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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
HUDSON HOSPITAL INC

Doing business as

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

Room/suite

405 STAGELINE ROAD

City or town, state or province, country, and ZIP or foreign postal code
HUDSON, WI 54016

D Employer identification number
39-0804125

E Telephone number
(715) 531-6000

G Gross receipts \$ 65,033,265

F Name and address of principal officer:
DOUGLAS E JOHNSON
405 STAGELINE ROAD
HUDSON, WI 54016

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HUDSONHOSPITAL.ORG

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

L Year of formation: 1950

M State of legal domicile: WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY.

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)

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

313

49

5484

667

7a0

7b0

Revenue

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

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

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

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

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

156,417

92,958

60,856,557

60,899,617

114,033

2,393,750

394,652

161,071

61,521,659

63,547,396

Expenses

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

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

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

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Prior Year

Current Year

163,606

326,451

0

0

32,871,085

34,512,769

0

0

22,229,022

22,838,642

55,263,713

57,677,862

6,257,946

5,869,534

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

83,735,177

88,940,228

23,943,765

21,916,164

59,791,412

67,024,064

Part II

Signature Block

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

Sign Here

Signature of officer

2020-11-13

Date

DOUGLAS E JOHNSON CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01413237

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH STREET
MINNEAPOLIS, MN 55402

Phone 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. 11282Y

Form 990 (2019)

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

TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY

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

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

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

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

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

| | |
|-----------|--|
| 4a | (Code:) (Expenses \$ 48,943,674 including grants of \$ 326,451) (Revenue \$ 61,060,688) |
| | See Additional Data |




















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

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

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

| | |
|-----------|--|
| 4e | Total program service expenses ▶ 48,943,674 |
|-----------|--|

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

| | | | | |
|--|---------------|------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 484 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | No |
| b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c Enter the amount of reserves on hand | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | 16 | | No |

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 13 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 9 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ DOUGLAS E JOHNSON - CHIEF FINANCIAL OFFICER 405 STAGELINE ROAD HUDSON, WI 54016 (715) 531-6013

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

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RYAN ARMBRUSTER VICE CHAIR (JAN - APRIL) | 0.50 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) ANNETTE COOK CHAIR | 0.50 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) STEVE KIRBY DIRECTOR | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) AARON MOEN DIRECTOR | 0.25 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) JONATHAN SUSAN O DIRECTOR | 0.25 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) GARY VANDER VORST DIRECTOR | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) MARVIN KLINGLER MD DIRECTOR | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) MARK GHERTY DIRECTOR & VICE CHAIR | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) JEROME SIY MD DIRECTOR | 0.50 49.50 | X | | | | | | 0 | 416,178 | 79,104 |
| (10) BECKY DURHAM DIRECTOR | 0.25 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) KRISTIN TJORNEHOJ DIRECTOR | 0.25 0.00 | X | | | | | | 0 | 0 | 0 |
| (12) MEGAN M REMARK DIRECTOR & SECRETARY | 0.50 49.50 | X | | X | | | | 0 | 746,520 | 202,431 |
| (13) MARK HANSBERRY DIRECTOR | 0.25 54.75 | X | | | | | | 0 | 531,778 | 113,230 |
| (14) LEVON O'HAODHA MD DIRECTOR | 0.25 39.75 | X | | | | | | 0 | 383,488 | 55,677 |
| (15) DOUGLAS E JOHNSON VP & CFO | 21.30 33.70 | | | X | | | | 0 | 380,795 | 153,262 |
| (16) THOMAS BOROWSKI PRESIDENT | 53.00 2.00 | | | X | | | | 0 | 316,394 | 61,631 |
| (17) KRISTY YAEGER VP, PATIENT CARE SERVICES & CNO | 40.00 0.00 | | | X | | | | 206,091 | 0 | 21,950 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) BHAVIN PATEL MD VPMA | 40.00 0.00 | | | X | | | | 0 | 308,561 | 80,265 |
| (19) DANIELLE L FERKINGSTAD NURSE ANESTHETIST | 40.00 0.00 | | | | | X | | 154,675 | 0 | 25,188 |
| (20) DARLA KLEMENTZ DIRECTOR OF PHARMACY | 40.00 0.00 | | | | | X | | 179,103 | 0 | 33,436 |
| (21) STEPHANIE RIPPKE PHARMACY MANAGER | 45.00 0.00 | | | | | X | | 159,639 | 0 | 32,324 |
| (22) JEFFREY L REICHEL NURSE ANESTHETIST | 60.00 0.00 | | | | | X | | 313,711 | 0 | 17,274 |
| (23) ROBBIE HAGELBERG FORMER VP & CNO | 0.00 40.00 | | | | | | X | 0 | 225,420 | 31,112 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,013,219 | 3,309,134 | 906,884 |

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 ► **38**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| KRAUS-ANDERSON CONST CO 501 8TH STREET MINNEAPOLIS, MN 55404 | CONSTRUCTION | 9,227,347 |
| RIVER VALLEY ANESTHESIA INC PO BOX 118 NEW RICHMOND, WI 540170118 | MEDICAL SERVICES | 426,161 |
| CANCER CENTER OF WESTERN WISCONSIN 501 HOSPITAL RD NEW RICHMOND, WI 54017 | MEDICAL SERVICES | 419,680 |
| BWBR ARCHITECTS 380 ST PETER ST STE 600 ST PAUL, MN 551021996 | ARCHITECT SERVICES | 336,602 |
| SHARED MEDICAL TECHNOLOGY INC 202 W NEWTON ST RICE LAKE, WI 54868 | RADIOLOGY SERVICES | 322,921 |

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 ► **13**

| | | | | | | | |
|---|--|--|--|---|--|-----------|-----------|
| Form 990 (2019) | | Page 9 | | | | | |
| Part VIII | | Statement of Revenue | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | |
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 92,958 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | |
| | h Total. Add lines 1a-1f | | 92,958 | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a PATIENT SERVICE | 623990 | 60,495,851 | 60,495,851 | | | |
| | b DIETARY | 722210 | 185,927 | 185,927 | | | |
| | c GIFT SHOP | 453220 | 157,969 | 157,969 | | | |
| | d OTHER PATIENT SERVICES | 623990 | 59,870 | 59,870 | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| | g Total. Add lines 2a-2f | | 60,899,617 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,393,750 | | | 2,393,750 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | 161,071 | 161,071 | | |
| | | 6a | 1,646,940 | | | | |
| | | b Less: rental expenses | 6b | | | | 1,485,869 |
| | | c Rental income or (loss) | 6c | | | | 161,071 |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7a | | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | | | | |
| | | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | 63,547,396 | 61,060,688 | 0 | 2,393,750 | | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 326,451 | 326,451 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 611,348 | | 611,348 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 28,339,632 | 23,669,901 | 4,669,731 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 648,958 | 587,992 | 60,966 | |
| 9 Other employee benefits | 3,360,851 | 3,111,207 | 249,644 | |
| 10 Payroll taxes | 1,551,980 | 1,406,180 | 145,800 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 814,870 | 716,741 | 98,129 | |
| c Accounting | 900 | | 900 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,875,390 | 1,541,327 | 334,063 | |
| 12 Advertising and promotion | 133,808 | 15,362 | 118,446 | |
| 13 Office expenses | 392,653 | 182,273 | 210,380 | |
| 14 Information technology | 166,833 | 154,366 | 12,467 | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,573,362 | 896,394 | 676,968 | |
| 17 Travel | 59,276 | 44,422 | 14,854 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 12,373 | 5,077 | 7,296 | |
| 20 Interest | 529,910 | 529,910 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,576,333 | 1,377,005 | 199,328 | |
| 23 Insurance | 136,963 | 6,937 | 130,026 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL & OTHER SUPPLY | 13,222,332 | 13,128,612 | 93,720 | |
| b EQUIPMENT & MAINTENANCE | 1,834,397 | 898,746 | 935,651 | |
| c OTHER EXPENSE | 249,565 | 88,099 | 161,466 | |
| d TAXES & ASSESSMENTS | 213,680 | 213,680 | | |
| e All other expenses | 45,997 | 42,992 | 3,005 | |
| 25 Total functional expenses. Add lines 1 through 24e | 57,677,862 | 48,943,674 | 8,734,188 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|------------|--------------------------|------------|--------------------|------------|
| Assets | 1 | Cash—non-interest-bearing | | | 1 | | |
| | 2 | Savings and temporary cash investments | | 35,558,121 | 2 | 39,175,270 | |
| | 3 | Pledges and grants receivable, net | | 285,267 | 3 | 329,647 | |
| | 4 | Accounts receivable, net | | 5,548,455 | 4 | 5,703,727 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | 1,095,811 | 8 | 1,008,076 | |
| | 9 | Prepaid expenses and deferred charges | | 157,004 | 9 | 85,056 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 79,079,349 | | | |
| | b | Less: accumulated depreciation | 10b | 44,697,499 | 34,185,583 | 10c | 34,381,850 |
| | 11 | Investments—publicly traded securities | | | 11 | | |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 4,633,426 | 13 | 5,961,227 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 2,271,510 | 15 | 2,295,375 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 83,735,177 | 16 | 88,940,228 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 5,861,950 | 17 | 6,608,538 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 10,188,732 | 20 | 7,905,617 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 7,893,083 | 25 | 7,402,009 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 23,943,765 | 26 | 21,916,164 | | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 55,999,325 | 27 | 61,928,138 | |
| | 28 | Net assets with donor restrictions | | 3,792,087 | 28 | 5,095,926 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 59,791,412 | 32 | 67,024,064 | |
| 33 | Total liabilities and net assets/fund balances | | 83,735,177 | 33 | 88,940,228 | | |

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 63,547,396 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 57,677,862 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,869,534 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 59,791,412 |
| 5 | Net unrealized gains (losses) on investments | 5 | 59,279 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 1,303,839 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 67,024,064 |

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0804125

Name: HUDSON HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

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

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

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

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

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

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

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

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

Part V

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

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

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

Additional Data

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

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

| | | |
|---|---|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | \$ |
| 3 | Volunteer hours for political campaign activities (see instructions) | |

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

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

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

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

| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|----------|-------------|---------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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 | 81,690 | 81,690 | 81,690 | 81,690 |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | 81,690 | 81,690 | 81,690 | 81,690 |

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

100.000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a | Land | 11,298,942 | | 11,298,942 |
| b | Buildings | 45,481,619 | 29,820,536 | 15,661,083 |
| c | Leasehold improvements | | | |
| d | Equipment | 16,091,086 | 12,252,316 | 3,838,770 |
| e | Other | 6,207,702 | 2,624,647 | 3,583,055 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | 34,381,850 |

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1)CANCER CENTER OF WESTERN WISCONSIN | 385,000 | C |
| (2)INVESTMENT IN MYRTLE DIALYSIS | 162,195 | C |
| (3)INTERCOMPANY SHARED ASSETS | 150,492 | C |
| (4)DEBT ISSUANCE COST | 167,614 | C |
| (5)BENEFICIAL INTEREST | 5,095,926 | C |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 5,961,227 | |

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. Federal income taxes | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 7,402,009 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

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

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART V, LINE 4: | HUDSON HOSPITAL, INC. HOLDS \$81,690 OF PERMANENTLY RESTRICTED ASSETS RELATED TO HUDSON HOSPITAL, INC.'S BENEFICIAL INTEREST IN THE NET ASSETS OF HUDSON HOSPITAL FOUNDATION, INC., A RELATED ORGANIZATION OF HUDSON HOSPITAL, INC. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | HUDSON HOSPITAL, INC. IS INCLUDED IN THE HEALTHPARTNERS, INC. (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT. HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. HP RECORDED NO LIABILITIES AT DECEMBER 31, 2019 OR 2018 FOR UNRECOGNIZED TAX BENEFITS. |

