIVIDUALS FINANCIAL ASSISTANCE IS DEFINED 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 WESTFIELDS PROVIDED \$378,230 IN FINANCIAL ASSISTANCE TO 200 LOW INCOME AND/OR UNINSURED PATIENTS FINANCIAL ASSISTANCE REPRESENTS ABOUT 0.60% OF WESTFIELDS' TOTAL OPERATING EXPENSES 4 FINANCIAL CONTRIBUTIONS CASH DONATIONS & GRANTS WESTFIELDS DONATIONS AND GRANTS TO COMMUNITY ORGANIZATIONS IN SUPPORT OF HEALTH CAREERS EDUCATION AND COMMUNITY BUILDING EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY AT LARGE TOTALED \$88,464 IN 2018 MAJOR CONTRIBUTIONS WERE MADE TO THE NEW RICHMOND AREA CENTRE (NONPROFIT ORGANIZATION SERVING THE ST CROIX VALLEY AREA), RELAY FOR LIFE SPONSORSHIP, ALZHEIMER'S WALK, LOCAL SCHOOLS, AND MANY OTHERS IN-KIND DONATIONS IN-KIND DONATIONS IN 2018 CONSISTED OF ADMINISTRATIVE SUPPORT FOR NOT-FOR-PROFIT GROUPS, EQUIPMENT AND SUPPLY DONATIONS PROVIDED TO PATIENT FAMILIES AND COMMUNITY MEMBERS TOTALING \$6,934 AND OVER 144 ADMINISTRATIVE SUPPORT HOURS CONTRIBUTION 6 COMMUNITY BUILDING ACTIVITIES WESTFIELDS LIVES OUT ITS COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITY BY SUPPORTING INDIVIDUALS, ORGANIZATIONS, EVENTS AND PROGRAMS KNOWING MUCH MORE CAN BE ACCOMPLISHED WHEN PEOPLE COME TOGETHER, WESTFIELDS COMMUNITY BENEFIT PROGRAM STRIVES TO MAKE VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS IN 2018, WESTFIELDS COMMUNITY-BUILDING ACTIVITIES EQUATED \$3,547 WESTFIELDS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT TO IMPROVE BUSINESS CLIMATE IN THE REGION, EMERGENCY PREPAREDNESS AND YOUTH ASSET DEVELOPMENT, HEALTH IMPROVEMENT ADVOCACY, AND COALITION BUILDING TO PROVIDE LEADERSHIP AND IN-KIND SUPPORT FOR HEALTHIER TOGETHER - ST CROIX COUNTY, THE CENTRE WELLNESS FACILITY, AND LOCAL COMMUNITY HEALTH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>7 COMMUNITY BENEFIT OPERATIONS COSTS ASSOCIATED WITH DEDICATED STAFF, PROGRAM OPERATIONS , RESOURCE EXPENSES, WHA SURVEY COMPLETION, HEALTHIER TOGETHER PARTICIPATION, AND NEEDS AS SESSMENT EXPENSES TOTALED \$39,599, AND A TOTAL OF 1,094 SUPPORT HOURS WERE CONTRIBUTED CO MMUNITY HEALTH NEEDS ASSESSMENT (CHNA), PLEASE REFER TO FORM 990 SCHEDULE H NARRATIVE TOT AL 2018 COMMUNITY BENEFIT CONTRIBUTION EQUALED \$6,660,529, WHICH REPRESENTED 10 7% OF THE OVERALL NET REVENUE OF WESTFIELDS' THIS FIGURE IS REPORTED AT COST PER THE CATHOLIC HEALTH ASSOCIATION (CHA) COMMUNITY BENEFIT REPORTING GUIDELINES AND IN ACCORDANCE WITH THE WISCO NSIN HOSPITAL ASSOCIATION (WHA) REPORTING REQUIREMENTS 8 ORGANIZATION AWARDS AND ACHIEVE MENTS NEW OR EXPANDED SERVICES INCLUDED BEHAVIORAL HEALTH, FAMILY MEDICINE, NEUROLOGY, GA STROENTEROLOGY, AND ONCOLOGY THE ADDITIONS CREATED CONVENIENT ACCESS TO SPECIALIZED CARE THAT IS CLOSE TO HOME AND PHYSICIAN AVAILABILITY PRIMARY CARE CLINIC CONTINUED PROVIDING ALL CHILDREN 6 MONTHS TO 5 YEARS WITH A BOOK AT EVERY WELL-CHILD VISIT THROUGH THE REACH O UT AND READ PROGRAM PRIMARY CARE PROVIDERS HANDED OUT HUNDREDS OF PRESCRIPTIONS - GOOD FO R FREE FRESH FRUITS AND VEGETABLES FROM LOCAL GROCERY STORES - TO CHILDREN DURING THEIR WE LL-CHILD VISIT TO PROMOTE EATING FIVE FRUITS AND VEGETABLES A DAY AND REDUCE THE RISK OF O BESITY RECOGNIZED BY PRACTICE