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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-00472018Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made publicGo to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organizationMCHS Hospitals Inc

% CATHY BUKOWSKI VP OF FINANC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite1000 N OAK AVENUE

City or town, state or province, country, and ZIP or foreign postal codeMARSHFIELD, WI 54449

F Name and address of principal officerSUSAN TURNEY MD CEO1000 N OAK AVENUEMARSHFIELD, WI 54449

H(a) Is this a group return for subordinates?

YesNo

H(b) Are all subordinates included?

YesNo

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number81-0977948

E Telephone number(715) 387-5511

G Gross receipts \$ 1,184,800,159

I Tax-exempt status

501(c)(3)

501(c) ( ) (insert no )

4947(a)(1) or

527

J Website: ▶ www.marshfieldclinic.org

K Form of organization

Corporation

Trust

Association

Other ▶

L Year of formation 2015M State of legal domicile WI

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activitiesWE ENRICH LIVES TO CREATE HEALTHY COMMUNITIES THROUGH ACCESSIBLE, AFFORDABLE, COMPASSIONATE 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) 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 5

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 500

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 730,567

9 Program service revenue (Part VIII, line 2g) 628,982,742

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) -22116,561

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145,34966,647

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 629,858,4371,184,110,469

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 12,48313,797,098

14 Benefits paid to or for members (Part IX, column (A), line 4) 00

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 198,755,845445,836,554

16a Professional fundraising fees (Part IX, column (A), line 11e) 00

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 413,219,844563,846,598

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 611,988,1721,023,480,250

19 Revenue less expenses Subtract line 18 from line 12 17,870,265160,630,219

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 690,611,607969,917,800

21 Total liabilities (Part X, line 26) 590,070,751650,989,607

22 Net assets or fund balances Subtract line 21 from line 20 100,540,856318,928,193

Part IISignature Block

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

Signature of officer2020-08-14

GORDON T EDWARDS COO/CFO

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate 2020-08-13

Firm's name ▶ KPMG LLPFirm's EIN ▶

Firm's address ▶ 4200 Wells Fargo Ctr 90 S 7thMinneapolis, MN 55402Phone no (612) 305-5000

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

For Paperwork Reduction Act Notice, see the separate instructions.Cat No 11282YForm 990 (2018)

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

WE ENRICH LIVES TO CREATE HEALTHY COMMUNITIES THROUGH ACCESSIBLE, AFFORDABLE, COMPASSIONATE HEALTH CARE

**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

<b>4a</b>	(Code )	(Expenses \$ 913,285,822	including grants of \$ 13,797,098	(Revenue \$ 1,075,951,446 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b>	913,285,822
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b> Yes	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

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

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 8		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 5		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ► CATHY BUKOWSKI VP OF FINANC 1000 N OAK AVENUE MARSHFIELD, WI 54449 (715) 387-5511

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Bugher ..... Chair	1 0 ..... 3 0	X		X				0	38,500	0
(2) Mark Bradley ..... Vice Chair	1 0 ..... 3 0	X		X				0	1,000	0
(3) Chuck Nason ..... Secretary	1 0 ..... 3 0	X		X				0	6,500	0
(4) John Baltus ..... Treasurer	1 0 ..... 0 0	X		X				0	0	0
(5) Susan Sutter ..... Board Member	1 0 ..... 0 0	X						0	0	0
(6) Susan Turney MD ..... Board Member/MCHS CEO	1 0 ..... 46 0	X						0	2,454,892	291,090
(7) Ruwan Dissanayake MD ..... Board Member	1 0 ..... 40 0	X						0	532,235	52,855
(8) Narayana Murali MD ..... Board Member/MCHS CSO	1 0 ..... 46 0	X						0	854,715	55,886
(9) Jerard Jensen ..... MCHS General Counsel	1 0 ..... 44 0				X			0	874,226	53,928
(10) Gordon Edwards ..... MCHS CFO/COO	1 0 ..... 44 0				X			0	702,259	57,140
(11) Ned Wolf ..... CAO MMC-Marshfield	40 0 ..... 0 0				X			0	366,846	57,835
(12) Pat Board ..... CAO (interim) MMC-Eau Claire	40 0 ..... 0 0				X			0	438,982	18,085
(13) Steven Kulick ..... CHIEF EXPERIENCE OFFICER	1 0 ..... 44 0				X			0	225,580	11,227
(14) Daniel Ramsey ..... Former MCHS COO	0 0 ..... 0 0						X	0	557,013	456

**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			
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								0	7,052,748	598,502

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE,		

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



**Part VIII**      **Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
<b>b</b> Membership dues . . . . .	<b>1b</b>				
<b>c</b> Fundraising events . . . . .	<b>1c</b>				
<b>d</b> Related organizations . . . . .	<b>1d</b>	107,163,287			
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	690,898			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	348,437			
<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .		348,437			
<b>h Total.</b> Add lines 1a-1f . . . . .		108,202,622			

**Program Service Revenue**

	Business Code				
<b>2a</b> Net Patient Service Revenue . . . . .	621110	552,206,170	552,206,170		
<b>b</b> Premium Revenue . . . . .	621110	516,532,658	516,532,658		
<b>c</b> Intercompany Revenue . . . . .	621110	3,756,625	3,756,625		
<b>d</b> Cafeteria Revenue . . . . .	621110	2,871,189	2,871,189		
<b>e</b> Misc Other Operating Revenue . . . . .	621110	457,997	457,997		
<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		1,075,824,639			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	629,530				
<b>b</b> Less rental expenses . . . . .	689,690				
<b>c</b> Rental income or (loss) . . . . .	-60,160	0			
<b>d</b> Net rental income or (loss) . . . . .			-60,160		-60,160
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
		16,561			
<b>b</b> Less cost or other basis and sales expenses . . . . .					
<b>c</b> Gain or (loss) . . . . .		16,561			
<b>d</b> Net gain or (loss) . . . . .			16,561		16,561
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> Vending Revenue . . . . .	900099	126,807	126,807		
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		126,807			
<b>12 Total revenue.</b> See Instructions . . . . .		1,184,110,469	1,075,951,446		-43,599

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,173	2,173		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	13,794,925	13,794,925		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	801,567		801,567	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	367,429,998	358,621,539	8,808,459	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	23,215,534	22,617,948	597,586	
<b>9</b> Other employee benefits.	35,799,323	34,993,655	805,668	
<b>10</b> Payroll taxes.	18,590,132	18,075,750	514,382	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	609,034		609,034	
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	44,908,381	33,986,932	10,921,449	
<b>12</b> Advertising and promotion.	8,641	4,255	4,386	
<b>13</b> Office expenses.	5,465,300	5,333,531	131,769	
<b>14</b> Information technology.	2,940,350	2,857,504	82,846	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	19,198,123	19,181,261	16,862	
<b>17</b> Travel.	674,795	632,030	42,765	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	19,647,953	19,647,953		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	28,541,025	28,541,025		
<b>23</b> Insurance.	1,157,102	1,157,102		
<b>24</b> 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):				
<b>a</b> Medical Claims Expense.	186,133,945	186,133,945		
<b>b</b> Medical Supplies.	141,015,457	140,981,276	34,181	
<b>c</b> I/C Purchased Services.	85,768,742		85,768,742	
<b>d</b> BAD DEBT EXPENSE.	15,974,200	15,974,200		
<b>e</b> All other expenses.	11,803,550	10,748,818	1,054,732	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,023,480,250	913,285,822	110,194,428	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,975,978	<b>1</b>	6,330,049
	<b>2</b> Savings and temporary cash investments . . . . .	8,874,745	<b>2</b>	19,685,549
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	282,496,936	<b>4</b>	352,345,308
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	24,753,977	<b>8</b>	25,673,330
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,966,213	<b>9</b>	4,314,030
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 375,734,691		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 47,380,653		
		245,547,946	<b>10c</b>	328,354,038
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	4,030,931	<b>13</b>	113,250,615
	<b>14</b> Intangible assets . . . . .	119,964,881	<b>14</b>	119,964,881
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	690,611,607	<b>16</b>	969,917,800	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	32,616,717	<b>17</b>	39,426,124
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	1,376
	<b>20</b> Tax-exempt bond liabilities . . . . .	486,349,040	<b>20</b>	550,429,118
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	55,484,994	<b>23</b>	45,512,989
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	15,620,000	<b>25</b>	15,620,000
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	590,070,751	<b>26</b>	650,989,607
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	100,540,856	<b>27</b>	318,928,193
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	100,540,856	<b>33</b>	318,928,193	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	690,611,607	<b>34</b>	969,917,800	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,184,110,469
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,023,480,250
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	160,630,219
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	100,540,856
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	55,127,655
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,629,463
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	318,928,193