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | 494 | 213,393 | | 213,393 | 0.510 % |
| b Medicaid (from Worksheet 3, column a) | | 1,933 | 5,579,370 | 4,345,615 | 1,233,755 | 2.980 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | 2,427 | 5,792,763 | 4,345,615 | 1,447,148 | 3.490 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 255,024 | 18,255 | 236,769 | 0.570 % |
| f Health professions education (from Worksheet 5) | | | 492,342 | | 492,342 | 1.190 % |
| g Subsidized health services (from Worksheet 6) | | | 456,955 | | 456,955 | 1.100 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 44,332 | | 44,332 | 0.110 % |
| j Total. Other Benefits | | | 1,248,653 | 18,255 | 1,230,398 | 2.970 % |
| k Total. Add lines 7d and 7j | | 2,427 | 7,041,416 | 4,363,870 | 2,677,546 | 6.460 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | 2,774 | | 2,774 | 0.010 % |
| 2 Economic development | | | 8,213 | | 8,213 | 0.020 % |
| 3 Community support | | | 66,204 | | 66,204 | 0.160 % |
| 4 Environmental improvements | | | 20,066 | | 20,066 | 0.050 % |
| 5 Leadership development and training for community members | | | 0 | | | |
| 6 Coalition building | | | 42,692 | | 42,692 | 0.100 % |
| 7 Community health improvement advocacy | | | 7,031 | | 7,031 | 0.020 % |
| 8 Workforce development | | | 3,795 | | 3,795 | 0.010 % |
| 9 Other | | | | | | |
| 10 Total | | | 150,775 | | 150,775 | 0.370 % |

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

| | | Yes | No |
|--|----------|------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 2,205,069 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 16,221,937 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|--|----------|------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 16,221,937 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 16,225,071 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -3,134 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 1 WESTERN WISCONSIN CANCER CENTER | MEDICAL ONCOLOGY AND RADIATION | 23.700 % | 0 % | 0 % |
| 2 2 MYRTLE DIALYSIS | DIALYSIS | 10.000 % | 0 % | 0 % |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
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| 12 | | | | |
| 13 | | | | |

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

| | Other (describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
| | | | | | | | | | | |
| See Additional Data Table | | | | | | | | | | |
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Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
HUDSON HOSPITAL INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

| | Yes | No |
|---|------------|-----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | Yes |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.HUDSONHOSPITAL.ORG/COMMUNITY/</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTP://WWW.HUDSONHOSPITAL.ORG/COMMUNITY/</u> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | |
|---|--|----|-----|
| HUDSON HOSPITAL INC | | | |
| Name of hospital facility or letter of facility reporting group | | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 | Yes |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 % | | | |
| b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | | |
| c <input type="checkbox"/> Asset level | | | |
| d <input checked="" type="checkbox"/> Medical indigency | | | |
| e <input checked="" type="checkbox"/> Insurance status | | | |
| f <input type="checkbox"/> Underinsurance discount | | | |
| g <input type="checkbox"/> Residency | | | |
| h <input type="checkbox"/> Other (describe in Section C) | | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | | |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | | |
| e <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 16 | 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): WWW.HUDSONHOSPITAL.ORG | | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.HUDSONHOSPITAL.ORG | | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.HUDSONHOSPITAL.ORG | | | |
| 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**

HUDSON HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

HUDSON HOSPITAL INC

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| | | |
| 23 | | No |
| 24 | | No |

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7: | HUDSON HOSPITAL USES THE COST-TO-CHARGE RATIO METHOD WHEN CALCULATING THE AMOUNTS REPORTED ON PART I. LINE 7. THE COST-TO-CHARGE RATIO WAS DERIVED USING WORKSHEET 2, RATIO OF PATIENT CARE-COST-TO-CHARGE, FROM THE SCHEDULE H INSTRUCTIONS.. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7G: | HUDSON HOSPITAL IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS. IN 2019, THE HOSPITAL EXPERIENCED LOSS ON SERVICES FOR HOSPITAL OUTPATIENT SERVICES INCLUDING LACTATION, CRISIS, PROGRAMS FOR CHANGE, CHEMOTHERAPY, BLOOD SERVICES, NUTRITION CONSULTATIONS, CARDIOPULMONARY REHABILITATION, AND OCCUPATIONAL THERAPY. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-----------------------------|---|
| PART I, LINE 7, COLUMN (F): | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 16,225,071. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| SCH. H - PART I, LINE 3 - ELIGIBILITY FOR DISCOUNTED CARE | <p>HUDSON HOSPITAL CALCULATES FINANCIAL ASSISTANCE BASED ON PATIENTS' HOUSEHOLD INCOME COMPARED TO WHAT'S CALL THE FEDERAL POVERTY GUIDELINES (FPG). PATIENT WHOSE INCOME AND FAMILY SIZE PLACE THEM AT OR BELOW 200% OF THE (FPG) WILL RECEIVE A 100% DISCOUNT. PATIENT'S WHOSE INCOME AND FAMILY SIZE PLACE THEM ABOVE 200%, BUT NOT MORE THAN 300% ABOVE THE (FPG) WILL RECEIVE A SLIDING-SCALE PARTIAL DISCOUNT. IF A PATIENT HAS RECEIVED EMERGENCY OR OTHER MEDICALLY NECESSARY CARE AT HUDSON HOSPITAL AND IS ELIGIBLE FOR FINANCIAL ASSISTANCE, HUDSON HOSPITAL WILL NOT CHARGE MORE THAN AMOUNTS GENERALLY BILLED (AGB) TO PATIENTS THAT HAVE HEALTH INSURANCE COVERAGE. HUDSON HOSPITAL CAN DETERMINE PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE BASED THE PATIENTS' ABILITY TO MEET CERTAIN CIRCUMSTANCES, WHICH INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING CONDITIONS: HOMELESSNESS, MEDICALLY NECESSARY SERVICES NOT COVERED OR PAYABLE UNDER A MEDICAID PROGRAM OR FEDERAL GRANT RENDERED TO A QUALIFIED RECIPIENT, QUALIFICATION AND EFFECTIVE DATE FOR MEDICAID SUBSEQUENT TO THE SERVICE DATES, INCARCERATION OR MILITARY SPECIAL CIRCUMSTANCES.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| PART II, COMMUNITY BUILDING ACTIVITIES: | <p>HUDSON HOSPITAL IS AN ENERGETIC MEMBER OF THE LOCAL, STATE AND REGIONAL COMMUNITIES. AS HUDSON HOSPITAL SUPPORTS INDIVIDUALS, ORGANIZATIONS, EVENTS AND PROGRAMS, IT LIVES OUT ITS COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITY. KNOWING MUCH MORE CAN BE ACCOMPLISHED TOGETHER, HUDSON HOSPITAL CONTINUED ITS LEADERSHIP AND CO-FACILITATION OF HEALTHIER TOGETHER - PIERCE & ST. CROIX COUNTY WITH PIERCE AND ST. CROIX COUNTY DEPARTMENTS OF PUBLIC HEALTH, WESTFIELDS HOSPITAL, WESTERN WISCONSIN HEALTH AND ALLINA IN RIVER FALLS. THROUGH THIS TWO COUNTY-WIDE, COMMUNITY HEALTH IMPROVEMENT INITIATIVE, HUDSON HOSPITAL CONTINUED TO ALIGN ITS COMMUNITY BENEFIT PROGRAM WITH COMMUNITY HEALTH IMPROVEMENT EFFORTS AND CONTINUES TO BUILD VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS. HUDSON HOSPITAL PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT, COALITION ADVOCACY GROUPS TO IMPROVE HEALTH AND WORKFORCE DEVELOPMENT. FOR THESE ACTIVITIES, THE HOSPITAL PARTNERED WITH ST. CROIX ECONOMIC DEVELOPMENT, ST. CROIX EMS COMMISSION, WISCONSIN HOSPITAL ASSOCIATION, THE PHIPPS CENTER FOR THE ARTS, CANCER CENTER OF WESTERN WISCONSIN, HUDSON HIGH SCHOOL, WISCONSIN INDIANHEAD TECHNICAL COLLEGE (WITC), HUDSON ROTARY, AND HUDSON CHAMBER OF COMMERCE. HUDSON HOSPITAL CONTINUED ON ITS ECO-FRIENDLY JOURNEY "HEALTH CARE WITHOUT HARM" (2008 COMMITMENT) USING SUSTAINABLE BUSINESS PRACTICES AND ESTABLISHING GREEN PURCHASING PROCESSES TO PROVIDE HEALTH CARE. GREEN INITIATIVES INCLUDED THE RECYCLING PROGRAM, REDUCTION OF PAPER COPIES, AND REDUCTION OF ENERGY AND WATER CONSUMPTION. IMPLEMENTING SUSTAINABLE BUSINESS PRACTICES HAS MADE THE HOSPITAL A MODEL WITHIN THE HEALTHPARTNERS ORGANIZATION.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 2: | "BAD DEBT" REPRESENTS THE UNPAID OBLIGATION FOR CARE PROVIDED TO PATIENTS WHO HAVE BEEN DETERMINED TO BE ABLE TO PAY, BUT HAVE NOT DEMONSTRATED A WILLINGNESS TO DO SO. BAD DEBT INCLUDES ANY UNPAID PATIENT RESPONSIBILITY THAT MAY INCLUDE, BUT IS NOT LIMITED TO, DEDUCTIBLES, CO-INSURANCE, CO-PAYMENTS AND NON-COVERED SERVICES. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| SCH. H - PART I, LINE 6 - COMMUNITY BENEFIT REPORT | AS A NOT-FOR-PROFIT ORGANIZATION, HUDSON HOSPITAL NEEDS TO BE ACCOUNTABLE FOR ITS TAX EXEMPTION STATUS - ACCOUNTABLE TO ITS BOARD, STAFF, PHYSICIANS, DONORS, KEY STAKEHOLDERS, COMMUNITY PARTNERS AND MOST OF ALL TO THE COMMUNITIES IT SERVES. THE 2019 REPORT TO COMMUNITY WAS REVIEWED AT BOTH THE BOARD OF DIRECTORS MEETING AND THE MANAGEMENT COUNCIL MEETING. THE REPORT COMMUNICATES THE ACCOMPLISHMENTS AND CHARITABLE WORKS OF THE HOSPITAL IN SUPPORT OF ITS MISSION. PUBLISHING THE REPORT ONLINE SUPPORTS THE HOSPITAL'S GREEN INITIATIVE, AND THE REPORT SHARES HOSPITAL ACCOMPLISHMENTS, SUPPORT EFFORTS OF THE HUDSON HOSPITAL FOUNDATION, AND HEALTHIER TOGETHER UPDATES. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 4: | SEE THE ORGANIZATION'S FOOTNOTES 1.O AND 1.Q, ON PAGES 13 & 14 OF THE ATTACHED CONSOLIDATED FINANCIAL STATEMENT. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART III, LINE 8: | HUDSON HOSPITAL BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY TO GET THE COST TO CHARGE RATIO. SINCE THE HOSPITAL IS A CRITICAL ACCESS HOSPITAL, REIMBURSEMENT FROM MEDICARE IS EQUAL TO THE COST SO THERE IS NO SURPLUS (SHORTFALL). |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| SCH. H - PART V, SECTION B, LINE 14 - FINANCIAL ASSISTANCE POLICY | HUDSON HOSPITAL USES THE FEDERAL POVERTY GUIDELINE PRESCRIBED CALCULATION TO DETERMINE THE MAXIMUM CHARGEABLE AMOUNT FOR PATIENTS DETERMINED TO BE FAP ELIGIBLE. THERE IS ALSO AN UNINSURED DISCOUNT AVAILABLE TO ASSIST THOSE INDIVIDUALS WHO DO NOT HAVE HEALTH INSURANCE. HUDSON HOSPITAL OFFERS A STANDARDIZED AND UNIFORM APPROACH TO OFFERING A DISCOUNT FOR THE UNINSURED AT AMOUNTS NO GREATER THAN AMOUNTS BILLED TO MEDICARE PATIENTS. |