GREENHEALTH, WITH MULTIPLE AWARDS FOR CONTINUED ADVANCEMENT FOR SUSTAINABLE PRACTICES, GREEN HEALTH EMERALD AWARD, CIRCLES OF EXCELLENCE-FOOD, GREENI NG THE OR, AMONG THE 68 GREENEST HOSPITALS IN AMERICA RECEIVED THE JOINT COMMISSION GOLD SEAL OF APPROVAL VERY FEW CRITICAL ACCESS HOSPITALS ARE ABLE TO ACHIEVE THIS IN FACT, OF THE ALMOST 1,400 CRITICAL ACCESS HOSPITALS IN THE U S , ONLY 367 ARE ACCREDITED BY THE JO INT COMMISSION WESTFIELDS' SHIFT TO JOINT COMMISSION ACCREDITATION ILLUSTRATES OUR INCREA SED FOCUS ON PATIENT SAFETY AND OVERALL QUALITY ACROSS THE CAMPUS RECOGNIZED BY HEALTHGRA DES WITH AWARD FOR OUTSTANDING PATIENT EXPERIENCE, AND AN AWARD FOR PATIENT SAFETY EXCELLENCE FOR INPATIENTS FOR THE FOURTH TIME IN FIVE YEARS, WESTFIELDS WAS NAMED AS A TOP 100 CRITICAL ACCESS HOSPITAL BY IVANTAGE, WHICH MEASURES 70 DIFFERENT PERFORMANCE METRICS, INC LUDING QUALITY, OUTCOMES, PATIENT PERSPECTIVE AFFORDABILITY, POPULATION RISK AND EFFICIENC Y CONTINUED A VOLUNTEER-SUPPORTED PROGRAM - THE HOSPITAL ELDER LIFE PROGRAM OR HELP - TO ASSIST IN PREVENTING DELIRIUM IN OLDER INPATIENTS FOR OUTPATIENTS, WESTFIELDS' IN 2018 MA NY DEPARTMENTS HIT RECORD VOLUMES, 5,000 CT SCANS, 2,000 MAMMOGRAMS, 8,000 EMERGENCY DEPAR TMENT VISITS, 9,400 SPECIALTY CLINIC VISITS, AND 48,200 PRIMARY CARE CLINIC VISITS FINISH ED AN \$8 8 MILLION DOLLAR CAMPUS RENOVATION PROJECT WHICH ACCOMMODATES CAMPUS GROWTH AND A LLOWS FOR EXPANDED PATIENT ACCESS AND ADDITION OF NEW SERVICES IN REHABILITATION SERVICES, CARDIOPULMONARY SERVICES, SLEEP HEALTH, OUTPATIENT SURGICAL SERVICES AND EMERGENCY MEDICINE MOST AREAS WERE COMPLETED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	DURING 2017, WITH THE FINAL PHASE OF THE EMERGENCY DEPARTMENT PROJECT CONCLUDING EARLY IN 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	RH WISCONSIN, INC IS THE CLASS A MEMBER AND GROUP HEALTH PLAN, INC IS THE CLASS B MEMBER OF WESTFIELDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CLASS A MEMBER (RH WISCONSIN, INC) APPOINTS THREE DIRECTORS TO REPRESENT THE CLASS A MEMBER THE CLASS B MEMBER (GROUP HEALTH PLAN, INC) APPOINTS TWO DIRECTORS TO REPRESENT THE CLASS B MEMBER TWO HEALTH CARE PROVIDERS ARE NOMINATED AS DIRECTORS BY AN UNRELATED MEDICAL GROUP AND APPOINTED BY MAJORITY VOTE OF THE FULL BOARD EIGHT COMMUNITY REPRESENTATIVES ARE APPOINTED AS DIRECTORS BY THE CLASS A MEMBER UPON RECOMMENDATION BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE CLASS A AND CLASS B MEMBERS (RH WISCONSIN, INC AND GROUP HEALTH PLAN, INC RESPECTIVELY) BOTH MUST APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS AS FOLLOWS - AMENDMENT OF ARTICLES OR BYLAWS IMPACTING MEMBERSHIP - RESIGNATION OF A MEMBER - DISSOLUTION - ANY CHANGE IN THE FUNDAMENTAL NATURE OR PURPOSE - MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION - DISPOSITION OF SUBSTANTIALLY ALL ASSETS ONLY THE CLASS A MEMBER MUST APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS AS FOLLOWS - AMENDMENT OF ARTICLES OR BYLAWS NOT IMPACTING MEMBERSHIP - ANNUAL OPERATING AND CAPITAL BUDGETS AND STRATEGIC PLANS - ESTABLISHMENT OF NEW ENTITIES OR SIGNIFICANT RELATIONSHIPS WITH OTHER ENTITIES - UNBUDGETED EXPENDITURES IN EXCESS OF AMOUNTS