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 81-0977948  
**Name:** MCHS Hospitals Inc

Form 990 (2018)

**Form 990, Part III, Line 4a:**

See Schedule O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

MCHS Hospitals Inc

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

81-0977948

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

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**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

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**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

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**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

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**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

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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	<b>Total.</b> 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	<b>Public support.</b> 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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: 81-0977948  
Name: MCHS Hospitals 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 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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MCHS Hospitals Inc

Employer identification number  
81-0977948

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,728,331		13,728,331
b Buildings		236,292,623	14,272,393	222,020,230
c Leasehold improvements		5,628		5,628
d Equipment		121,973,110	32,896,690	89,076,420
e Other		3,734,999	211,570	3,523,429
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				328,354,038

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 ) ▶	113,250,615	

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
ASSET RETIREMENT OBLIGATION	15,620,000	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	15,620,000	

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

☒



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

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

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

**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.

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

**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:** 81-0977948  
**Name:** MCHS Hospitals Inc

**Supplemental Information**

Return Reference	Explanation
Form 990 Sch D Part X Line 2	THE ORGANIZATION APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES (ASC 740), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS ASC 740 PRESCRIBES A MORE-LIKELY THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN UNDER ASC 740, TAX POSITIONS WILL BE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA AND WILL PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME TAX ASSETS AND LIABILITIES BASED ON AN ANALYSIS PREPARED BY THE SYSTEM, IT WAS DETERMINED THAT THE APPLICATION OF ASC 740 HAD NO MATERIAL EFFECT ON THE ORGANIZATION AT SEPTEMBER 30, 2019 OR 2018

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

MCHS Hospitals Inc

Employer identification number

81-0977948

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

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

6b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,272,293		6,272,293	0 620 %
b Medicaid (from Worksheet 3, column a)			140,540,340	70,915,325	69,625,015	6 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			146,812,633	70,915,325	75,897,308	7 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			491,338		491,338	0 050 %
f Health professions education (from Worksheet 5)			9,629,121	5,479,526	4,149,595	0 410 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			277,466	110,035	167,431	0 020 %
j Total. Other Benefits			10,397,925	5,589,561	4,808,364	0 480 %
k Total. Add lines 7d and 7j			157,210,558	76,504,886	80,705,672	8 010 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			483		483	
<b>4</b> Environmental improvements			1,580		1,580	
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			16,733		16,733	
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			266		266	
<b>9</b> Other						
<b>10 Total</b>			19,062		19,062	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	7,309,794	
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	132,201,365
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	183,827,190
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-51,625,825
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b> None				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?

3

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)  
Marshfield Medical Center**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Supplemental Information</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>See Supplemental Information</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

Marshfield Medical Center

**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			
<b>13</b> 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	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</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 checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	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 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)			
<b>16</b> 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)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>See Supplemental Information</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Supplemental Information</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Supplemental information</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**

Marshfield Medical Center

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

Marshfield Medical Center

**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
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MMC - Eau Claire**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

2

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b> Yes	
<b>2</b> 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 . . . . .	<b>2</b> Yes	
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

MMC - Eau Claire

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			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b>	Yes	
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> 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)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <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			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

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

MMC - Eau Claire

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

MMC - Eau Claire

**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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MMC - Ladysmith**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):** \_\_\_\_\_**3****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b> Yes	
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

MMC - Ladysmith

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 200% and FPG family income limit for eligibility for discounted care of 400%			
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 checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" 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 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) SEE SUPPLEMENTAL INFORMATION			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SUPPLEMENTAL INFORMATION			
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**

MMC - Ladysmith

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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)**

MMC - Ladysmith

**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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

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

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

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

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

**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
Form 990 Sch H Part I Line 3c	AN INDIVIDUAL'S ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON INCOME AS COMPARED WITH FEDERAL POVERTY GUIDELINES OTHER ELIGIBILITY FACTORS INCLUDE ASSET LIMITATIONS, INSURANCE STATUS AND RESIDENCY ACCOUNT BALANCE IS CONSIDERED FOR MEDICAL INDIGENCE ELIGIBILITY

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part I Line 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE AMOUNTS CALCULATED IN PART I, LINE 7 ARE DETERMINED BASED ON A COST-TO-CHARGE RATIO OTHER BENEFITS ARE DETERMINED BASED ON THE DIRECT AND INDIRECT COSTS (WHERE ALLOCATED) ASSOCIATED WITH A PROGRAM NET OF EARNED REVENUE

Form and Line Reference	Explanation
Form 990 Sch H Part II	<p>Marshfield Medical Center Marshfield Medical Center (MMC) located in Marshfield participated in various community building activities with the purpose to improve the health of the community, including addressing social determinates of health and health inequities. Some examples of community building activities included Coalition Building MMC staff participated in more than ten different community coalitions and collaborations with the purpose of improving the health of the community. A list of coalitions and collaborations are listed in MMCs CHNA and IS documents on the main hospital website. Economic Development MMC executive leadership participated in Marshfield Area Chamber of Commerces (MACCI) board and business roundtable to assist in business developments in the Marshfield area. Environmental Improvements MMC provided a sharps disposal kiosk in the hospital that was opened to the public to encourage safe disposal of sharps in the community. Advocacy for Community Health Improvements and Safety MMC staff participated on the Board and as a regional representative for the Wisconsin Public Health Association (WPHA). WPHAs advocacy priorities include d early childhood education, criminal justice reform, income stability and employment, and housing. Dues were paid for MMC staff to have WPHA memberships. MMC staff participated in a sustainable communities workgroup to explore strategies to create local community sustainability, which included but are not limited to the environment, natural resources, food, economics, transportation and housing. Workforce Development MMC collaborated with area high schools to offer programs for high school students interested in medical careers, as observational job experiences for high school graduates, and internships for young adults with developmental disabilities. MMC functioned as a clinical site for student nurses, student nursing assistants, preceptors for healthcare jobs, medical residents and interns. Marshfield Medical Center-Eau Claire Marshfield Medical Center-Eau Claire (MMC-EC) participated in various community building activities with the purpose to improve the health of the community, including addressing social determinates of health and health inequities. Some examples of community building activities included Coalition Building MMC-EC staff participated in more than 15 different community coalitions and collaborations with the purpose of improving the health of the community. A list of coalitions and collaborations are listed in MMC-EC CHNA and IS documents on their main hospital website. Economic Development MMC-EC staff participated in the Eau Claire Chamber of Commerce Business and Workforce Development Committee to assist with local business and workforce development. Community Support MMC-EC staff participated in community programs and events. Examples included - CLIMB,( Children's Lives Include Moments of Bravery) support group program - Senior Americans Day - In-kind contribution to Feed My People Food Bank - Eight community organizations with funding to raise awareness and educate the community around the negative health impacts that occur from vaping/e-cigarette use. A one day educational forum was also held in conjunction as a catalyst to inspire change and educate individuals on this topic. Leadership Development and Leadership Training for Community Members MMC-EC provided in-kind support for leadership opportunities. Examples included - Chippewa Valley Youth Mental Health Summit - Suicide The Ripple Effect - QPR Training of Trainers Advocacy for Community Health Improvements and Safety MMC-EC collaborated with community organizations and groups for Community Health Improvements and Safety. Examples included - Eau Claire City County Health Department, Healthy Communities and the Alliance for Substance Abuse Prevention to conduct bi-annual prescription drug take back events - Provided permanent medication disposal boxes at each MMC pharmacy location - Coordinates women's health event called "Empower Me" Workforce Development MMC-EC collaborated with area high schools to offer programs for high school students interested in medical careers as well as observational job experiences for high school graduates. MMC-EC staff participated in the Eau Claire Chamber of Commerce Leadership program. Marshfield Medical Center-Ladysmith Marshfield Medical Center-Ladysmith (MMC-L) participated in various community building activities with the purpose to improve the health of the community, including addressing social determinates of health and health inequities. Some examples of community building activities included Coalition Building MMC-L staff participated in more than eight different community coalitions and collaborations with the purpose of improving the health of the community. A list of coalitions and collaborations are listed in MMC-L CHNA and IS documents on their main hospital website. Economic Development MMC-L staff participated in the Corn</p>