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART VI, LINE 2: | <p>IN 2018, A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND SIX OF ITS HOSPITALS INCLUDING REGIONS HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL & CLINIC, WESTFIELDS HOSPITAL & CLINIC, AMERY HOSPITAL & CLINIC, AND PARK NICOLLET METHODIST HOSPITAL) BY THE IMPROVE GROUP TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE. THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS. THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST. CROIX COUNTIES IN WISCONSIN. HUDSON HOSPITAL SPECIFIC STUDY AREA IS DEFINED AS: ST. CROIX COUNTY PIERCE COUNTY METHODOLOGY HEALTHPARTNERS AND HUDSON HOSPITAL ENGAGED WITH LOCAL PUBLIC HEALTH PARTNERS IN ST. CROIX AND PIERCE COUNTY, AS WELL AS LOCAL COALITIONS, THE CCH AND COMMUNITY PARTNERS TO CONDUCT A COMPREHENSIVE CHNA. HUDSON HOSPITAL & CLINIC IS A MEMBER OF HEALTHIER TOGETHER PIERCE & ST. CROIX COUNTIES (HEALTHIER TOGETHER), A COMMUNITY COALITION COMPRISED OF LOCAL HEALTH SYSTEMS, PUBLIC HEALTH AGENCIES, LOCAL BUSINESSES, MEDIA, NONPROFITS, EDUCATION, GOVERNMENT AND COMMUNITY MEMBERS. HUDSON HOSPITAL & CLINIC HAS COLLABORATED AS A LONG-TERM MEMBER OF HEALTHIER TOGETHER TO FACILITATE AND SUPPORT THE ASSESSMENT OF COMMUNITY HEALTH PRIORITIES IN ST. CROIX AND PIERCE COUNTIES, WISCONSIN. IN 2018, HEALTHPARTNERS AND HUDSON HOSPITAL CONTRACTED WITH THE IMPROVE GROUP TO ANALYZE AND REPORT ON THE DATA DESCRIBING THE COMMUNITIES WE SERVE. HEALTHPARTNERS PROVIDED THE IMPROVE GROUP WITH THE DEFINITIONS OF EACH HOSPITAL'S SERVICE AREA, THE INDICATORS TO STUDY FOR THE HEALTH AND DEMOGRAPHIC DATA SUMMARIES AND DATA COLLECTED DURING COMMUNITY CONVERSATIONS. COMMUNITY INPUT WAS COLLECTED IN PARTNERSHIP WITH HEALTHPARTNERS AND HEALTHIER TOGETHER THROUGH COMMUNITY CONVERSATIONS AND MULTIPLE SURVEYS. THE IMPROVE GROUP THEN GATHERED SECONDARY DATA FROM PUBLIC SOURCES, ANALYZED COMMUNITY INPUT DATA AND DEVELOPED SUMMARY REPORTS TO GUIDE A PRIORITIZATION PROCESS. THE HEALTHPARTNERS CHNA TEAM INCLUDED REPRESENTATIVES FROM EACH HEALTHPARTNERS HOSPITAL AND HEALTHPARTNERS LEADERSHIP. ON SEPTEMBER 14, 2018, THE CHNA TEAM MET TO REVIEW THE DATA AND PRIORITIZE THE COMMUNITY HEALTH NEEDS ACROSS THE SYSTEM. HEALTHPARTNERS COLLECTIVELY PRIORITIZED COMMUNITY HEALTH NEEDS USING A PROCESS INFORMED BY THE HANLON METHOD AND OTHER COMMONLY USED PRIORITIZATION METHODS. EACH HOSPITAL SHARED ITS 4 OR 5 PRIORITY TOPIC AREAS AND RATIONALE FOR EACH TOPIC AREA BASED ON: SIZE: NUMBER OF PERSONS AFFECTED, TAKING INTO ACCOUNT VARIANCE FROM BENCHMARK DATA AND TARGETS; SERIOUSNESS: THE DEGREE TO WHICH THE PROBLEM LEADS TO DEATH, DISABILITY AND IMPAIRMENT OF ONE'S QUALITY OF LIFE (MORTALITY AND MORBIDITY); EQUITY: DEGREE TO WHICH SPECIFIC GROUPS ARE AFFECTED BY THE PROBLEM; VALUE: THE IMPORTANCE OF THE PROBLEM TO THE COMMUNITY; AND CHANGE: WHAT IS THE SAME AND WHAT IS DIFFERENT FROM YOUR PREVIOUS CHNA? HEALTHPARTNERS HOSPITALS WORKED IN A THOROUGH MANNER, FACILITATING LARGE AND SMALL GROUP PROCESS TO REACH CONSENSUS ON TOP PRIORITIES. THE CHNA TEAM CONSIDERED THE CRITERIA DESCRIBED ABOVE AS WELL AS COMMUNITY INPUT DATA IN THESE DISCUSSIONS. THE FIVE PRIORITIES ARE OF EQUAL IMPORTANCE AND ARE PRESENTED IN ALPHABETICAL ORDER. THE FIVE PRIORITY AREAS ARE: ACCESS TO CARE ACCESS TO CARE REFERS TO HAVING EQUITABLE ACCESS TO APPROPRIATE, CONVENIENT AND AFFORDABLE HEALTH CARE. THIS INCLUDES FACTORS SUCH AS PROXIMITY TO CARE, ACCESS TO PROVIDERS, COST, INSURANCE COVERAGE, MEDICAL TRANSPORTATION, CARE COORDINATION WITHIN THE HEALTH CARE SYSTEM AND CULTURAL SENSITIVITY AND RESPONSIVENESS. ACCESS TO HEALTH ACCESS TO HEALTH REFERS TO THE SOCIAL AND ENVIRONMENTAL CONDITIONS THAT DIRECTLY AND INDIRECTLY AFFECT PEOPLE'S HEALTH SUCH AS HOUSING, INCOME, EMPLOYMENT, EDUCATION AND MORE. THESE FACTORS, ALSO REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, DISPROPORTIONATELY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. MENTAL HEALTH AND WELL-BEING MENTAL HEALTH AND WELL-BEING REFERS TO THE INTERCONNECTION BETWEEN MENTAL ILLNESS, MENTAL HEALTH, MENTAL WELL-BEING AND THE ASSOCIATED STIGMA. POOR MENTAL HEALTH IS ASSOCIATED WITH POOR QUALITY OF LIFE, HIGHER RATES OF CHRONIC DISEASE AND A SHORTER LIFESPAN. NUTRITION AND PHYSICAL ACTIVITY NUTRITION AND PHYSICAL ACTIVITY REFERS TO EQUITABLE ACCESS TO NUTRITION, PHYSICAL ACTIVITY AND FOOD AND FEEDING CHOICES. POOR NUTRITION AND PHYSICAL INACTIVITY ARE MAJOR CONTRIBUTORS TO OBESITY AND CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE AND STROKE, WHICH DISPROPORTIONALLY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. SUBSTANCE ABUSE SUBSTANCE ABUSE AND ADDICTION ARE THE EXCESSIVE USE OF SUBSTANCES INCLUDING ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, OPIOIDS AND OTHER DRUGS IN A MANNER THAT IS HARMFUL TO HEALTH AND WELL-BEING. PRIORITIES NOT SELECTED: HEALTHPARTNERS DISCUSSED AND CONSIDERED ADDITIONAL OR ALTERNATIVE PRIORITIES D</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 2: | URING THE PRIORITIZATION PROCESS, INCLUDING: OLDER ADULT HEALTH/AGING, MATERNAL AND CHILD HEALTH, ENVIRONMENTAL HEALTH AND INJURY AND VIOLENCE. THESE NEEDS WERE NOT SELECTED AS ONE OF THE TOP FIVE PRIORITIES IN THE CONSENSUS BUILDING PROCESS; HOWEVER, THE THEMES WILL BE CONSIDERED IN THE IMPLEMENTATION FOR THE SELECTED PRIORITY AREAS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART VI, LINE 3: | <p>HUDSON HOSPITAL DEFINES FINANCIAL ASSISTANCE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. HUDSON HOSPITAL IS COMPLIANT WITH THE 501R FEDERAL REGULATIONS, AND PROVIDES EASY ACCESS TO THE FINANCIAL ASSISTANCE PROGRAM INCLUDING THE FINANCIAL ASSISTANCE POLICY (FAP), APPLICATION, AND PLAIN LANGUAGE SUMMARY. THE FINANCIAL ASSISTANCE PROGRAM AND LISTS OF PROVIDERS COVERED BY THE PROGRAM IS ALSO WIDELY PUBLICIZED AND AVAILABLE ON THE HOSPITAL'S WEBSITE. TO INFORM AND EDUCATE PATIENTS ABOUT THE FINANCIAL ASSISTANCE PROGRAM, FINANCIAL ASSISTANCE POLICY, AND GOVERNMENT PROGRAMS, EACH PATIENT IS OFFERED AND PROVIDED WITH THE FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY AT INTAKE. THIS INFORMATION IS ALSO IS ALSO PROVIDED IN PUBLIC LOCATIONS SUCH AS ADMITTING AND REGISTRATION AND SENT OUT WITH PATIENT STATEMENTS. IN ADDITION TO FINANCIAL COUNSELING, HUDSON HOSPITAL HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE.</p> |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 5: | <p>HUDSON HOSPITAL IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS AND THE MEDICAL STAFF IS ORGANIZED IN THE PUBLIC'S INTEREST. WORKING IN PARTNERSHIP WITH OTHER PROVIDERS IN THE HEALTHPARTNERS ORGANIZATION, PHYSICIANS IN HUDSON, AND THE COMMUNITY, THE HOSPITAL ACCOMPLISHED A GREAT DEAL IN 2019. ADVANCEMENTS WERE MADE IN SUPPORT OF THE TRIPLE AIM: TO ENSURE BETTER HEALTH FOR ALL, IMPROVED PATIENT EXPERIENCE AND AFFORDABLE HEALTH CARE. MAKE IT OK: MAKE IT OK IS FOCUSED ON REDUCING THE STIGMA OF MENTAL ILLNESS. HUDSON HOSPITAL HAS EXPANDED THE REACH OF THIS HEALTHPARTNERS CAMPAIGN INTO OUR COMMUNITY THROUGH TRAINING LOCAL MAKE IT OK AMBASSADORS, LOCAL PROMOTION AND PARTNERSHIPS WITH LOCAL AGENCIES AND PUBLIC HEALTH. HUDSON HOSPITAL HELD AN AMBASSADOR TRAINING ONSITE AND THE MAKE IT OK CAMPAIGN REACHED MORE THAN 500 PEOPLE IN THE HUDSON AND ST. CROIX COUNTY AREA THROUGH COMMUNITY PRESENTATIONS AND OUTREACH ON MENTAL HEALTH STIGMA. MORE THAN 350 AMBASSADORS ARE NOW TRAINED IN THE ST. CROIX VALLEY AREA. MORE THAN 90% OF PARTICIPANTS REPORTED INCREASED KNOWLEDGE ABOUT MENTAL ILLNESS AND GREATER CONFIDENCE IN TALKING ABOUT MENTAL ILLNESS AS A RESULT OF THE PRESENTATIONS.POWERUP: SINCE 2014, THE HOSPITAL HAS SUPPORTED POWERUP, A COMMUNITY-WIDE HEALTH INITIATIVE THAT INSPIRES AND ENGAGES THE ENTIRE COMMUNITY TO PROMOTE BETTER EATING AND PHYSICAL ACTIVITIES/ACTIVE LIVES SO YOUTH CAN REACH THEIR FULL POTENTIAL. POWERUP WORKS WITH PARTNERS ACROSS THE ST. CROIX VALLEY TO CREATE POSITIVE COMMUNITY CHANGE THROUGH: KIDS COOKING CLASSES; OPEN GYMS AND OUTDOOR ACTIVITIES; STRONGER SCHOOL WELL-BEING GUIDELINES; MORE HEALTHY FOODS AT FOOD SHELVES, COMMUNITY EVENTS AND CONCESSIONS. POWERUP ADDRESSES THE CORE CONTRIBUTORS TO OVERWEIGHT AND OBESITY IN CHILDREN, WHICH HAVE TRIPLED OVER THE PAST 30 YEARS. RESEARCH SHOWS THAT TODAY'S CHILDREN ARE EXPERIENCING WEIGHT ISSUES AT YOUNGER AGES AND WILL LIVE SHORTER, LESS HEALTHY LIVES THAN THEIR PARENTS, UNLESS WE COMMIT TO SIGNIFICANT, WIDE SPREAD CHANGE. OUR COMMUNITIES ARE READY TO MAKE THIS CHANGE AND 94 PERCENT OF THOSE SURVEYED SAY POWERUP IS IMPORTANT IN HELPING OUR KIDS GROW UP HEALTHY. POWERUP ENGAGES WITH KIDS AND FAMILIES AT EVENTS, CLASSES AND ACTIVITIES, AS WELL AS THROUGH ONLINE EFFORTS, SOCIAL MEDIA AND QUARTERLY NEWSLETTERS. POWERUP COMMUNITY ENGAGEMENT HAS GROWN OVER TIME, WITH MORE THAN 130,000 ENGAGED IN THE ST. CROIX VALLEY AREA IN 2019 THROUGH EVENTS, CLASSES, OUTREACH PROGRAMS AND RESOURCES TO PROMOTE BETTER EATING, FAMILY MEALS, PHYSICAL ACTIVITY, REDUCED SCREEN TIME AND FEWER SUGARY DRINKS. POWERUP IS HIGHLY RECOGNIZED BY MORE THAN 75% PERCENT OF FAMILIES IN TARGETED COMMUNITIES. POWERUP PARTNERED WITH THE HEALTHPARTNERS INSTITUTE TO SURVEY FAMILIES WITH CHILDREN AS A WAY TO MEASURE COMMUNITY CHANGE OVER TIME. THE SURVEY RESULTS SHOW THAT THE PROPORTION OF PHYSICALLY ACTIVE KIDS HAS INCREASED SINCE POWERUP LAUNCHED IN THE ST. CROIX VALLEY AREA.</p> |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 39-0804125