ESTABLISHED BY THE MEMBER - GUARANTEEING THE DEBT OF ANY OTHER PERSON OR ENTITY - A LOAN OR OTHER INDEBTEDNESS IN EXCESS OF AMOUNTS ESTABLISHED BY THE MEMBER - TRANSFER OF ASSETS TO ANOTHER ENTITY - APPOINTMENT OF AUDITORS - APPOINTMENT OF THE PRESIDENT AND THE BOARD CHAIR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	WESTFIELDS' 990 RETURN HAS A COMPREHENSIVE REVIEW PROCESS THAT IS FOLLOWED BEFORE IT IS PRESENTED TO THE GOVERNING BODY OF WESTFIELDS. THE REVIEW PROCESS INCLUDES A LAYERED REVIEW BY THE TAX DEPARTMENT OF GROUP HEALTH PLAN, INC (GHI), THE MANAGEMENT TEAM OF WESTFIELDS, GHI'S INTERNAL LEGAL DEPARTMENT AND WESTFIELDS'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 WESTFIELDS. WESTFIELDS MAKES AVAILABLE TO THE GOVERNING BODY (BOARD OF DIRECTORS) A COPY OF THE 990 FOR REVIEW AND COMMENT PRIOR TO THE FILING OF THE 990 RETURN. THIS COPY IS PROVIDED IN A PRE-MEETING PACKET, AND IS AN AGENDA ITEM AT A MEETING OF THE FULL BOARD OF DIRECTORS. THIS PROCESS IS NOTED AND DOCUMENTED IN THE WRITTEN MINUTES OF THE MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WESTFIELDS BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND ASKED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS THE LEGAL DEPARTMENT OF HEALTHPARTNERS REVIEWS THE QUESTIONNAIRE RESPONSES AND DEVELOPS A REPORT DETAILING ANY POTENTIALLY MATERIAL CONFLICTS FOR THE PRESIDENT AND CHAIR OF THE BOARD A VERBAL SUMMARY IS ALSO GIVEN TO THE FULL BOARD OR APPROPRIATE COMMITTEE ENDING WITH A REMINDER TO COVERED PERSONS OF THE POLICY'S MANDATE THAT EACH PERSON IS OBLIGATED TO DISCLOSE ANY NEW POTENTIAL CONFLICTS AS THEY MAY ARISE THROUGHOUT THE YEAR BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>WESTFIELDS' PRESIDENT AND ITS OFFICERS ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS), GROUP HEALTH PLAN, INC , (GHI), OR HUDSON HOSPITAL, ALL OF WHICH ARE RELATED ORGANIZATIONS, OR BY WESTFIELDS GHI, REGIONS, HUDSON HOSPITAL AND WESTFIELDS HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF WESTFIELDS PRESIDENT AND OTHER OFFICERS EVERY THREE YEARS, THE INDEPENDENT COMPENSATION COMMITTEE OF THE GHI BOARD OF DIRECTORS (THE "COMMITTEE"), RETAINS AN EXTERNAL COMPENSATION EXPERT TO CONDUCT AN EXTENSIVE MARKET COMPARABILITY REVIEW FOR ALL OFFICERS OF THE ORGANIZATION THE REVIEW INCLUDES ALL COMPONENTS OF TOTAL COMPENSATION BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE APPROPRIATE COMMITTEE BASED ON THIS DATA, EITHER THE EXECUTIVE COMMITTEE OF HUDSON HOSPITAL, THE EXECUTIVE COMMITTEE OF REGIONS, THE COMPENSATION COMMITTEE OF GHI OR WESTFIELDS EXECUTIVE COMMITTEE (THE "COMMITTEES") DETERMINE MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH EMPLOYED OFFICER IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE COMMITTEES' DIRECTION, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMMITTEE FOR CERTAIN POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS THE COMMITTEES REVIEW AND APPROVE EACH YEAR'S COMPENSATION RESULTS IN ALL CASES, THE COMMITTEES' MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMMITTEES MEMBERS' INDEPENDENCE AND THIS IS UPDATED AT ANY MEETING AT WHICH DECISIONS ARE BEING MADE STAFF (OTHER THAN THE SECRETARY TO THE BOARD) IS