Form and Line Reference	Explanation
Form 990 Sch H Part II	<p>ell Area Betterment Association, a group providing financial and other support to local ev ents and organizations MMC-L staff also participate in the Greater Ladysmith Area Chamber of Commerce Community Support MMC-L staff participated in community programs and events Examples included - Teddy Bear Clinic - Family Fun Night- collaborated with Partners wit h Rusk County Youth Council and the Rusk County Community Library - Stepping On, a falls r eduction workshop for older adults and Powerful Tools for Caregivers, a self-care workshop for family caregivers- collaborated with the ADRC - EMS and Flambeau Schools- provided ed ucation around how to stop bleeding - Two community organizations funded to raise awarene ss and educate the community around the negative health impacts that occur from vaping/e-c igarette use - Exeland town hall- provided lab draws weekly - Farmers Market- provided fr ee blood pressure checks, healthy recipes, therapy consults Advocacy for Community Health Improvements and Safety MMC-L collaborated with community organizations and groups for Com munity Health Improvements and Safety Examples included - Healthy Lifestyles, Healthy Co mmunities for Rusk County to conduct bi-annual prescription drug take back events - Provid ed permanent medication disposal boxes at each MMC pharmacy location</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 2	BAD DEBT EXPENSE IS REPORTED AT COST USING A COST-TO-CHARGE RATIO

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 4	<p>Patient accounts receivable are reduced for explicit price concessions and by an allowance for uncollectible accounts as an implicit price concession. In evaluating the collectability of patients' accounts receivable, the System analyzes its past history and contractual terms and identifies trends for each of its major payor sources of revenue. For receivables associated with patients who have third-party coverage, the System analyzes contractually due amounts and provides an additional implicit discount, if necessary (i.e., for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and co-payment balances due for which third-party coverage exists for part of the bill), the System records an implicit discount in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 8	The Medicare shortfall listed on Line 7 is not currently treated as community benefit, but represents services that are essential to various underserved populations in the community

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 9b	<p>The organization has a billing and collection policy which sets forth collection practices for patients who are known to be eligible or presumed to be eligible for financial assistance under the financial assistance policy. Multiple measures are taken to communicate the availability of financial assistance and determine whether a patient is financial assistance eligible before pursuing extraordinary collection actions (ECAs). ECAs may include reporting to consumer credit reporting agencies, pursuing legal judgments, filing liens, garnishing wages, requiring prepayment for non-emergency services. ECAs will not be initiated and further action will not be taken on existing ECAs once a financial assistance application is in process. If the patient is determined financial assistance eligible, reasonable measures will be taken to reverse any ECA already in place.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 2	MARSHFIELD MEDICAL CENTER, MARSHFIELD MEDICAL CENTER-EAU CLAIRE AND MARSHFIELD MEDICAL CENTER-LADYSMITH ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE BY - REVIEWING COMMUNITY PARTNERS' REPORTS (I E UNITED WAY) - REVIEWING PUBLICLY AVAILABLE COMMUNITY HEALTH DATA (I E COUNTY HEALTH RANKINGS) - COMPLETING KEY INFORMANT INTERVIEWS WITH COMMUNITY LEADERS ABOUT THE COMMUNITY'S HEALTH NEEDS - COMPLETING COMMUNITY CONVERSATIONS WITH COMMUNITY MEMBERS - PARTICIPATING IN COMMUNITY HEALTH COMMITTEES AND BOARDS (I E HEALTHY PEOPLE WOOD COUNTY STEERING COMMITTEE, EAU CLAIRE COUNTY HEALTH COMMUNITIES COUNCIL)