Name: HUDSON HOSPITAL 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? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | HUDSON HOSPITAL INC 405 STAGELINE ROAD HUDSON, WI 54016 WWW.HUDSONHOSPITAL.ORG STATE OF WI CRITICAL ACCESS # 1039 | X | X | | | X | | X | | | |

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

| Form and Line Reference | Explanation |
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| HUDSON HOSPITAL, INC. | <p>PART V, SECTION B, LINE 5: WE BRING THE MISSION TO LIFE BY WORKING WITH COMMUNITY PARTNERS TO BETTER UNDERSTAND WHAT CONTRIBUTES TO AND STANDS IN THE WAY OF GOOD HEALTH AND HOW WE CAN WORK TOGETHER TO IMPROVE HEALTH OUTCOMES. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS IS AN OPPORTUNITY FOR US TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF OUR COMMUNITY AND THE MEASURES AND RESOURCES REQUIRED TO ADDRESS THOSE NEEDS. HEALTHPARTNERS WORKED WITH LOCAL HEALTH DEPARTMENTS, LOCAL COALITIONS, THE CENTER FOR COMMUNITY HEALTH (CCH) AND COMMUNITY PARTNERS TO CONDUCT A COMPREHENSIVE CHNA. IN ADDITION, EACH HEALTHPARTNERS HOSPITALS ENGAGED WITH LOCAL PUBLIC HEALTH PARTNERS AND OTHER LOCAL HEALTH CARE ORGANIZATIONS ON THE CHNA PROCESS THROUGH PARTICIPATION IN TWO LOCAL COLLABORATIVES: THE CENTER FOR COMMUNITY HEALTH EAST METRO CHA (COMMUNITY HEALTH ASSESSMENT)/CHNA COLLABORATIVE AND THE WEST METRO CHNA COLLABORATION. COMMUNITY INPUT: AS PART OF THE CHNA PROCESS, HEALTHPARTNERS AND HUDSON HOSPITAL PARTNERED TO CONDUCT COMMUNITY INPUT ACTIVITIES TO UNDERSTAND TOP HEALTH PRIORITIES.THE COMMUNITY INPUT FOR IN THIS REPORT INCLUDES:COUNTY PRIORITY DATA: ST. CROIX AND PIERCE COUNTY PUBLIC HEALTH, AS A MEMBER OF HEALTHIER TOGETHER, COLLABORATES TO FACILITATE AND SUPPORT THE ASSESSMENT OF COMMUNITY HEALTH PRIORITIES IN ST. CROIX AND PIERCE COUNTIES, WISCONSIN, AND PUBLISHES THIS AS A COMMUNITY HEALTH ASSESSMENT (CHA). HEALTHIER TOGETHER PIERCE & ST. CROIX COUNTIES COMMUNITY HEALTH SURVEY: IN 2015 AND 2018, HEALTHIER TOGETHER SOUGHT COMMUNITY INPUT FROM A RESIDENTIAL SURVEY AND COMMUNITY DIALOGUES. THE SURVEY MEASURED PERCEPTIONS RESIDENTS HAVE OF COMMUNITY STRENGTHS, LEADING HEALTH CONCERNS AND ACCESS TO RESOURCES. IN 2015, 1,363 PARTICIPANTS RESPONDED TO THE SURVEY (548 FROM PIERCE COUNTY AND 815 FROM ST. CROIX COUNTY). IN 2018, 1,072 PARTICIPANTS RESPONDED TO THE SURVEY (368 FROM PIERCE COUNTY AND 704 FROM ST. CROIX COUNTY).COMMUNITY DIALOGUES: IN 2016, HEALTHIER TOGETHER HOSTED COMMUNITY DIALOGUES FOCUSED SPECIFICALLY ON MENTAL HEALTH, OBESITY/OVERWEIGHT, AND ALCOHOL ABUSE. THROUGH GUIDED DISCUSSIONS, PARTICIPANTS SHARED THEIR VISIONS FOR HEALTH IN THE COMMUNITY, CLARIFIED ASPECTS OF THE PRIORITY HEALTH AREAS AND BRAINSTORMED STRATEGIES FOR SUPPORTING COMMUNITY HEALTH. APPROXIMATELY 120 PEOPLE PARTICIPATED IN THESE COMMUNITY DIALOGUES AND FOCUS GROUPS. OTHER HEALTHPARTNERS HOSPITALS ALSO HELD COMMUNITY DIALOGUES WITH ADDITIONAL DEMOGRAPHICS IN OTHER GEOGRAPHIC LOCATIONS. PROVIDER SURVEY: IN 2018, HEALTHPARTNERS SURVEYED HEALTH CARE PROVIDERS TO UNDERSTAND THEIR PERCEPTIONS OF LEADING HEALTH NEEDS AND COMMUNITY RESOURCES AVAILABLE TO HELP THEIR PATIENTS. THE SURVEY ALSO ASKED PROVIDERS TO IDENTIFY BARRIERS THEY FACE IN ADDRESSING HEALTH NEEDS AND RESOURCES THEY NEED TO BETTER SERVE THEIR PATIENTS. TWENTY-THREE HEALTH CARE PROVIDERS COMPLETED THE SURVEY, INCLUDING 13 WHO PRACTICE AT HUDSON HOSPITAL.FOR ADDITIONAL INFORMATION, PLEASE REFER TO SCHEDULE H, PART VI</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 |
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| HUDSON HOSPITAL, INC. | SUPPLEMENTAL INFORMATION, LINE 2: NEEDS ASSESSMENT |

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 |
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| HUDSON HOSPITAL, INC. | PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES INCLUDED IN THE 2018 HEALTHPARTNERS CHNA WERE: - LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, MN. - PARK NICOLLET METHODIST HOSPITAL, MN. - REGIONS HOSPITAL, MN. - AMERY REGIONAL MEDICAL CENTER, WI. - WESTFIELDS HOSPITAL, INC., WI. |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
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| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| HUDSON HOSPITAL, INC. | PART V, SECTION B, LINE 6B: HUDSON'S CHNA WAS CONDUCTED IN PARTNERSHIP WITH HEALTHIER TOGETHER - PIERCE & ST. CROIX COUNTIES. FOR A FULL DETAILED LIST OF PARTNERING ORGANIZATIONS, PLEASE SEE OUR WEBSITE: HTTP://WWW.HUDSONHOSPITAL.ORG/COMMUNITY/ . |