NOT IN THE ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT WITH WESTFIELDS' BOARD OF DIRECTORS INPUT, THE ST CROIX VALLEY EXECUTIVE LEADER CONDUCTS THE ANNUAL PERFORMANCE REVIEW AND, WITH WESTFIELDS BOARD APPROVAL, DETERMINES THE COMPENSATION OF THE WESTFIELDS PRESIDENT THE WESTFIELDS BOARD HAS DELEGATED TO THE PRESIDENT THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL WESTFIELDS-EMPLOYED OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMMITTEE ANY EXCEPTIONS TO COMPENSATION IN EXCESS OF THE APPROVED RANGES ARE APPROVED BY WESTFIELDS EXECUTIVE COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND ON THE EMPLOYEE'S W-2</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WESTFIELDS' FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM WESTFIELDS OR HEALTHPARTNERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART VII, SEC A, LN 1A, COL (B) - RELATED ORGANIZATION AVERAGE HOURS	DIRECTORS AND OFFICERS OF WESTFIELDS ARE EMPLOYED AND COMPENSATED BY GHI, INC , REGIONS HOSPITAL OR WESTFIELDS REPORTED AVERAGE HOURS WORKED ARE BASED ON THEIR TOTAL COMPENSATION FROM ALL RELATED ORGANIZATIONS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number

39-0808442

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

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

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) 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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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)HEALTHPARTNERS INC - CLAIMSHEALTHCARE SERVICES	L	567,174	CASH AMOUNT

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: 39-0808442
Name: WESTFIELDS 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
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		No
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		No
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		No
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
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		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	509(A)(3) TYPE II	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	LAKEVIEW HEALTH		No
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		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No

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
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	DURABLE MEDICAL EQUIPMENT , PHARMACY AND OTHER HEALTH CARE RETAIL SALES	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	CLINIC SERVICES	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-1715908	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 36-3317820	PROVIDE SUPPORT TO HOSPITAL	MN	501(C)(3)	509(A)(3) TYPE III	HUTCHINSON HEALTH		No

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
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C						No
(1) 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
(2) 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
(3) 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
(4) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C						No
(5) 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
(6) 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