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 3	<p>PATIENT ASSISTANCE CENTER COUNSELORS ASSIST INDIVIDUALS WITH IDENTIFYING, REFERRING AND/OR APPLYING FOR PUBLIC, PRIVATE OR CHARITABLE RESOURCES FOR WHICH THE PATIENT MAY QUALIFY COUNSELORS ARE AVAILABLE VIA PHONE AND IN PERSON TO ASSIST INDIVIDUALS WITH FINANCIAL ASSISTANCE INFORMATION ON THE MARSHFIELD CLINIC HEALTH SYSTEM (MCHS) FINANCIAL ASSISTANCE POLICY IS POSTED IN HOSPITAL REGISTRATION AND ADMITTING LOCATIONS AND IN THE HOSPITAL EMERGENCY DEPARTMENT FINANCIAL ASSISTANCE INFORMATION IS PRINTED ON MONTHLY BILLING STATEMENTS AND INCORPORATED INTO OTHER COMMUNICATIONS IN ORDER TO WIDELY PUBLICIZE THE AVAILABILITY OF FINANCIAL ASSISTANCE, AS DESCRIBED IN THE MCHS BILLING AND COLLECTION POLICY THE MCHS FINANCIAL ASSISTANCE POLICY (INCLUDING THE PLAIN LANGUAGE SUMMARY), THE FINANCIAL ASSISTANCE APPLICATION AND THE BILLING AND COLLECTION POLICY ARE AVAILABLE IN ENGLISH, SPANISH, HMONG AND ANY OTHER LANGUAGE THAT IS THE PRIMARY LANGUAGE SPOKEN BY THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE POPULATION OF THE SERVICE AREA THE MCHS FINANCIAL ASSISTANCE POLICY (INCLUDING THE PLAIN LANGUAGE SUMMARY), THE FINANCIAL ASSISTANCE APPLICATION AND THE BILLING AND COLLECTION POLICY MAY BE OBTAINED FREE OF CHARGE ON THE HOSPITAL WEBSITE, IN PERSON, FROM FINANCIAL COUNSELORS, BY PHONE AND BY MAIL</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 4	<p>MARSHFIELD MEDICAL CENTER SERVES WOOD COUNTY IN WISCONSIN WOOD COUNTY COVERS 809 SQUARE MILES AND IS LOCATED IN THE CENTER OF WISCONSIN THE COUNTY IS MORE RURAL THAN WISCONSIN OVERALL, WITH 37 PERCENT OF THE POPULATION IN RURAL AREAS AND THE MAJORITY IN URBAN CLUSTERS, 63 PERCENT, IN 2010 WITH 793 SQUARE LAND AREA MILES, THERE WAS A POPULATION DENSITY OF 94 PEOPLE PER SQUARE MILE IN 2010 IN 2018, WOOD COUNTY HAD A POPULATION OF 73,055, A POPULATION PERCENT DECREASE OF -2.3% SINCE 2010 THERE WERE 21.6% OF RESIDENTS UNDER 18 YEARS, 20.6% WHO WERE 65 YEARS AND OVER, AND 50.8% WHO WERE FEMALE THE RACIAL MAKE-UP OF WOOD COUNTY WAS 92.2% CAUCASIAN, 3.1% HISPANIC OR LATINO, 2% ASIAN ALONE, 1% BLACK OR AFRICAN AMERICAN, 0.9% AMERICAN INDIAN AND ALASKA NATIVE ALONE, AND 1.3% TWO OR MORE RACES THERE WERE 2.4% OF WOOD COUNTY RESIDENTS WHO WERE NOT BORN IN THE UNITED STATES WOOD COUNTY HAS 9.5% OF INDIVIDUALS WITH A DISABILITY WHO ARE UNDER AGE 65 YEARS, WHICH IS SLIGHTLY HIGHER PERCENTAGE THAN FOR WISCONSIN AND THE UNITED STATES IN WOOD COUNTY THE HIGH SCHOOL GRADUATION RATE WAS 92.8%, AND RESIDENTS WHO HAVE A BACHELOR'S DEGREE OR HIGHER WAS AT 21.6%, WHICH IS LOWER THAN WISCONSIN AND THE UNITED STATES IN 2017, THE MEDIUM HOUSEHOLD INCOME WAS \$51,603 WITH 10.7% OF THE POPULATION BELOW THE POVERTY LINE MARSHFIELD MEDICAL CENTER-EAU CLAIRE serves Eau Claire County and the surrounding area in Wisconsin EAU CLAIRE COUNTY IS LOCATED IN THE CHIPPEWA VALLEY OF WEST-CENTRAL WISCONSIN AT THE CONFLUENCE OF THE EAU CLAIRE AND CHIPPEWA RIVERS TOTAL COUNTY POPULATION WAS 104,534 IN 2018, APPROXIMATELY 23% OF WHICH IS RURAL THE CITY OF EAU CLAIRE HAS A TOTAL POPULATION OF 68,866 EAU CLAIRE COUNTY IS 90% CAUCASIAN, 4% ASIAN, 2% HISPANIC OR LATINO, 2% TWO OR MORE RACES, 1% BLACK OR AFRICAN AMERICAN AND 0.6% AMERICAN INDIAN AND ALASKA NATIVE THE MEDIAN HOUSEHOLD INCOME IN EAU CLAIRE COUNTY IS \$60,100 COMPARED TO THE STATE AVERAGE OF \$60,800 THE NUMBER OF ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS IN EAU CLAIRE COUNTY IS HIGHER THAN THE STATE AVERAGE AT 28% AND 25.8% COMPARATIVELY WITH THE POVERTY RATE OF 13% WHICH IS HIGHER THAN THE STATE AVERAGE OF 11% THE EDUCATION LEVEL OF EAU CLAIRE COUNTY RESIDENTS COMPARES WELL TO THE STATEWIDE AVERAGE ACCORDING TO THE LATEST CENSUS ESTIMATES, 87% OF RESIDENTS HAVE A HIGH SCHOOL DIPLOMA, COMPARED TO 89% STATEWIDE LIKEWISE, 75% OF ADULTS AGES 25-44 HAVE SOME POST-SECONDARY EDUCATION, COMPARED TO 69% STATEWIDE APPROXIMATELY 47% OF EAU CLAIRE COUNTY RESIDENTS HAVE OBTAINED A TWO-YEAR COLLEGE DEGREE OR HIGHER Marshfield Medical Center-Ladysmith serves Rusk County in Wisconsin The primary service area encompasses Ladysmith, Bruce, Conrath, Glen Flora, Hawkins, Ingram, Sheldon, Tony, Weyerhaeuser and surrounding communities Rusk County is located in the northern region of Wisconsin with a total population of 14,147 in 2018 Approximately 76.6% of the county is rural The racial make-up of Rusk County is 94% Caucasian, 0.5% Asian, 2% Hispanic, 1% Black or African American, and 0.7% American Indian and Alaska Native The median household income in Rusk County is \$48,400 compared to the state average of \$60,800 The number of ALICE (asset limited, income constrained, employed) households in Rusk County is higher than the state average at 29% and 25.8% comparatively with the poverty rate of 14% which is higher than the state average of 11% The unemployment rate in Rusk County is 4% which is slightly higher than the state average of 3% The education level of Rusk County residents is lower than the statewide average According to the latest census estimates, 88% of Rusk residents have a high school diploma compared to 89% statewide Likewise, 54% of Rusk residents aged 25-44 have some post-secondary education compared to 69% statewide</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 5	<p>MARSHFIELD MEDICAL CENTER Marshfield Medical Center (MMC) invests personnel time, funding and resources in its community. MMC staff are well engaged in diverse sectors of the Wood County community, which includes health and health care focuses as well as social determinants of health issues. Staff participate in state-wide organizations, which impact Wood County. Hospital staff participate in the Stroke Coordinators of Wisconsin committee through the Wisconsin Department of Health Services - Coverdell Stroke Program. This committee is a performance improvement and learning collaborative focused on improving stroke care and patient outcomes across all communities and healthcare facilities in Wisconsin. In addition, MMC staff participate in the Wisconsin Stroke Coalition, which aims to work towards ensuring that all patients in Wisconsin receive timely, high-quality acute stroke care, regardless of age or where they live. MMC staff including management and executive positions, participate actively on several local organizations such as the Marshfield United Way board, Marshfield Area Chamber of Commerce - Business Roundtable, Marshfield YMCA board and Shirley's House of Hope board. Additionally, a hospital staff is part of the Healthy People Wood County steering committee, which is the committee that leads the community health needs assessment and community health improvement process for Wood County. Staff are involved in planning, coordination, and implementation of various collaborative efforts and events in the community. In Fiscal Year 2019, Marshfield Clinic Health System and Security Health Plan developed the ABCs for Healthy Community grant program to invest \$296,765 in 13 counties to address issues in alcohol and substance abuse, behavioral health, chronic disease and social determinants of health. MMC and MMC-EC staff participated in the grant development, review, award and reporting processes. MMC staff remain in close partnership with all 14 funded organizations to support and provide guidance as requested by funded partners. Marshfield Medical Center-Eau Claire Marshfield Medical Center-Eau Claire (MMC-EC) furthered its exempt purpose by promoting the health of the community with the following:</p> <ul style="list-style-type: none"> <li>- Representation on the Eau Claire Chamber of Commerce-Business and Workforce Development, and Government Affairs committees. These committees focus on improving business opportunities and education, and support state and federal issues impacting the local business community in Eau Claire.</li> <li>- Representation on the Feed My People Food Bank-Board of Directors. Feed My People Food Bank provides hunger-relief programs access to millions of pounds of low-cost foods, helping them efficiently meet the needs of their community.</li> <li>- Participated in multiple groups within the Community Coalition Eau Claire Healthy Communities. The mission of the coalition is to promote the health and well-being of individuals, families and communities of Eau Claire County through collaborative and focused action.</li> <li>- Representation on Mental Health Matters which seeks to promote resilience for Chippewa Valley youth. Marshfield Medical Center-Ladysmith Marshfield Medical Center-Ladysmith furthered its exempt purpose by promoting the health of the community with the following:</li> <li>- Representation on the Greater Ladysmith Area Chamber of Commerce, focusing on improving business opportunities and education, and support state and federal issues impacting the local business community in Ladysmith.</li> <li>- Representation on the Healthy Lifestyles, Healthy Communities for Rusk County committees. Mental Health, Substance, and Alcohol.</li> </ul>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 6	<p>Marshfield Clinic was founded in 1916 by six physicians practicing in Marshfield, a rural central Wisconsin city. At its inception, Clinic founders saw research and education as critical to their practice of health care and that remains so today. The Clinic became a 501(c)(3) nonprofit organization in 1992 and in 2014, Marshfield Clinic Health System, Inc., was formed. The Health System's mission is to enrich lives and create healthy communities through accessible, affordable, compassionate health care. The Health System today is an integrated system serving Wisconsin and beyond, with more than 10,000 employees including over 1,200 providers in 86 specialties. Its entities provide service and health care to more than two million residents through over 50 clinical care centers in 34 Wisconsin communities. Unique to MCHS is its Center for Community Health Advancement (CCHA), which builds bridges between the healthcare system and the places in the community where people live, work and play. The CCHA works with coalitions, businesses, educational systems, law enforcement agencies, Tribal Nations, local governments, and other healthcare providers, nonprofit organizations and other entities to improve community health. The CCHA includes MMC and MMC-Eau Claire staff who are closely involved in the CHNA and IS in their respective counties, Wood County and Eau Claire County. This helps to align community health priorities identified in the CHNA with Health System priorities. Marshfield Clinic Health System (MCHS) deeply believes in promoting community health through building and sustaining strong internal and external partnerships and collaborations. For this reason, MCHS and its affiliated entities work together internally and externally with community partners, stakeholders and residents to improve community health.</p>

Additional Data

Software ID:  
Software Version:  
EIN: 81-0977948  
Name: MCHS Hospitals Inc

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

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Marshfield Medical Center 611 St Joseph Avenue Marshfield, WI 54449 www.marshfieldclinic.org 51	X	X	X	X			X			
2	Marshfield Medical Center-Eau Claire 2310 Craig Road Eau Claire, WI 54701 www.marshfieldclinic.org 323	X	X					X			
3	Marshfield Medical Center-Ladysmith 900 College Avenue West Ladysmith, WI 54848 www.marshfieldclinic.org 1030	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
Form 990 Sch H Part V Line 2	MCHS HOSPITALS, INC COMPLETED THE PURCHASE OF CERTAIN ASSETS OF SAINT JOSEPH'S HOSPITAL IN MARSHFIELD, WISCONSIN IN JUNE 2017 AND ALSO RUSK COUNTY MEMORIAL HOSPITAL IN LADYSMITH, WISCONSIN IN AUGUST 2018 IN JULY 2018, MCHS HOSPITALS, INC OPENED A NEW HOSPITAL IN EAU CLAIRE, WISCONSIN ALL HOSPITAL FACILITIES WILL COMPLETE THE REQUIRED CHNA BY THEIR RESPECTIVE REQUIRED DATES