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 |
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| HUDSON HOSPITAL, INC. | <p>PART V, SECTION B, LINE 11: KEY HIGHLIGHTS OF THE 2019 ACTIVITIES: PRIORITY 1: ACCESS TO CARE: ENSURED THAT EVERY PERSON WHO TOUCHES OUR ORGANIZATION FEELS WELCOMED, INCLUDED, AND VALUED. ORGANIZATION-WIDE TRAINING ON DIVERSITY SERVED AS A SPRINGBOARD TO PATIENT & MEMBER BIAS PATIENT AND DIVERSITY TRAINING AND INTEGRATION INTO ALL-STAFF LEARNING MODULES, WELCOME DAY AND LEADER DEVELOPMENT. IMPROVED ACCESS TO CARE THAT IS APPROPRIATE, AFFORDABLE, AND CONVENIENT. INCREASED WEBSITE ACCESS TO PATIENT AND COMMUNITY ACCESS TO HEALTH INFORMATION, APPOINTMENT SCHEDULING. EXPANDED HOSPICE, HOME CARE AND PALLIATIVE CARE SERVICES TO BETTER SERVE COMMUNITIES. INCREASED PATIENT EXPERIENCE IN ADVISORY COUNCIL TO BETTER UNDERSTAND AND IMPROVE CARE EXPERIENCE. PROVIDED COMMUNITY DIABETES EDUCATION AS A LOW-COST OPTION FOR HEALTH INFORMATION AND EDUCATION. INCREASED VISIBILITY OF FAITH COMMUNITY NURSES WHO PROVIDE PHYSICAL, EMOTIONAL AND SPIRITUAL CARE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES. PRIORITY 2: ACCESS TO HEALTH: STRENGTHEN EXISTING AND EXPLORE NEW COMMUNITY PARTNERSHIPS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. FOOD INSECURITY SCREENING AND REFERRAL FOR ALL WELLCOMES-CHILD AND MEDICARE WELLCOMES EXAMS. PATIENTS PROVIDED WITH COMMUNITY RESOURCE LIST FOR COUNTY AND COMMUNITY RESOURCES FOR HOUSING, TRANSPORTATION AND FINANCIAL NEED. CONTINUED PARTNERSHIP WITH LOCAL FOOD SHELF TO EXPAND SUPER-SHELF IN ORDER TO INCREASE ACCESS TO HEALTHIER FOOD OPTIONS FOR CLIENTS. SPONSOR LOCAL BUS LOOP FOR SENIORS AND COMMUNITY TO ACCESS ESSENTIAL SERVICES AND HEALTH CARE. SERVE ON ADVISORY COMMITTEE AND PARTNER AS MEMBER OF COUNTY TRANSPORTATION STEERING COMMITTEE. PROMOTED EARLY CHILDHOOD BRAIN DEVELOPMENT. DISTRIBUTED MORE THAN 500 BOOKS TO CHILDREN IN CLINICS THROUGH REACH OUT AND READ. LITTLE MOMENTS COUNT: TRAINING AND RESOURCES CREATED PARTNERSHIP WITH LOCAL SCHOOL DISTRICTS TO INTEGRATE INTO COMMUNITY OUTREACH. DEVELOPED SUSTAINABLE OPERATIONS TO POSITIVELY IMPACT THE ENVIRONMENT. INCREASED RECYCLING AND PURCHASES OF SUSTAINABLY PRODUCED AND LOCAL FOODS AND BEVERAGES. REDUCED WASTE TO LANDFILLS, MEAT PURCHASES, SINGLE-USE PLASTIC BOTTLES, ELECTRICITY, NATURAL GAS AND WATER USE AND TOTAL GREENHOUSE EMISSIONS. INCREASED USE OF ENVIRONMENTAL PREFERRED AND RECYCLED PAPER AND OFFICE SUPPLIES. PRIORITY 3: MENTAL HEALTH AND WELL-BEING: REDUCED THE STIGMA SURROUNDING MENTAL ILLNESS. EXPANDED THE REACH OF THE MAKE IT OK CAMPAIGN THROUGH TRAINING LOCAL AMBASSADORS, PROMOTION, AND PARTNERSHIPS WITH LOCAL AGENCIES AND PUBLIC HEALTH. HELD FOUR AMBASSADOR TRAINING SESSIONS IN 2019 AND REACHED MORE THAN 4,000 PEOPLE IN THE ST. CROIX VALLEY AND EAST METRO AREA THROUGH COMMUNITY PRESENTATIONS, EVENTS AND WEBINARS. MORE THAN 450 AMBASSADORS ARE NOW TRAINED IN THE ST. CROIX VALLEY AREA. MORE THAN 90 PERCENT OF PARTICIPANTS REPORTED INCREASED KNOWLEDGE ABOUT MENTAL ILLNESS AND GREATER CONFIDENCE IN TALKING ABOUT MENTAL ILLNESS AS A RESULT OF THE PRESENTATIONS. MAKE IT OK HAS BEEN A KEY PARTNER IN A CO</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 |
|-------------------------|--|
| HUDSON HOSPITAL, INC. | <p>MPREHENSIVE APPROACH TO MENTAL HEALTH FOR STUDENTS IN THE LOCAL SCHOOLS. THERE WERE 81,349 WEBSITE VISITS WITH 62,780 UNIQUE VISITORS TO MAKEITOK.ORG IN 2019.WORKING WITH THE HEALT HPARTNERS INSTITUTE, MAKE IT OK EVALUATORS SURVEYED ADULTS IN 2017 AND 2019 IN COMMUNITIES THAT HAVE LAUNCHED MAKE IT OK CAMPAIGNS. RESULTS SHOW THAT THERE HAS BEEN A STATISTICALLY SIGNIFICANT DECREASE IN STIGMA AMONG SURVEY RESPONDENTS AND OUR EVALUATION TEAM IS CONFID ENT THAT MAKE IT OK IS HAVING THE EFFECTS WE INTENDED ON HOW PEOPLE THINK ABOUT STIGMA AND MENTAL ILLNESSES AND THEIR WILLINGNESS TO TAKE ACTION. THE SURVEYS SHOW THAT FROM 2017 TO 2019: MORE PEOPLE FEEL COMFORTABLE TALKING WITH SOMEONE ABOUT THEIR MENTAL ILLNESS (66% T O 71%) MORE PEOPLE SAY THEY WOULD TELL FRIENDS IF THEY HAD A MENTAL ILLNESS (34% TO 41%) F EWER PEOPLE SAY THEY WOULD BE RELUCTANT TO SEEK HELP (50% TO 46%) ONLY ABOUT ONE IN FOUR T HINKS THAT PEOPLE ARE GENERALLY CARING AND SYMPATHETIC TO INDIVIDUALS WHO LIVE WITH A MENT AL ILLNESS (24% TO 26%) MORE THAN NINE OUT OF TEN SAID THAT THE MAKE IT OK GOAL TO REDUCE STIGMA IS IMPORTANT (93% TO 95%) INCREASED ACCESS TO EDUCATION AND RESOURCES AROUND MENTA L HEALTH AND WELL-BEING. OFFERED BEATING THE BLUES AND RESILIENCY RESOURCES AT NO CHARGE T O MEMBERS, PATIENTS AND EMPLOYEES. MENTAL HEALTH RESOURCES PROMOTED AS KEY PART OF EMPLOYE E WELL-BEING PROGRAM. HOSPITAL CONVENES AND PARTICIPATES IN MULTIPLE COLLABORATIVES FOCUSI NG ON MENTAL HEALTH. IMPROVED ACCESS TO MENTAL HEALTH SERVICES. CREATED SUSTAINABLE BEHAVI ORAL HEALTH TELEHEALTH (BHTV) PROGRAM IN HOSPITALS AND THREE COUNTIES. CONTINUED TO BUILD TELEHEALTH CAPACITY FOR BEHAVIORAL HEALTH APPOINTMENTS. COLLABORATED WITH PARTNERS HAVE IM PROVED AWARENESS INCLUDING COUNTY DHS, OTHER HOSPITALS AND CLINICS, MAKE IT OK, NAMI, AND OTHERS. INTEGRATED BEHAVIORAL HEALTH INTO TOTAL HEALTH CARE AT ALL LOCATIONS.PRIORITY 4: N UTRITION AND PHYSICAL ACTIVITY: PROMOTED AND SUPPORTED PHYSICAL ACTIVITY AND NUTRITION. DI ABETES EDUCATION AND DIABETES PREVENTION PROGRAMS TEACH SKILLS TO FOR EATING AND ACTIVITY TO MANAGE AND PREVENT DISEASE. NUTRITION EDUCATION CLASSES THROUGH COMMUNITY EDUCATION SUP PORT DISEASE PREVENTION AND MANAGEMENT. POWERUP IS OUR KEY COMMUNITY-WIDE HEALTH INITIATIV E THAT INSPIRES AND ENGAGES THE ENTIRE COMMUNITY TO PROMOTE BETTER EATING AND PHYSICAL ACT IVITIES SO YOUTH CAN REACH THEIR FULL POTENTIAL. WE WORK WITH HUNDREDS OF PARTNERS ACROSS THE REGION RESULTING IN A HIGH LEVEL OF COMMUNITY AND SCHOOL ENGAGEMENT, STRONGER SCHOOL W ELLNESS POLICIES AND PRACTICES; MORE FREE AND LOW-COST OPTIONS FOR PHYSICAL ACTIVITY INCLU DING OPEN GYMS; PARTNERSHIPS WITH STATE AND LOCAL PARKS; TRANSFORMED FOOD PANTRIES, CAFETE RIAS AND CONCESSIONS; AND COMMUNITY MOMENTUM TO CREATE CHANGE. KEY RESULTS INCLUDE: COMMUN ITY-WIDE SURVEYS OF RESIDENT FAMILIES WITH CHILDREN HAVE SHOWN STATISTICALLY SIGNIFICANT I NCREASES IN PHYSICAL ACTIVITY LEVELS AMONG YOUTH OVER TIME IN TARGETED COMMUNITIES. A REVI EW OF BMI DATA FOR CHILDREN 6-</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 |
|-------------------------|--|
| HUDSON HOSPITAL, INC. | <p>10 YEARS OLD SHOWED A STATISTICALLY SIGNIFICANT POSITIVE DOWNWARD TREND IN THE BMIS OF CHI LDREN IN SPECIFIC POWERUP COMMUNITIES COMPARED TO OTHER PATIENTS IN THE BROADER CARE SYSTE M. THESE ARE EXCITING RESULTS, SINCE PAST INITIATIVES NATIONWIDE HAVE SHOWN THAT IT IS DIF FICULT TO DEMONSTRATE COMMUNITY-LEVEL CHANGE IN BEHAVIORS OR HEALTH OUTCOMES. POWERUP IS A FOUNDING PARTNER OF THE SUPERSHELF PROJECT, TRANSFORMING FOOD SHELVES TO MAKE HEALTHY FOO D APPEALING AND ACCESSIBLE FOR ALL. STARTING AS A PILOT IN ONE COMMUNITY, SUPERSHELF IS NO W A ROBUST NIH RESEARCH STUDY WITH 30 FOOD SHELVES TRANSFORMED IN THE REGION AND DEMONSTRA TING NATIONAL INFLUENCE TO IMPROVE THE QUALITY OF FOOD FOR THOSE WHO ARE FOOD INSECURE. RE SULTS HAVE BEEN PUBLISHED IN PEER REVIEWED JOURNALS (SUPERSHELFMN.ORG).POWERUP COMMUNITY E NGAGEMENT HAS GROWN OVER TIME, WITH MORE THAN 130,000 ENGAGED IN THE ST. CROIX VALLEY AREA IN 2019 THROUGH EVENTS, CLASSES, OUTREACH PROGRAMS AND ONLINE RESOURCES TO PROMOTE BETTER EATING AND MOVING MORE. KEY STRATEGIES AND RESOURCES INCLUDE: POWERUP ONLINE RECIPE GALLE RY, WITH MORE THAN 300 KID-APPROVED RECIPES. POWERUP TRY FOR 5 SCHOOL CHALLENGE, A TWO WEE K PROGRAM TO GET ELEMENTARY AGED STUDENTS EXCITED TO TRY EATING 5 FRUITS AND VEGETABLES EV ERY DAY, REACHED MORE THAN 12,000 ELEMENTARY AGE STUDENTS. 3 WEEK WINTER WARM-UP CHALLENGE TO INSPIRE KIDS TO STAY ACTIVE DURING THE COLD MONTHS. OPEN GYMS EXPANDED TO INCLUDE MULT I-SITE OFFERINGS ON A WEEKLY BASIS. POWERUP AMBASSADORS HELP INSPIRE AND INFLUENCE THEIR C OMMUNITIES. POWERUP FRUIT AND VEGGIE RX, DELIVERING A \$10 VOUCHER FOR FRESH PRODUCE TO CHI LDREN IN DISCUSSION WITH THEIR PROVIDER AT WELL-CHILD VISITS IN OUR LOCAL CLINICS.TO DEEPE N THE POWERUP STRATEGY WITH OLDER STUDENTS, IN 2019 WE DEVELOPED THE POWERUP STUDENT AMBAS SADOR PROGRAM, WHICH ENCOURAGES MIDDLE AND HIGH SCHOOL STUDENTS TO BECOME CHAMPIONS FOR HE ALTHIER LIFESTYLES AMONG THEIR PEERS AND COMMUNITIES. THESE YOUNG ROLE MODELS DESIGN AND I MPLEMENT PROJECTS THAT MAKE IT EASIER FOR THEIR FELLOW STUDENTS TO ENJOY BETTER EATING AND PHYSICAL ACTIVITY. THE PROJECT HAS RECRUITED AND RETAINED 14 YOUTH LEADERS FROM DIVERSE B ACKGROUNDS WHO ARE HIGHLY ENGAGED IN DEVELOPING PROGRAMS FOR THEIR PEERS. THE TEENS ALSO P ROVIDE CONSULTATION TO OTHER YOUTH PROGRAMS AND PROJECTS AND HAVE SHARED THEIR INSIGHTS AT REGIONAL CONFERENCES. PRIORITY 5: SUBSTANCE ABUSE: REDUCED OPIOID PRESCRIPTIONS, DOSES, A ND PATIENTS MEETING CHRONIC OPIOID USE CRITERIA. THROUGH COLLABORATIVE EFFORTS WITH PHARMA CY, PRESCRIBERS AND PAIN CLINICS, ACHIEVED SIGNIFICANT REDUCTION IN OPIOID PRESCRIBING IN OUR CARE SYSTEM AND COMMUNITY.</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 |
| HUDSON HOSPITAL, INC. | PART V, SECTION B, LINE 13B: HUDSON HOSPITAL OFFERS A STANDARDIZED AND UNIFORM APPROACH TO OFFERING A DISCOUNT FOR THE UNINSURED. THE DISCOUNT IS 50% FOR ALL ELIGIBLE PATIENTS, REGARDLESS OF INCOME. THE HOSPITAL USES FPG FAMILY INCOME LIMIT OF 300% TO DETERMINE ELIGIBILITY FOR ADDITIONAL DISCOUNTED CARE ABOVE AND BEYOND THE 50%. |