**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
Form 990 Sch H Part V Line 5	MARSHFIELD MEDICAL CENTER When Marshfield Medical Center (MMC) conducted its most recent C HNA, the hospital engaged a diverse group of people and organizations who represented the broad interests of the communities it serves Individuals from the organizations below participated in one-on-one key informant interviews - Aspirus Riverview Hospital and Clinics , Inc - Boys and Girls Club of the Wisconsin Rapids Area - City of Wisconsin Rapids - The Hannah Center - Incourage Community Foundation - Legacy Foundation - Local Farmers - Love Inc - Marshfield Area Community Foundation - Marshfield Area United Way - Marshfield Clinic Health System - Mary's Place - Mead Witter Foundation - Port Edwards School District - River Cities Bank - School District of Auburndale - School District of Nekoosa - United School District of Marshfield - Wisconsin Rapids Police Department - Wisconsin Rapids Public Schools - Wisconsin Rapids YMCA - Wood County Health Department Individuals from the communities below participated in community conversations - Aging and Disability Resource Center of Central Wisconsin (ADRC) - Boys and Girls Club of Wisconsin Rapids Area - Hmong community - Plain community - River Cities Clubhouse members - Wisconsin Rapids YMCA aging members - Women, Infant, and Children (WIC) participants A community health assessment survey was also provided to the community in which 1,308 community members responded, however, only 874 surveys were completed MARSHFIELD MEDICAL CENTER-EAU CLAIRE Marshfield Medical Center-Eau Claire (MMC-EC) completed its first CHNA since opening its doors in July 2018, in partnership with the Eau Claire City-County Health Department, Chippewa County Department of Public Health, United Way of the Greater Chippewa Valley, and two hospital systems HS Sacred Heart and St Joseph's Hospitals and Mayo Clinic Health System The Eau Claire County and Chippewa County Community Health Needs Assessment processes were conducted simultaneously by a single project manager The MMC-EC CHNA report highlights only data collection/analysis activities and community participation as it relates to Eau Claire County In addition to analyzing demographic information, the group collected secondary data through both an online and paper survey concerning disease, death, disability, injury, and community opinions An abbreviated hard copy of the survey was created to aid those with limited health literacy A translator was provided for those who do not speak English as a primary language After analysis of the survey demographics, targeted outreach sessions were held to address gaps in response those over the age of 70 and community members with the highest education level designation of some education or high school Outreach sessions were held at Chippewa Valley Correctional Treatment Facility, Eau Claire Area Hmong Mutual Assistance Association, L E Phillips Senior Center, The Community Table and WIC Clinic in Augusta A key informant interview

**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
Form 990 Sch H Part V Line 5	<p>ew was conducted with the local Plain Community by an Eau Claire City-County Health Department Public Health Nurse MARSHFIELD MEDICAL CENTER-LADYSMITH In 2018, the Community Health Needs Assessment (CHNA) process for Marshfield Medical Center-Ladysmith (MMC-L) was led by the Healthy Lifestyles, Healthy Communities Committee for Rusk County The group was comprised of University of Wisconsin-Eau Claire students and faculty, Rusk County Public Health Department, Rusk County Health and Human Services, Rusk County Economic Development, MMC-L, and Indianhead Community Action Agency The Community Needs Assessment survey was widely distributed to Rusk County via employers, schools, government agencies, and businesses in February 2017 Both paper copies and online copies of the survey were distributed, paper copies were available at senior centers, the prison, hospital lobby, nursing homes, and rural areas</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
Form 990 Sch H Part V Line 6a	MARSHFIELD MEDICAL CENTER The CHNA was conducted with the following hospital facility(s) - Aspirus Riverview Hospital and Clinics, Inc MARSHFIELD MEDICAL CENTER-EAU CLAIRE The CHNA was conducted with the following hospital facility(s) - Mayo Clinic Health System - HSHS Sacred Heart Hospital - HSHS St Joseph's Hospital MARSHFIELD MEDICAL CENTER-LADYSMITH Marshfield Medical Center-Ladysmith is the only hospital located in Rusk County and is considered a critical access hospital

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

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

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 6b	MARSHFIELD MEDICAL CENTER The CHNA was conducted with the following non-hospital facility(s) - Wood County Health Department MARSHFIELD MEDICAL CENTER-EAU CLAIRE The CHNA was conducted with the following non-hospital facility(s) - Chippewa County Department of Public Health - Chippewa Health Improvement Partnership - Eau Claire City-County Health Department - Eau Claire Healthy Communities - United Way of the Greater Chippewa Valley MARSHFIELD MEDICAL CENTER-LADYSMITH The CHNA was conducted with the following non-hospital facility(s) - University of Wisconsin-Eau Claire - Rusk County Public Health Department - Rusk County Health and Human Services - Rusk County Economic Development - Indianhead Community Action Agency

**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
Form 990 Sch H Part V Line 7a and 10a	URL for CHNA report and Implementation Strategy posted on organization's website MARSHFIELD MEDICAL CENTER <a href="https://www.marshfieldclinic.org/locations/marshfield-medical-center/community-health-needs">https://www.marshfieldclinic.org/locations/marshfield-medical-center/community-health-needs</a> MARSHFIELD MEDICAL CENTER-EAU CLAIRE <a href="https://www.marshfieldclinic.org/locations/eau-claire-marshfield-medical-center/community-health-needs">https://www.marshfieldclinic.org/locations/eau-claire-marshfield-medical-center/community-health-needs</a> MARSHFIELD MEDICAL CENTER-LADYSMITH <a href="https://www.ruskhospital.org/community/community-health-needs-assessment">https://www.ruskhospital.org/community/community-health-needs-assessment</a>



**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
Form 990 Sch H Part V Line 11	MARSHFIELD MEDICAL CENTER The health priorities identified by the Community Health Needs Assessment (CHNA) are - Substance Use - Behavioral Health - Active Communities and Community Food Systems MMC plans to address most of the health priorities identified in the CHNA While labeling of the health priorities is different than what was included in the CHNA report, MMC chose to label the health priorities to align with Marshfield Clinic Health System's community health priorities - Alcohol and Substance Abuse - Behavioral Health - Chronic Disease - Social Determinants of Health As these health priorities are addressed, health equity and social determinants of health needs will be incorporated throughout various initiatives MMC plans to implement the following strategies and activities Health Priority 1 Alcohol and Substance Abuse Strategy 1 Support implementation of an alcohol and other drugs abuse (AODA) prevention curriculum - MMC will collaborate and support the efforts of local organizations and partners to implement an AODA prevention curriculum aimed at reducing underage alcohol consumption and/or prevent substance use and abuse Strategy 2 Improve referrals/access to support tobacco cessation for pregnant women - MMC will participate in convening community partners to explore community processes for connecting pregnant women who use tobacco products to tobacco cessation services and resources Strategy 3 Engage in AODA prevention community groups - MMC staff will actively engage in at least one community coalition that addresses AODA Health Priority 2 Behavioral Health Strategy 1 Provide community training related to mental health and suicide prevention - MMC will partner with local community organizations to train 500 Wood County residents in Question, Persuade, Refer (QPR) Strategy 2 Implement Zero Suicide at MMC - Zero Suicide is a continuous quality improvement framework for transforming suicide prevention in health and behavioral health care systems MMC will conduct a workforce assessment to understand capacity and needs for addressing suicide prevention at the hospital For successful implementation, MMC will acquire a project manager to lead the implementation of Zero Suicide Strategy 3 Develop a mental health resource app - MMC will develop an app or resource base focused on providing community members access to information about existing AODA and mental health services and resources the information would include evidence-based substance use and mental health resources A key component of this effort is to engage students throughout this process (planning, development, implementation, evaluation) Strategy 4 Provide behavioral health support in schools - MMC will support two behavioral, social, emotional learning trainings for elementary school staff Security Health Plan works with a child psychologist to support schools in implementing the behavioral, emotional, social traits (best) universal screening, which