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

| Form and Line Reference | Explanation |
|-------------------------|---|
| HUDSON HOSPITAL, INC. | PART V, SECTION B, LINE 15E: HUDSON HOSPITAL DEFINES FINANCIAL ASSISTANCE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. TO INFORM AND EDUCATE PATIENTS ON ITS FINANCIAL ASSISTANCE PROGRAM, FINANCIAL ASSISTANCE POLICY, AND GOVERNMENT PROGRAMS, THE HOSPITAL HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM. WHEN A PATIENT VISITS THE HOSPITAL'S EMERGENCY DEPARTMENT OR IS ADMITTED TO HUDSON HOSPITAL, BASIC INFORMATION ABOUT INSURANCE STATUS IS REQUESTED. IF A PATIENT DOES NOT HAVE HEALTH INSURANCE, PATIENT FINANCIAL SERVICES IS CONTACTED TO MEET OR FOLLOW-UP WITH THE PATIENT. ALL PATIENTS WITHOUT INSURANCE AUTOMATICALLY QUALIFY FOR A DISCOUNT OF 50%, REGARDLESS OF INCOME. IF THE PATIENT IS INTERESTED IN DETERMINING IF THEY ARE ELIGIBLE FOR FURTHER DISCOUNTS, THEY WILL BE REQUESTED TO PROVIDE ADDITIONAL INFORMATION. ENROLLMENT ASSISTANCE, INFORMATION, AND REFERRAL SERVICES ARE AVAILABLE TO HELP SECURE A PAYMENT SOURCE FOR UNINSURED AND UNDER INSURED PATIENTS. PATIENT FINANCIAL SERVICES REPRESENTATIVES TO OVERSEE ITS FINANCIAL ASSISTANCE PROGRAM AND, ALONG WITH SUPPORT FROM DEPARTMENT STAFF, HELPS PATIENTS ENROLL IN GOVERNMENT PROGRAMS, FIND OTHER SOURCES OF PAYMENT, OR ACCESS SERVICES BEYOND MEDICAL CARE. IN ADDITION TO FINANCIAL COUNSELING, THE HOSPITAL HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE. |

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

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

| Form and Line Reference | Explanation |
|---|---|
| SCHEDULE H - PART V, SECTION B, LINE 11 | WE HAVE REDUCED THE NUMBER PILLS PRESCRIBED BY PRESCRIBING APPROPRIATE QUANTITIES BASED ON PATIENT NEED IN ALL AREAS OF PRACTICE. INCREASED AWARENESS FROM AND EDUCATION PROVIDED TO NURSING STAFF AND PATIENTS HAS ALSO LED TO DECREASED USAGE OF OPIOIDS. WE HAVE PARTNERED WITH LOCAL DENTAL GROUPS IN OUR COMMUNITIES AS WELL TO DECREASE THEIR PRESCRIBING OF OPIOIDS. MEDICATION ASSISTED THERAPIES ARE ANOTHER OPTION WE HAVE IMPLEMENTED FOR PATIENTS AS AN ALTERNATIVE TO OPIOIDS. DISCHARGES FROM THE VALLEY HOSPITALS: FROM 2017 THROUGH 2019, WE HAVE DECREASED THE TOTAL NUMBER OF PILLS PRESCRIBED BY 32% (141,674 PILLS TO 96,986 PILLS). ED PRESCRIPTIONS FROM THE VALLEY HOSPITALS: FROM 2017 THROUGH 2019, WE HAVE DECREASE THE TOTAL NUMBER OF PILLS PRESCRIBED BY 40% (47,075 PILLS TO 28,240 PILLS) ALL VALLEY HOSPITALS AND CLINICS COMBINED: MARCH OF 2016 WE WERE PRESCRIBING 191,966 PILLS AND AT THE END OF JULY 2020, WE WERE DOWN TO 72,335 PILLS FOR A REDUCTION OF 62%. INCREASED AWARENESS AND ACCESS OF TREATMENT FOR SUBSTANCE ABUSE PROVIDED THROUGH THREE PROGRAMS FOR CHANGE TREATMENT PROGRAMS. EXPANDED PROGRAMS FOR CHANGE TO INCREASE ACCESS TO ADDICTION COUNSELING AND SERVICES. PROGRAMS FOR CHANGE OFFERS FREE PARTICIPATION TO FAMILY MEMBERS IN THE FORM OF EDUCATIONAL LECTURES AND "FAMILY GROUP SESSIONS" AT ALL THREE PROGRAMS FOR CHANGE LOCATIONS. ADDITIONALLY, WE PROVIDE FREE "ALUMNI SUPPORT GROUPS" TO MULTIPLE GRADUATES ON A WEEKLY BASIS AT ALL THREE LOCATIONS. PROGRAM STAFF HAVE ALSO CONDUCTED FREE IN-SERVICE TRAININGS REGARDING SUBSTANCE USE DISORDER AT VALLEY HOSPITAL AND CLINIC LOCATIONS. STAFF HAVE ALSO PARTICIPATED IN COMMUNITY HEALTH INITIATIVE EFFORTS VIA HEALTHIER TOGETHER - SUBSTANCE ABUSE WORK GROUPS. REDUCED ACCIDENTAL POISONING AND DRUG ABUSE BY OFFERING FREE AND ENVIRONMENTALLY-FRIENDLY MEDICATION COLLECTION AT OUR HOSPITALS AND CLINICS FOR THE COMMUNITY. PROMOTED COMMUNITY PRESCRIPTION TAKE-BACK LOCATIONS AND DISPOSAL BAGS. |

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

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
HUDSON HOSPITAL INC

Employer identification number

39-0804125

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) HUDSON HOSPITAL FOUNDATION 8170 33RD AVE S BLOOMINGTON, MN 55404 | 39-1279567 | 501(C)(3) | 314,498 | | | | PROGRAM SUPPORT |

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2: | THE HOSPITAL'S MANAGEMENT STAFF REVIEWS THE MISSION AND PURPOSE OF POTENTIAL GRANTEE ORGANIZATIONS TO ASSURE CONSISTENCY WITH THE HOSPITAL'S MISSION AND PURPOSE. AMOUNTS SUBSEQUENTLY GRANTED ARE SUBJECT TO THE HOSPITAL'S FORMAL SPENDING APPROVAL AND DOCUMENTATION PROCESS BASED ON AMOUNT OF THE EXPENDITURE. |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | |
| Name of the organization HUDSON HOSPITAL INC | | Employer identification number 39-0804125 |

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

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

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

[illegible]

Part III Supplemental Information

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

| Return Reference | Explanation |
|--|--|
| PART I, LINE 3 | THE HOSPITAL'S PRESIDENT AND ITS OFFICERS ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS), LAKEVIEW HOSPITAL OR BY GROUP HEALTH PLAN, INC. (GHI), WHICH ARE ALL RELATED ORGANIZATIONS, OR BY HUDSON HOSPITAL (THE HOSPITAL). GHI, REGIONS, LAKEVIEW HOSPITAL AND THE HOSPITAL HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF THE HOSPITAL'S CEO PRESIDENT AND OTHER OFFICERS. |
| PART I, LINE 4B | DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS: MEGAN M. REMARK \$ 30,909 MARK HANSBERRY \$ 36,889 |
| PART I, LINE 6 | HUDSON HOSPITAL, INC. (THE HOSPITAL) OFFICERS, DIRECTORS AND HIGHEST COMPENSATED EMPLOYEES ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS) OR BY GROUP HEALTH PLAN, INC. (GHI), BOTH OF WHICH ARE RELATED ORGANIZATIONS, OR BY THE HOSPITAL. COMPENSATION REPORTED IN FORM 990, PART VIII INCLUDES ANY COMPENSATION DERIVED FROM REGIONS, GHI OR THE HOSPITAL MANAGEMENT INCENTIVE PROGRAMS, WHICH INCENT AND REWARD BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAMS ARE A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE. THE MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E.G. VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS. GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED. THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. A NET OPERATING MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT. |
| 990, SCH. J, PART II - PRIOR REPORTED COMPENSATION | COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS AND FORMER DIRECTOR: MEGAN M. REMARK \$ 22,795 MARK HANSBERRY 9,227 ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S. |

Additional Data

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1JEROME SIY MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 386,963 | 23,300 | 5,915 | 57,082 | 22,022 | 495,282 | 0 |
| 1MEGAN M REMARK DIRECTOR & SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 540,290 | 157,646 | 48,584 | 163,375 | 39,056 | 948,951 | 22,795 |
| 2MARK HANSBERRY DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 399,267 | 116,800 | 15,711 | 76,412 | 36,818 | 645,008 | 9,227 |
| 3LEVON O'HAODHA MD DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 319,388 | 0 | 64,100 | 21,000 | 34,677 | 439,165 | 0 |
| 4DOUGLAS E JOHNSON VP & CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 299,890 | 55,505 | 25,400 | 121,094 | 32,168 | 534,057 | 0 |
| 5THOMAS BOROWSKI PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 254,412 | 51,993 | 9,989 | 30,600 | 31,031 | 378,025 | 0 |
| 6KRISTY YAEGER VP, PATIENT CARE SERVICES & CNO | (i) | 180,501 | 25,385 | 205 | 7,617 | 14,333 | 228,041 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7BHAVIN PATEL MD VPMA | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 304,410 | 0 | 4,151 | 46,674 | 33,591 | 388,826 | 0 |
| 8DANIELLE L FERKINGSTAD NURSE ANESTHETIST | (i) | 66,786 | 0 | 87,889 | 3,176 | 22,012 | 179,863 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9DARLA KLEMENTZ DIRECTOR OF PHARMACY | (i) | 166,487 | 12,591 | 25 | 10,954 | 22,482 | 212,539 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10STEPHANIE RIPPPIE PHARMACY MANAGER | (i) | 148,646 | 7,921 | 3,072 | 9,770 | 22,554 | 191,963 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11JEFFREY L REICHEL NURSE ANESTHETIST | (i) | 212,989 | 0 | 100,722 | 2,286 | 14,988 | 330,985 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12ROBBIE HAGELBERG FORMER VP & CNO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 188,854 | 25,497 | 11,069 | 11,649 | 19,463 | 256,532 | 0 |