**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
Form 990 Sch H Part V Line 11	<p>helps educators identify and match b e s t practices for externalizing and internalizing b ehaviors in school-age children Security Health Plan staff and MMC staff will work collab oratively to coordinate and support trainings for educators who are interested in implemen ting b e s t in their schools Strategy 5 Engage in mental health community groups - MMC staff will actively engage in at least one local community group focused on addressing men tal and behavioral health Strategy 6 Conduct a community mental health awareness campaig n - MMC staff will support a community mental health awareness campaign that includes coll aborative community education and engagement events/activities Health Priority 3 Chronic Disease Strategy 1 Improve access to healthy choices - MMC will implement a hospital-wid e educational campaign regarding sugar sweetened beverages Strategy 2 Implement a primar y prevention strategy to support care delivery efforts related to chronic disease manageme nt - MMC will collaborate with partners to complete one community health screening for com munity members All community members who are screened and are at risk for diabetes will b e referred to a diabetes prevention program Strategy 3 Engage in chronic disease communi ty groups - MMC staff will actively engage in at least one local community coalition that addresses chronic diseases, healthy eating and/or active living Health Priority 4 Social Determinants of Health Strategy 1 Screen patients, members, and community for social det erminants of health needs using a standardized assessment tool - MMC will support the deve lopment or obtainment of a universal screening tool for assessing social determinants of h ealth needs for MCHS patients, Security Health Plan members and community members The ass essment will help MMC connect patients and community members to resources that will addres s their utility, housing, transportation, economic needs, etc Strategy 2 Support capacit y building and leadership development in a marginalized community - MMC will work collabor atively to support the efforts of capacity building and leadership development in one marg inalized community in Wood County MMC recognizes the importance of health equity and auth entic community engagement with marginalized and disparate populations to improve health s o MMC and partners will work with the identified population to ensure they are included th roughout the process (planning, development, implementation and evaluation) MMC will not be directly addressing Active Communities as part of the Chronic Disease health priority b ecause Health People Wood County's Recreate Health Coalition is leading active community e fforts in Wood County in partnership with various other organizations MMC will be an enga ged partner supporting the efforts of Recreate Health MARSHFIELD MEDICAL CENTER-EAU CLAIR E Marshfield Medical Center-Eau Claire (MMC-EC) will implement many strategies collaborati vely with community and Marshf</p>

**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
Form 990 Sch H Part V Line 11	<p>ield Clinic Health System partners Community change is a long-term process that no one or ganization can accomplish alone, therefore partnerships are essential for success The fol lowing priorities were identified by the Community Health Needs Assessment - Alcohol Misu se - Substance Abuse - Mental Health - Healthy Growth and Development - Obesity - Physical Activity - Healthy Nutrition - Tobacco Use and Exposure - Chronic Disease Due to the inte rconnected nature of the top identified health priorities, MMC-EC chose to combine a numbe r of health priorities along with the goals and strategies identified to achieve them Hea lth Priority 1 Alcohol and Substance Abuse Strategy 1 Support implementation of an alcoh ol and other drug abuse (AODA) prevention curriculum - MMC-EC will partner with local orga nizations to support the implementation of an AODA prevention curriculum to reduce underag e alcohol consumption and/or prevent substance use and abuse Strategy 2 Support local po licy related to underage drinking prevention - MMC-EC will partner with local organization s to support the implementation of a new or improved policy related to underage drinking p revention Strategy 3 AODA prevention workshops - An MMC-EC representative will participa te in the Alliance for Substance Abuse Prevention (ASAP) coalition and High Risk Drinking Prevention Action Team Both groups are supported by the Eau Claire City-County Health Dep artment and consist of members from schools, law enforcement, public health departments, h ealth systems, and local community leaders MMC-EC has an important role in these groups a nd will participate directly and/or support evidence based actions outlined by these group s Health Priority 2 Behavioral Health Strategy 1 Provide community training related to mental health and suicide prevention - MMC-EC will partner with local community organizati ons to provide Question, Persuade, Refer (QPR) trainings Organization staff will be train ing to deliver QPR gatekeeper training to students and additional staff as needed, increas ing hospital capacity to reach other population groups In addition, MMC-EC will support a QPR training of trainers for school district staff By training staff, students will rece ive QPR gatekeeper training on an annual basis Strategy 2 Support community educational event related to mental health and/or suicide prevention - MMC-EC will partner with at lea st one community organization to host an educational event where the documentary The Rippl e Effect will be viewed Attendees will view the documentary, discuss content, learn myths and facts about suicide, and be presented with community resources and programs available</p>

**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
Form 990 Sch H Part V Line 11 continued	<p>Strategy 3 Implement suicide prevention curriculum - MMC-EC will support staff attendance to be trained as a trainer in Postvention, a program that teaches schools, media, funeral homes, law enforcement, businesses, clergy and whole communities how to follow up after a sudden death happens. Trained staff will provide future trainings as requested. Strategy 4 Provide resources - MMC-EC will seek to connect youth to accurate and reliable information regarding mental health and substance abuse topics through the creation of a mobile application. The app will be linked to National Lifelines run by trained mental health professionals and will be built to connect youth to existing services that are organized into a n easy to access format. Strategy 5 Mental health community workgroups - An MMC-EC representative will participate in Mental Health Matters coalition and Mental Health Action Team. Both groups are supported by the Eau Claire City-County Health Department and consist of members from schools, United Way, public health, health systems, and local community leaders. MMC-EC has an important role in these groups and will participate directly and/or support evidence based actions outlined by these groups. Health Priority 3 Chronic Disease Strategy 1 Address food insecurity and chronic disease - MMC-EC, along with the support of community partners, will work to reduce food insecurity while increasing healthy behaviors through a Food Pharmacy. This program will support those with pre-diabetic or diabetic diagnosis and food insecurity in order to reverse, reduce or control diabetes by providing education, case management and healthy food.</p> <p>Strategy 2 Implement a community initiative to support care delivery of chronic disease prevention - MMC-EC will support the delivery of two, six week evidence based classes to community members to address chronic diseases. Classes will include Healthy Living with Diabetes and Living Well with Chronic Conditions. Strategy 3 Community based education regarding tobacco control - MMC-EC will support an e-cigarette prevention forum, targeted towards healthcare professionals, human services, law enforcement, public health and prevention professionals, school administration and people who work with youth. The forum will include tobacco history and trends, tobacco policy, tobacco is changing campaign, youth led prevention initiatives and more. Strategy 4 Improve physical activity levels of students - In order to meet the needs of elementary schools in the region, MMC-EC staff will assess the need of local schools and provide funding for playground equipment as able. Based on evidence supported by the Centers for Disease Control and Prevention, students who are physically active during school recess tend to have better grades, attendance and cognitive performance. Strategy 5 Chronic disease prevention community workgroups - An MMC-EC representative will participate in the United Way Health Advisory Council and Chronic</p>

**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
Form 990 Sch H Part V Line 11 continued	<p>Disease Prevention Action team Both groups are supported by the Eau Claire City-County Health Department and consist of members from schools, law enforcement, public health, health systems, and local community leaders MMC-EC has an important role in these groups and will participate directly and/or support evidence based actions outlined by these groups The following health priorities will not be addressed by MMC-EC for reason indicated Injury and Violence Prevention - Instead of leading this charge, staff participate in a variety of community groups supporting this area including the Eau Claire Healthy Communities Healthy Relationship Action Team and the Eau Claire Suicide Death Review Team Communicable Disease Prevention and Control - Instead of leading this charge, staff participate in the Eau Claire Healthcare-Associated Infections Coalition Oral Health - Staff from MMC-EC does not provide related services, however, the Family Health Center of Marshfield dental center does lead these efforts locally, regionally and nationally Reproductive and Sexual Health - While MMC-EC does provide this service, community led initiatives are best led by the City County Health Department and other agencies with expertise in the area Environmental and Occupational Health - While MMC-EC does have an occupational health department, the hospital will not take the lead on this area in community outreach as this is an area the City County Health Department leads and has expertise in MARSHFIELD MEDICAL CENTER-LADY SMITH Marshfield Medical Center-Ladysmith (MMC-L) will implement many strategies collaboratively with community and Marshfield Clinic Health System partners Community change is a long-term process that no one organization can accomplish alone, therefore partnerships are essential for success The following health priorities were identified by the Community Health Needs Assessment - Alcohol Use - Substance Abuse - Mental Health Due to the interconnected nature of the top identified health priorities, MMC-L chose to combine a number of health priorities along with the goals and strategies identified to achieve them Health Priority 1 and 2 Alcohol and Substance Abuse Strategy 1 Support implementation of an alcohol and other drug abuse (AODA) prevention curriculum - MMC-L will partner with local organizations to support the implementation of an AODA prevention curriculum to reduce underage alcohol consumption and/or prevent substance use and abuse Strategy 2 Support local policy related to underage drinking prevention - MMC-L will partner with local organizations to support the implementation of a new or improved policy related to underage drinking prevention Strategy 3 AODA prevention workgroups - An MMC-L representative will participate in the Rusk County Youth Council and Healthy Lifestyles Healthy Communities Alcohol and Substance subcommittees These groups consist of members from local schools, Rusk County Sheriff's department, Ladysmith</p>