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
HUDSON HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
39-0804125

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

| Part II | | Proceeds | | | | | | | |
|---------|--|------------|----|-----|----|-----|----|-----|----|
| | | A | | B | | C | | D | |
| 1 | Amount of bonds retired | 12,276,408 | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 20,513,711 | | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | 470,664 | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | 20,513,711 | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2001 | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | | | | | | |
| 6 Total of lines 4 and 5 | 0 % | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | X | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

| Return Reference | Explanation |
|--------------------|---|
| SCHEDULE K, PART V | WRITTEN PROCEDURES HAVE BEEN IN PLACE SINCE 2012. |

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) SARA ARMBURSTER | SARA ARMBURSTER IS THE WIFE OF DIRECTOR RYAN ARMBURSTER | 133,963 | EMPLOYMENT | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

| | | | |
|--|--|-----------------|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493320016660 |
| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information. | | OMB No. 1545-0047 |
| | | | 2019 |
| Department of the Treasury Internal Revenue Service | | | Open to Public Inspection |
| Name of the organization HUDSON HOSPITAL INC | Employer identification number 39-0804125 | | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 990, PART III, LINE 4A: EXEMPT PURPOSE AND ACHIEVEMENTS | <p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE HUDSON HOSPITAL (HOSPITAL) A STATE LICENSED 25-BE D, LEVEL IV CRITICAL ACCESS HOSPITAL (CAH), IS A WISCONSIN NON-PROFIT CORPORATION RECOGNIZ ED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AND IS PART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS ("HEALTHPARTNERS"). FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY. HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY. HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAIN TAINING AFFORDABILITY. HEALTHPARTNERS, INC. (HPI) IS A MINNESOTA NON-PROFIT CORPORATION AN D LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) AND IS THE PARENT ENTITY OF HEALTH PARTNERS ORGANIZATIONS REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS". HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS. HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINI STRATION AND HEALTH AND WELL-BEING PROGRAMS. HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1.8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLU DES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 125 PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN SERVING MORE THAN 1.2 MILLION PATIENTS. HEALTHPARTNERS HEALTH PLANS CONTRACT WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS TO SERVE PLAN MEMBERS. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM. AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2019 ARE TOTAL COST OF CARE MEASUREMENTS (A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH B</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| 990, PART III, LINE 4A: EXEMPT PURPOSE AND ACHIEVEMENTS | <p>Y PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT). A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN HEALTHPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN. DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION. RH-WISCONSIN, INC. AND GRO UP HEALTH PLAN, INC. (GHI) ARE THE CORPORATE MEMBERS OF THE HOSPITAL. GHI IS A MINNESOTA NONPROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). THE HOSPITAL IS THE SOLE CORPORATE MEMBER OF HUDSON HOSPITAL FOUNDATION (HHF) A FOUNDATION WHOSE PURPOSE IS TO SUPPORT THE HOSPITAL. COMMUNITY BENEFIT TO THE COMMUNITY THE CHARITABLE TRADITION OF THE HOSPITAL CONTINUED IN 2019. OUR COLLEAGUES PARTNERED WITH SCHOOLS, BUSINESSES, AGENCIES AND OTHER HEALTH PROVIDERS THAT SHARE IN OUR VISION OF CREATING A CULTURE - THROUGH EDUCATION AND ECONOMIC DEVELOPMENT - OF COMMUNITY HEALTH AND WELL-BEING. OUR COLLABORATION RESULTED IN IMPROVED HEALTH - AT AN AFFORDABLE COST - AND POSITIVE EXPERIENCES FOR OUR PATIENTS AND THEIR FAMILIES. COMMUNITY HEALTH SERVICES AS A COMMUNITY HEALTH CARE PROVIDER, WE BELIEVE OUR MISSION IS TO DELIVER INFORMATION ON HEALTH AND WELL-BEING BEYOND THE CLINICIAN'S OFFICE OR A HOSPITAL DEPARTMENT. WE ARE COMMITTED TO KEEPING OUR COMMUNITY HEALTHY BY SHARING KNOWLEDGE AT HEALTH FAIRS; AT CLASSES AND SEMINARS; THROUGH WEBINARS, SOCIAL MEDIA AND PRINTED MATERIALS. IN 2019, WE HELD EDUCATIONAL SESSIONS ON, AMONG OTHER TOPICS: BABYSITTING BREASTFEEDING MEDICATIONS FALLS AND INJURY PREVENTION FOOD INSECURITY KNEE REPLACEMENT LIFE VEST SAFETY RESILIENCY VACCINES MEDICARE ENROLLMENT NUTRITION AND WEIGHT MANAGEMENT BLOOD PRESSURE MANAGEMENT MENTAL HEALTH CAR SEAT AND BIKE SAFETY SAFE/SMART DRIVING ADVANCED DIRECTIVES WE ALSO PROVIDE VARIOUS HEALTH CARE SUPPORT SERVICES THAT INCLUDE TRANSLATION/INTERPRETER SERVICES; CRISIS INTERVENTION; COUNSELING SERVICES; CHAPLAINCY SERVICES; MEDICATION THERAPY MANAGEMENT; AND LIFE ASSIST HOME MONITORING SYSTEM. SUPPORT GROUPS WE OFFERED AND SUPPORTED SUPPORT GROUPS FOR COMMUNITY MEMBERS AND THEIR FAMILIES EXPERIENCING PARKINSON'S AND CELIAC DISEASES, AS WELL AS GROUPS FOR NEW PARENTS, GUIDANCE FOR FINDING FINANCIAL ASSISTANCE AND THOSE WITH SUBSTANCE ABUSE CONCERNS. COMMUNITY HEALTH EDUCATION EXPENSES TOTALLED \$23 6,769. SUBSIDIZED HEALTH SERVICES THE HOSPITAL PROVIDES FINANCIAL ASSISTANCE AND HEALTH CARE ACCESS FOR LOW-INCOME INDIVIDUALS. THE HOSPITAL IS COMPLIANT WITH THE IRC SECTION 501(R) FEDERAL REGULATIONS, AND PROVIDES EASY ACCESS TO THE FINANCIAL ASSISTANCE PROGRAM INCLUDING THE FINANCIAL ASSISTANCE POLICY (FAP), APPLICATION, AND PLAIN LANGUAGE SUMMARY. THE FINANCIAL ASSISTANCE PROGRAM, WHICH</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 990, PART III, LINE 4A: EXEMPT PURPOSE AND ACHIEVEMENTS | <p>ICH LISTS PROVIDERS COVERED BY THE PROGRAM, IS WIDELY PUBLICIZED AND AVAILABLE ON THE HOSPITAL'S WEBSITE. TO INFORM AND EDUCATE PATIENTS ABOUT THE FINANCIAL ASSISTANCE PROGRAM, FINANCIAL ASSISTANCE POLICY, AND GOVERNMENT PROGRAMS, EACH PATIENT IS OFFERED AND PROVIDED WITH THE FINANCIAL ASSISTANCE PROGRAM AT INTAKE. THIS INFORMATION IS ALSO PROVIDED IN ADMITTING, REGISTRATION AND VARIOUS PUBLIC AREAS, AND IS SENT OUT WITH PATIENT STATEMENTS. THE HOSPITAL DEFINES FINANCIAL ASSISTANCE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE UNABLE TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. IN 2019, THE HOSPITAL PROVIDED \$213,393 IN FINANCIAL ASSISTANCE TO 494 PATIENTS. THE HOSPITAL PROVIDES INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY DEPARTMENT SERVICES, TO MEDICAID PATIENTS. PAYMENTS RECEIVED FOR THESE SERVICES ARE BELOW THE COST OF CARE PROVIDED. THE EXPENSE TO COVER UNREIMBURSED MEDICAID COSTS FOR PATIENTS TOTALLED \$1,233,755. THE HOSPITAL IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS. IN 2019, LOSS ON SERVICES FOR HOSPITAL INPATIENT AND OUTPATIENT HEALTH SERVICES TOTALLED \$476,955. THESE SERVICES INCLUDE LACTATION, PROGRAMS FOR CHANGE (A SUBSTANCE ABUSE TREATMENT PROGRAM), INFUSION, CARDIOPULMONARY REHABILITATION, BLOOD SERVICES, NUTRITION CONSULTATIONS, AND OCCUPATIONAL THERAPY.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| PART III CONT. | <p>THE HOSPITAL ALSO PROVIDED CRISIS SERVICES TO PATIENTS SEEN AT SURROUNDING EMERGENCY ROOMS VIA TELE-VIDEO. THESE FACILITIES INCLUDE ST. CROIX REGIONAL MEDICAL CENTER, AMERY HOSPITAL, WESTFIELDS HOSPITAL, WESTERN WISCONSIN HEALTH, RIVER FALLS HOSPITAL, AND OSCEOLA MEDICAL CENTER. TRANSPORTATION PUBLIC TRANSPORTATION IS UNAVAILABLE IN THE CITY OF HUDSON; THEREFORE, UPON REQUEST, VAN TRANSPORTATION WAS MADE AVAILABLE TO COMMUNITY RESIDENTS LIVING WITHIN A 15-MILE RADIUS OF THE HOSPITAL CAMPUS. HUDSON RESIDENTS CAN SCHEDULE THE VAN FOR MEDICAL-RELATED APPOINTMENTS TO THE HOSPITAL CAMPUS INCLUDING APPOINTMENTS TO HUDSON PHYSICIANS, AMDAHL HEARING, ASSOCIATED EYE, TWIN CITIES ORTHOPEDICS, AND INTERVENTIONAL PAIN. THE VAN ALSO DELIVERS PRESCRIPTIONS TO HOME BOUND PATIENTS WHEN NEEDED. FINANCIAL CONTRIBUTIONS - CASH DONATIONS, GRANTS AND IN-KIND DONATIONS THE HOSPITAL'S FINANCIAL CONTRIBUTION IN THE FORM OF CASH DONATIONS, SPONSORSHIPS, INVENTORY AND GRANTS TOTALED \$44,332. DONATIONS, SPONSORSHIPS AND MEMBERSHIP DUES TO OTHER TAX-EXEMPT COMMUNITY ORGANIZATIONS AND GOVERNMENT ORGANIZATIONS WERE GIVEN TO ST. CROIX VALLEY FAMILY RESOURCE CENTER, AMERICAN RED CROSS BLOOD DRIVES, AMERICAN CANCER SOCIETY RELAY FOR LIFE, HUDSON ROTARY, YMCA, HUDSON SCHOOL DISTRICT ATHLETIC DEPARTMENT, COCO'S HEART DOG RESCUE, HALOS OF THE ST. CROIX VALLEY, NAMI, CHIPPEWA VALLEY TECHNICAL COLLEGE, AND FREE CLINIC OF PIERCE & ST. CROIX COUNTIES. THE HOSPITAL ALSO PROVIDED IN-KIND SERVICES WHICH INCLUDED STAFF HOURS SPENT IN SUPPORT OF FUNDRAISING, FOOD AND SCHOOL SUPPLY DRIVES, HOLIDAY GIFT SPONSORSHIPS, AND TAXI VOUCHERS FOR LOW-INCOME COMMUNITY MEMBERS. THE HOSPITAL ALSO WORKED WITH SEVERAL COMMUNITY AGENCIES ON THEIR HEALTH AND WELL-BEING EFFORTS BY HOSTING BLOOD DRIVES FOR THE AMERICAN RED CROSS; SUPPORTING THE AMERICAN CANCER SOCIETY THROUGH OUR PARTICIPATION IN RELAY FOR LIFE; AND PARTICIPATING IN THE NAMI ANNUAL WALK EVENT. COMMUNITY BUILDING ACTIVITIES THE HOSPITAL INVESTED AT LEAST \$150,775 TO ENHANCE THE HUDSON COMMUNITY. WITH THE UNDERSTANDING THAT MORE CAN BE ACCOMPLISHED TOGETHER, THE HOSPITAL'S PARTICIPATION IN HEALTHIER TOGETHER, HAS CONNECTED INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS. THE HOSPITAL PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT, CREATED COALITION ADVOCACY GROUPS TO IMPROVE HEALTH, AND SUPPORTED WORKFORCE DEVELOPMENT. FOR THESE ACTIVITIES, THE HOSPITAL PARTNERED WITH THE CITY OF HUDSON, ST. CROIX ECONOMIC DEVELOPMENT, ST. CROIX ECONOMIC EMS COMMISSION, CLEANMED, WISCONSIN HOSPITAL ASSOCIATION, ST. CROIX EMS, UNIVERSITY OF WISCONSIN - RIVER FALLS CHANCELLOR'S ADVISORY COUNCIL, THE PHIPPS CENTER FOR THE ARTS, CANCER CENTER OF WESTERN WISCONSIN, HUDSON HIGH SCHOOL, POWERUP, WISCONSIN INDIANHEAD TECHNICAL COLLEGE (WITC), HUDSON ROTARY, AND HUDSON CHAMBER OF COMMERCE. SUSTAINABILITY THE HOSPITAL CONTINUED ON ITS ECO-FRIENDLY JOURNEY "HEALTH CARE WITHOUT HARM" (20</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|---|
| PART III CONT. | <p>08 COMMITMENT), USING SUSTAINABLE BUSINESS PRACTICES AND ESTABLISHING GREEN PURCHASING POL ICIES IN HEALTH CARE. GREEN INITIATIVES INCLUDED THE RECYCLING PROGRAM, REDUCTION OF PAPER COPIES, AND REDUCTION OF ENERGY AND WATER CONSUMPTION. THE HOSPITAL'S GREEN TEAM ALSO PRO VIDES COMMUNITY GARDEN PLOTS AND COMPOSTING OPPORTUNITIES TO MEMBERS OF THE COMMUNITY; PRO MOTES HUDSON AREA BUSINESSES BY BUYING MEAT AT THE LOCAL ST. CROIX COUNTY FAIR; AND HOSTS ANNUAL EDUCATIONAL ACTIVITIES SUCH AS EARTH DAY CLEAN UP, RECYCLING EVENTS; AND PROVIDES L UNCH & LEARNS ABOUT SUSTAINABILITY AND RECYCLING. COMMUNITY BENEFIT OPERATIONS A COMBINATI ON OF FINANCE, MARKETING, COMMUNITY HEALTH AND EDUCATION STAFF DEDICATE TIME TO THE DATA C OLLECTION, ANALYSIS AND REPORTING OF ALL OF THE HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES. I N 2019, THE TIME AND EXPENSE SPENT ON THESE ACTIVITIES TOTALED \$26,581. COMMUNITY HEALTH N EEDS ASSESSMENT: PLEASE REFER TO FORM 990 SCHEDULE H NARRATIVE. HEALTH PROFESSIONAL EDUCAT ION THE HOSPITAL'S STAFF PROVIDED CLINICAL TRAINING FOR NURSES, NURSING STUDENTS, PHARMACI STS AND OTHER HEALTH PROFESSIONALS AT A COST OF \$492,342. IN ADDITION, THE HOSPITAL VOLUNT ARILY PARTICIPATED IN THE WISCONSIN NURSE RESIDENCY PROGRAM. THE PROGRAM IS A STRUCTURED L EARNING EXPERIENCE FOR NEWLY LICENSED REGISTERED NURSES DESIGNED TO PROMOTE EFFECTIVE TRAN SITION INTO PROFESSIONAL PRACTICE. ORGANIZATIONAL AWARDS AND ACHIEVEMENTS THE HOSPITAL HAS BEEN A VITAL AND NECESSARY COMMUNITY RESOURCE SINCE 1953. OUR COMMITMENT TO QUALITY AND C OMPASSIONATE CARE CONTINUALLY RECEIVES LOCAL, REGIONAL AND NATIONAL RECOGNITION. IN 2019, WE RECEIVED THE FOLLOWING RECOGNITION: THE WISCONSIN SUSTAINABLE BUSINESS COUNCIL NAMED HU DSON HOSPITAL & CLINIC AS A GREEN MASTER WITHIN ITS GREEN MASTERS PROGRAM. RECEIVED THE TO P 25 ENVIRONMENTAL EXCELLENCE AWARD FROM PRACTICE GREENHEALTH, AS WELL AS THESE TWO ADDITI ONAL AWARDS: GREENING THE OR RECOGNITION; CIRCLES OF EXCELLENCE FOR LEADERSHIP AND WASTE. ON NATIONAL RURAL HEALTH DAY (THURSDAY, NOV. 21, 2019), THE CHARTIS CENTER OF RURAL HEALTH AND THE NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH (NOSORH) RECOGNIZED HUDSON HOSPITAL & CLINIC FOR OVERALL EXCELLENCE IN OUTCOMES. HUDSON HOSPITAL & CLINIC PRESIDENT TOM BOROWSKI WAS LISTED AS ONE OF THE 70 CRITICAL ACCESS HOSPITAL CEOS TO KNOW IN 2019 BY BECKER'S HOSPITAL REVIEW.</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | INCREASE IN INTEREST IN NET ASSETS OF HUDSON HOSPITAL FOUNDATION, INC. 1,303,839. |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HUDSON HOSPITAL 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HUDSON HOSPITAL INC

Employer identification number
39-0804125

Part I

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 |
| | | | | | | | |
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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 | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|---|---|---|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390 | THIRD PARTY ADMINISTRATOR | MN | HEALTHPARTNERS INC | C | | | | | No |
| (2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151 | MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| (3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568 | MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| (4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523 | MEDICAL AND DENTAL INSURANCE | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| (5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583 | PROFESSIONAL DENTAL SERVICES | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| (6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798 | MEDICAL CLINIC STAFFING | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| (7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735 | REAL ESTATE FOR RELATED ORGANIZATIONS | MN | PARK NICOLLET HEALTH SERVICES | C | | | | | No |

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) HEALTHPARTNERS INC - CLAIMSHEALTHCARE SERVICES | L | 945,451 | CASH AMOUNT |
| (2) HUDSON HOSPITAL FOUNDATION | B | 314,498 | CASH AMOUNT |
| | | | |
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| | | | |

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 |
|------------------|-------------|
| | |

Additional Data

Software ID:

Software Version:

EIN: 39-0804125

Name: HUDSON HOSPITAL INC

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838 | HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION | MN | 501(C)(4) | | N/A | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333 | CORPORATE PLANNING AND OVERSIGHT | MN | 501(C)(3) | 509(A)(3) TYPE I | HEALTHPARTNERS INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853 | STAFF MODEL HEALTH MAINTENANCE ORGANIZATION | MN | 501(C)(3) | 170(B)(1) (A)(III) | HEALTHPARTNERS INC | | No |
| 8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016 | CORPORATE PLANNING AND OVERSIGHT | MN | 501(C)(3) | 509(A)(3) TYPE I | HEALTHPARTNERS INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163 | HEALTHCARE EDUCATION AND RESEARCH | MN | 501(C)(3) | 509(A)(3) TYPE I | HEALTHPARTNERS INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453 | TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL | MN | 501(C)(3) | 170(B)(1) (A)(III) | HPI - RAMSEY | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618 | HOSPITAL | MN | 501(C)(3) | 170(B)(1) (A)(III) | HPI - RAMSEY | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902 | PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH | MN | 501(C)(3) | 170(B)(1) (A)(VI) | HPI - RAMSEY | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928 | HEALTHCARE STAFFING AND INTENSE REHAB SERVICES | MN | 501(C)(3) | 509(A)(3) TYPE II | HPI - RAMSEY | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883 | SPECIALTY PATIENT CARE | MN | 501(C)(3) | 509(A)(3) TYPE II | GROUP HEALTH PLAN INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567 | PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH | WI | 501(C)(3) | 170(B)(1) (A)(VI) | HUDSON HOSPITAL INC | Yes | |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635 | PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH | MN | 501(C)(3) | 170(B)(1) (A)(VI) | LAKEVIEW HEALTH | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697 | HOSPITAL | MN | 501(C)(3) | 170(B)(1) (A)(III) | LAKEVIEW HEALTH | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473 | CLINIC STAFF AND FACILITIES | MN | 501(C)(3) | 509(A)(3) TYPE I | LAKEVIEW HEALTH | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189 | CORPORATE PLANNING AND OVERSIGHT | MN | 501(C)(3) | 509(A)(3) TYPE II | HPI - RAMSEY | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442 | HOSPITAL | WI | 501(C)(3) | 170(B)(1) (A)(III) | RH-WISCONSIN INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913 | PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH | WI | 501(C)(3) | 170(B)(1) (A)(VI) | WESTFIELDS HOSPITAL INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090 | HOME CARE AND HOSPICE | MN | 501(C)(3) | 509(A)(2) | HPI - RAMSEY | | No |
| 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840 | CORPORATE PLANNING AND OVERSIGHT | MN | 501(C)(3) | 509(A)(2) | HEALTHPARTNERS INC | | No |
| 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465 | SUPPORT TO RELATED ENTITIES AND COMMUNITY HEALTH | MN | 501(C)(3) | 170(B)(1) (A)(VI) | PARK NICOLLET HEALTH SERVICES | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080 | HOSPITAL | MN | 501(C)(3) | 170(B)(1) (A)(III) | PARK NICOLLET HEALTH SERVICES | | No |
| 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901 | DURABLE MEDICAL EQUIPMENT , PHARMACY AND OTHER HEALTH CARE RETAIL SALES | MN | 501(C)(3) | 509(A)(3) TYPE I | PARK NICOLLET HEALTH SERVICES | | No |
| 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920 | CLINIC SERVICES | MN | 501(C)(3) | 170(B)(1) (A)(III) | PARK NICOLLET HEALTH SERVICES | | No |
| 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792 | HEALTHCARE REAL ESTATE | MN | 501(C)(3) | 509(A)(3) TYPE I | PARK NICOLLET HEALTH SERVICES | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320 | HOSPITAL | WI | 501(C)(3) | 170(B)(1) (A)(III) | RH-WISCONSIN INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539 | PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH | WI | 501(C)(3) | 170(B)(1) (A)(VI) | AMERY REGIONAL MEDICAL CENTER INC | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-1715908 | HOSPITAL | MN | 501(C)(3) | 170(B)(1) (A)(III) | PARK NICOLLET HEALTH SERVICES | | No |
| 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 36-3317820 | PROVIDE SUPPORT TO HOSPITAL | MN | 501(C)(3) | 509(A)(3) TYPE III | HUTCHINSON HEALTH | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|--|---|---|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390 | THIRD PARTY ADMINISTRATOR | MN | HEALTHPARTNERS INC | C | | | | | No |
| HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151 | MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568 | MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523 | MEDICAL AND DENTAL INSURANCE | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583 | PROFESSIONAL DENTAL SERVICES | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798 | MEDICAL CLINIC STAFFING | MN | HEALTHPARTNERS ADMINISTRATORS INC | C | | | | | No |
| PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735 | REAL ESTATE FOR RELATED ORGANIZATIONS | MN | PARK NICOLLET HEALTH SERVICES | C | | | | | No |