**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
Form 990 Sch H Part V Line 11 continued	th police department, Embrace Inc, UW-Extension, Rusk County juvenile justice, Rusk County Public health, Indianhead Community Action Agency, and local public libraries MMC-L will participate directly and/or support evidence based actions outlined by these groups Heal th Priority 3 Mental Health Strategy 1 Provide community training related to mental heal th and/or suicide prevention - MMC-L will partner with a community organization to provide mental health and/or suicide prevention trainings Organization staff can be trained to d eliver QPR gatekeeper training or assist with other mental health trainings as needed by t he community, increasing hospital capacity to reach other population groups Strategy 2 S upport community educational event related to mental health and/or suicide prevention - MM C-L will partner with at least one community organization to host an educational event whe re the documentary The Ripple Effect will be viewed Attendees will view the documentary, discuss content, learn myths and facts about suicide, and be presented with community reso urces and programs available Strategy 3 Provide resources - MMC-L will seek to connect y outh to accurate and reliable information regarding mental health and substance abuse topi cs through the creation of a mobile application The app will be linked to National Lifeli nes run by trained mental health professionals and will be built to connect youth to exist ing services that are organized into an easy to access format Strategy 4 Mental health c ommunity workgroups - An MMC-L representative will participate in Healthy Lifestyles Healt hy Communities for Rusk County mental health subcommittee This group is supported by Rusk County Public Health, Indianhead Community Action Agency, Embrace Inc, local school distr icts, Rusk County Youth Council, Prevea Health and Aurora counseling services MMC-L will participate directly and/or support evidence based actions outlined by these groups

**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
Form 990 Sch H Part V Line 11 Continued	The following health priorities will not be addressed by MMC-L for reasons indicated Injury and Violence Prevention - Instead of leading this charge, MMC-L staff participate in a coalition supporting this area called the Rusk County Youth Council This area is also served by Embrace Inc located in Rusk County Chronic Disease (also includes Physical Activity, Nutrition, and Tobacco Use) - MMC-L addresses the community need for diabetes prevention by providing the Diabetes Prevention Program While MMC-L has strategies to address chronic disease it is not listed as one of the top health priorities Communicable Disease Prevention and Control - MMC-L has systems and processes in place to prevent and reduce the spread of communicable diseases The hospital will not take the lead on this area in community outreach as this is an area the County Health Department leads and has expertise in Oral Health - Marshfield Clinic Ladysmith Dental Center addresses the community need for oral health by serving patients regardless of ability to pay or insurance status Environmental and Occupational Health - While MMC-L does have an occupational health department the hospital will not take the lead on this area in community outreach as this is an area that the County Health Department leads and has expertise in Form 990 Sch H Part V Line 16a-c URL FOR FAP ON ORGANIZATION'S WEBSITE <a href="https://www.marshfieldclinic.org/patient-resources/billing/financial-assistance">HTTPS //WWW MARSHFIELDCLINIC ORG/PATIENT-RESOURCES/BILLING/FINANCIAL-ASSIS TANCE</a>

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MCHS Hospitals Inc

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

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

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
81-0977948

Part I

General Information on Grants and Assistance

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

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

Part II

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

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

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

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



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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Charity Care	1085	13,794,925			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Form 990 Sch I Part I Line 2	Marshfield Clinic Health System (including MCHS Hospitals, Inc ) provides emergency and medically necessary health care services for free or at discounted rates to patients who meet certain eligibility criteria Patients seeking financial assistance apply by completing a financial assistance application Free care is available for patients with income and excess asset values at or below 200% of the Federal Poverty Guidelines

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization MCHS Hospitals Inc	Employer identification number 81-0977948
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a	Yes	
b	Any related organization?	5b	Yes	
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a	Yes	
b	Any related organization?	6b	Yes	
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(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				
<b>1</b> Susan Turney MD Board Member/MCHS CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,686,332	510,000	258,560	270,897	22,398	2,748,187	154,255
<b>2</b> Ruwan Dissanayake MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	357,107	153,832	21,296	29,497	25,563	587,295	0
<b>3</b> Narayana Murali MD Board Member/MCHS CSO	(i)	0	0	0	0	0	0	0
	(ii)	720,583	112,500	21,632	29,497	28,594	912,806	0
<b>4</b> Jerard Jensen MCHS General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	741,937	112,500	19,789	29,497	26,636	930,359	0
<b>5</b> Gordon Edwards MCHS CFO/COO	(i)	0	0	0	0	0	0	0
	(ii)	570,052	90,000	42,207	29,497	29,848	761,604	0
<b>6</b> Ned Wolf CAO MMC-Marshfield	(i)	0	0	0	0	0	0	0
	(ii)	333,897	0	32,949	29,497	30,543	426,886	0
<b>7</b> Pat Board CAO (interim) MMC-Eau Claire	(i)	0	0	0	0	0	0	0
	(ii)	421,653	0	17,329	2,080	17,669	458,731	0
<b>8</b> Daniel Ramsey Former MCHS COO	(i)	0	0	0	0	0	0	0
	(ii)	-456	0	557,469	0	456	557,469	0
<b>9</b> Steven Kulick CHIEF EXPERIENCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	216,878	0	8,702	1,769	9,678	237,027	0

**Part III**   **Supplemental Information**

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

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

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

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

Return Reference	Explanation
Form 990 Sch J Part I Line 4b	457(F) PLAN SUSAN TURNEY, MD - \$165,215

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



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



Additional Data

Software ID:  
Software Version:  
EIN: 81-0977948  
Name: MCHS Hospitals 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				
Susan Turney MD Board Member/MCHS CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,686,332	510,000	258,560	270,897	22,398	2,748,187	154,255
Ruwan Dissanayake MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	357,107	153,832	21,296	29,497	25,563	587,295	0
Narayana Murali MD Board Member/MCHS CSO	(i)	0	0	0	0	0	0	0
	(ii)	720,583	112,500	21,632	29,497	28,594	912,806	0
Jerard Jensen MCHS General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	741,937	112,500	19,789	29,497	26,636	930,359	0
Gordon Edwards MCHS CFO/COO	(i)	0	0	0	0	0	0	0
	(ii)	570,052	90,000	42,207	29,497	29,848	761,604	0
Ned Wolf CAO MMC-Marshfield	(i)	0	0	0	0	0	0	0
	(ii)	333,897	0	32,949	29,497	30,543	426,886	0
Pat Board CAO (interim) MMC-Eau Claire	(i)	0	0	0	0	0	0	0
	(ii)	421,653	0	17,329	2,080	17,669	458,731	0
Daniel Ramsey Former MCHS COO	(i)	0	0	0	0	0	0	0
	(ii)	-456	0	557,469	0	456	557,469	0
Steven Kulick CHIEF EXPERIENCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	216,878	0	8,702	1,769	9,678	237,027	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MCHS Hospitals Inc

Employer identification number  
81-0977948

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . .				
15 Real estate—Residential . .				
16 Real estate—Commercial . .	X	1	348,437	FMV
17 Real estate—Other . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . .				
24 Archeological artifacts . . . .				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold;">2018</div> <b>Open to Public Inspection</b>
Department of the Treasury Name of the organization MCHS Hospitals Inc		<b>Employer identification number</b>  81-0977948

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part III Line 4a	MCHS HOSPITALS, INC (MCHSH) WAS INCORPORATED IN DECEMBER 2015 AS A NONPROFIT, NONSTOCK CORPORATION AND IN JUNE 2017, ACQUIRED THE ASSETS OF SAINT JOSEPH'S HOSPITAL LOCATED IN MARSHFIELD, WISCONSIN, NOW DBA AS MARSHFIELD MEDICAL CENTER (MMC) IN MAY 2019, MCHSH ACQUIRED A MEMBERSHIP INTEREST IN BEAVER DAM COMMUNITY HOSPITALS, INC (BDCH) IN BEAVER DAM, WISCONSIN THROUGH A MEMBERSHIP SUBSTITUTION (DBA MMC-BEAVER DAM) IN DECEMBER 2018, MCHSH ACQUIRED A MEMBERSHIP INTEREST IN MEMORIAL HOSPITAL, INC (NEILLSVILLE) IN NEILLSVILLE, WISCONSIN THROUGH A MEMBERSHIP SUBSTITUTION (DBA MMC-NEILLSVILLE) IN AUGUST 2018, MCHSH ACQUIRED THE ASSETS OF RUSK COUNTY MEMORIAL HOSPITAL IN LADYSMITH, WISCONSIN (DBA MMC-LADYSMITH) IN JULY 2018, MCHSH OPENED A NEW HOSPITAL IN EAU CLAIRE, WISCONSIN, MMC-EAU CLAIRE Form 990 Part V Line 2 ALL PERSONNEL SERVICES FOR MCHS HOSPITALS, INC ARE PERFORMED BY EMPLOYEES OF MARSHFIELD CLINIC HEALTH SYSTEM, INC ALL PHYSICIAN SERVICES FOR MCHS HOSPITALS, INC ARE PERFORMED BY EMPLOYEES OF MARSHFIELD CLINIC, INC

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part IV Line 4	<p>Marshfield Clinic Health System (including MCHS Hospitals, Inc ) is a member of various healthcare associations (i e Wisconsin Hospital Association) that may perform some lobbying activity All associated dues are disclosed on the Form 990 of Marshfield Clinic Health System, Inc Form 990 Part IV Line 24a MCHS HOSPITALS, INC IS PART OF THE MARSHFIELD CLINIC HEALTH SYSTEM OBLIGATED GROUP SINCE THE OBLIGATED GROUP IS RESPONSIBLE FOR ALL OUTSTANDING FINANCED DEBT OBLIGATIONS, ALL BOND RELATED REPORTING IS DISCLOSED ON THE FORM 990 OF MARSHFIELD CLINIC HEALTH SYSTEM, INC</p>

# 990 Schedule O, Supplemental Information

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



## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part VI Line 7b	MARSHFIELD CLINIC HEALTH SYSTEM, INC (THE SOLE MEMBER) HAS THE RIGHT TO APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS OF MCHS HOSPITALS, INC Marshfield Clinic Health System, Inc (the sole member) has the right to initiate and approve long-term borrowing and other forms of long-term indebtedness, initiate and approve the purchase, sale or encumbrance of real and personal property and approve or disapprove annual operating and capital budgets MARSHFIELD CLINIC HEALTH SYSTEM, INC (THE SOLE MEMBER) ALSO HAS THE RIGHT TO INITIATE AND APPROVE ANY OF THE FOLLOWING ACTIONS MERGER, CONSOLIDATION, AFFILIATION OR JOINT VENTURE WITH ANY OTHER ENTITY OR ENTITIES, LIQUIDATION, REORGANIZATION OR DISSOLUTION OF THE ORGANIZATION, FILING OF A VOLUNTARY PETITION IN BANKRUPTCY, ANY CHANGE IN CONTROL OF THE ORGANIZATION

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part VI Line 15a & 15b	<p>THE SYSTEM'S INDEPENDENT COMPENSATION COMMITTEE (COMPENSATION COMMITTEE) SHALL HAVE FINAL AUTHORITY FOR APPROVING COMPENSATION AND BENEFITS OF ALL DISQUALIFIED PERSONS (AS THAT TERM IS DEFINED IN 4958 OF THE INTERNAL REVENUE CODE (THE CODE)) EMPLOYED BY THE CORPORATION, INCLUDING BUT NOT LIMITED TO THE CORPORATION'S CEO. THE TERM DISQUALIFIED PERSONS INCLUDES (BUT IS NOT LIMITED TO) ANY PERSON (OR THE PERSON'S FAMILY MEMBER) WHO WAS, AT ANY TIME DURING THE 5-YEAR PERIOD ENDING ON THE DATE OF THE TRANSACTION, IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION. IT SHALL BE THE RESPONSIBILITY OF THE COMPENSATION COMMITTEE TO INSURE THAT THE SYSTEM DOES NOT PAY AN AMOUNT THAT EXCEEDS REASONABLE COMPENSATION FOR ANY DISQUALIFIED PERSON. THE COMPENSATION COMMITTEE AND ITS OPERATING PROCEDURES SHALL BE DESIGNED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS OF COMPENSATION OUTLINED IN TREASURY REG. SEC. 53.4958-6 WITH RESPECT TO EACH DISQUALIFIED PERSON. IN DETERMINING REASONABLENESS OF COMPENSATION, THE COMPENSATION COMMITTEE SHALL EVALUATE APPROPRIATE INFORMATION AS TO COMPARABILITY OF COMPENSATION, INCLUDING BUT NOT LIMITED TO: COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE SYSTEM'S GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN JOB OFFERS FROM SIMILAR INSTITUTIONS. THE COMPENSATION COMMITTEE SHALL HAVE INDEPENDENT AUTHORITY TO OBTAIN OUTSIDE EXPERT OPINIONS ON THE REASONABLENESS AND FAIR MARKET VALUE OF COMPENSATION AND GATHER OTHER INFORMATION IT CONSIDERS NECESSARY OR APPROPRIATE TO MAKE ITS DECISIONS ON COMPENSATION. THE COMPENSATION COMMITTEE SHALL TIMELY DOCUMENT ITS DETERMINATION OF REASONABLENESS OF COMPENSATION.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	MCHS HOSPITALS, INC DOES NOT MAKE ITS CURRENT GOVERNING DOCUMENTS, CONFLICT OF INTEREST P OLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UNLESS INCLUDED AS PART OF A FORM TH AT IS REQUIRED TO BE PUBLICLY AVAILABLE Form 990 Part X Line 20 MCHS Hospitals, Inc is p art of the Marshfield Clinic Health System obligated group Since the obligated group is r esponsible for all outstanding financed debt obligations, all bond related reporting is di sclosed on the Form 990 of Marshfield Clinic Health System Inc

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 8	<p>Due to the transition to provider-based billing by multiple MCHS facilities, prior year financial statements were restated in order to properly account for the operations reportable under MCHS Hospitals, Inc versus Marshfield Clinic, Inc Form 990 Part XI Line 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES EQUITY INCOME FROM LIFE LINK III \$375,590 EQUITY INCOME FROM BEAVER DAM COMMUNITY HOSPITALS \$(333,919) EQUITY INCOME FROM MEMORIAL HOSPITAL (NEILLSVILLE) \$2,587,792 ----- TOTAL OTHER CHANGES IN NET ASSETS \$2,629,463</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MCHS Hospitals Inc

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
81-0977948

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	
<b>(1)</b> The Diagnostic & Treatment Center LLC  3401 Cranberry Blvd Weston, WI 54476 20-0691634	MEDICAL SVCS	WI	NA	RELATED	0	0		No			No	

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEAVER DAM COMMUNITY HOSPITALS INC	C	99,263,605	ACCRUAL
(2) MEMORIAL HOSPITAL INC	C	7,326,616	ACCRUAL

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
Form 990 Sch R	MARSHFIELD CLINIC HEALTH SYSTEM, INC (A 501(C)(3) ORGANIZATION), IS THE PARENT ORGANIZATION OF MCHS HOSPITALS, INC THE FOLLOWING COMPANIES ARE RELATED TO MCHS HOSPITALS, INC THROUGH BROTHER/SISTER RELATIONSHIPS DUE TO A COMMON PARENT ORGANIZATION MARSHFIELD CLINIC, INC LAKEVIEW MEDICAL CENTER INC OF RICE LAKE SECURITY HEALTH PLAN OF WISCONSIN, INC FLAMBEAU HOSPITAL, INC MARSHFIELD CLINIC HEALTH SYSTEM FOUNDATION, INC

Additional Data

Software ID:

Software Version:

EIN: 81-0977948

Name: MCHS Hospitals 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
1515 N St Joseph Ave Marshfield, WI 54449 39-1572880	HMO	WI	501(c)(4)	N/A	MCHS		No
1700 W Stout St Rice Lake, WI 54868 39-0837206	HOSPITAL	WI	501(c)(3)	3	MCHS		No
1700 W Stout St Rice Lake, WI 54868 39-1329084	SUPPORT ORG	WI	501(c)(3)	12-Type III	NA		No
1000 N Oak Ave Marshfield, WI 54449 46-1495343	SUPPORT ORG	WI	501(c)(3)	12-Type III	NA		No
1000 N Oak Ave Marshfield, WI 54449 39-0452970	MEDICAL SVCS	WI	501(c)(3)	3	MCHS		No
1000 N Oak Ave Marshfield, WI 54449 39-1681547	COM HLTH CTR	WI	501(c)(3)	7	NA		No
1000 N Oak Ave Marshfield, WI 54449 81-2822823	PHILANTHROPY	WI	501(c)(3)	7	MCHS		No
98 Sherry Ave Park Falls, WI 54552 39-0973724	HOSPITAL	WI	501(c)(3)	3	NA		No
611 N St Joseph Ave Marshfield, WI 54449 39-6094701	Gift Shop	WI	501(c)(3)	12-Type III	NA		No
707 S University Ave Beaver Dam, WI 53916 39-1157876	Hospital	WI	501(c)(3)	3	MCHS HOSP	Yes	
216 Sunset Pl Neillsville, WI 54456 39-0806828	Hospital	WI	501(c)(3)	3	MCHS HOSP	Yes	