

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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
WESTFIELDS HOSPITAL INC

Doing business as

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

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

D Employer identification number
39-0808442

E Telephone number
(952) 883-6584

G Gross receipts \$ 70,392,467

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HEALTHPARTNERS.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1950

M State of legal domicile: WI

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	475
6 Total number of volunteers (estimate if necessary)	6	62
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	52,714	116,434
9 Program service revenue (Part VIII, line 2g)	64,659,747	69,040,953
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,180	628,006
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,624	310,626
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,008,265	70,096,019
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	128,567	66,145
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,718,498	41,004,358
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,363,294	26,223,561
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	62,210,359	67,294,064
19 Revenue less expenses. Subtract line 18 from line 12	2,797,906	2,801,955
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	55,027,595	57,630,641
21 Total liabilities (Part X, line 26)	17,367,151	16,636,727
22 Net assets or fund balances. Subtract line 21 from line 20	37,660,444	40,993,914

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-11-15

DAVE A DZIUK CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 59,581,646 including grants of \$ 66,145) (Revenue \$ 69,118,966)
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 ▶ 59,581,646

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DOUGLAS JOHNSON CHIEF FINANCIAL OFFICER 535 HOSPITAL ROAD NEW RICHMOND, WI 54017 (715) 243-2852

Part 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	116,434		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		116,434		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PATIENT SERVICES		623000	68,942,492	68,942,492		
b DIETARY SERVICES		722514	98,461	98,461		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			69,040,953			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		628,006			628,006	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	529,061			
			6b	296,448			
		(ii) Personal	6c	232,613			
		d Net rental income or (loss)			232,613		232,613
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			7b				
		(ii) Other	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				
			8b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a				
			9b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		10a				
			10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a GIFT SHOP		453220	48,281	48,281			
b OTHER INCOME		900099	29,732	29,732			
c							
d All other revenue							
e Total. Add lines 11a-11d			78,013				
12 Total revenue. See instructions			70,096,019	69,118,966	0	860,619	

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	66,145	66,145		
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	318,304		318,304	
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	34,886,860	30,917,180	3,969,680	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	899,993	797,585	102,408	
9 Other employee benefits	3,228,651	2,898,488	330,163	
10 Payroll taxes	1,670,550	1,480,463	190,087	
11 Fees for services (non-employees):				
a Management				
b Legal	25,500		25,500	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,684,600	4,120,343	564,257	
12 Advertising and promotion	94,234	12,034	82,200	
13 Office expenses	649,922	512,965	136,957	
14 Information technology	309,092	138,888	170,204	
15 Royalties				
16 Occupancy	878,454	761,503	116,951	
17 Travel	86,167	60,498	25,669	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,399	19,885	17,514	
20 Interest	343,635	343,635		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,060,295	2,537,395	522,900	
23 Insurance	716,404	715,635	769	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	12,090,298	12,079,692	10,606	
b EQUIPMENT RENT/LEASE	1,991,118	932,903	1,058,215	
c FOOD	277,990	274,921	3,069	
d TAXES & ASSESSMENTS	132,560	132,560		
e All other expenses	845,893	778,928	66,965	
25 Total functional expenses. Add lines 1 through 24e	67,294,064	59,581,646	7,712,418	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,675,822	1	2,011,866
	2 Savings and temporary cash investments	15,346,114	2	13,513,647
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,286,964	4	7,614,074
	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	852,240	8	854,608
	9 Prepaid expenses and deferred charges	154,546	9	118,386
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	48,340,442		
	b Less: accumulated depreciation	27,223,285		
	11 Investments—publicly traded securities	2,823,003	11	10,392,039
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	385,000	13	385,000
	14 Intangible assets	1,412,608	14	1,412,608
	15 Other assets. See Part IV, line 11	1,707,434	15	211,256
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,027,595	16	57,630,641	
Liabilities	17 Accounts payable and accrued expenses	8,539,786	17	8,480,565
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	8,827,365	20	8,155,238
	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	0	25	924
26 Total liabilities. Add lines 17 through 25	17,367,151	26	16,636,727	
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	37,660,444	27	40,993,914
	28 Net assets with donor restrictions		28	
	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	37,660,444	32	40,993,914	
33 Total liabilities and net assets/fund balances	55,027,595	33	57,630,641	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,096,019
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,294,064
3	Revenue less expenses. Subtract line 2 from line 1	3	2,801,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,660,444
5	Net unrealized gains (losses) on investments	5	647,949
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	-116,434
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,993,914

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0808442

Name: WESTFIELDS HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GREG CHRISTENSON DIRECTOR & VICE CHAIR	2.41 0.00	X		X				0	0	0
HEATHER MCABEE DIRECTOR	2.33 0.00	X						0	0	0
TOM MEWS CHAIR & DIRECTOR	5.66 0.00	X		X				0	0	0
KATIE WENDT DIRECTOR	1.50 0.00	X						0	0	0
JEFF MOBERG DIRECTOR	0.00 0.00	X						0	0	0
PATRICK OLSON DIRECTOR & SECRETARY	2.00 0.00	X		X				0	0	0
REGAN BROWN DIRECTOR	1.50 0.00	X						0	0	0
JILL STEENIS DIRECTOR	0.25 0.00	X						0	0	0
JOSEPH DIETZLER MD DIRECTOR	0.50 39.50	X						0	274,301	53,204
HEIDI CONRAD TREASURER	0.50 54.50	X		X				0	471,274	174,325

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
AMY DEWANE DIRECTOR	0.50 55.50	X						0	382,273	55,660
ANDREW E DORWART MD DIRECTOR	0.50 49.50	X						0	473,905	56,989
ANTHONY C HECHT MD DIRECTOR	0.50 59.50	X						0	537,534	44,876
TYLER R SCHMIDTZ DIRECTOR	0.50 49.50	X						0	350,076	56,358
ERIC LING MD DIRECTOR AND CMO	0.50 49.50	X		X				0	390,831	54,425
JASON LUHRS DIRECTOR & CFO (JAN-AUG)	0.50 49.50	X		X				0	231,590	53,365
STEVEN MASSEY DIRECTOR, PRESIDENT & CEO	0.50 54.50	X		X				0	324,232	55,776
VINI MANCHANDA DIRECTOR	0.50 49.50	X						0	297,364	82,626
DOUGLAS JOHNSON CFO (SEPT-DEC)	13.75 41.25			X				0	380,795	153,262
HELEN A SATHRE VP - PATIENT SERVICES	50.00 0.00			X				209,590	0	108,714

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MICHELE K RIEDEL PHARMACIST	40.00 0.00					X		144,169	0	44,545
CYNTHIA BLADER PHYSICIAN ASSISTANT	40.00 0.00					X		143,330	0	15,731
NICOLE M TROSEN PHARMACY MANAGER	40.00 0.00					X		153,347	0	18,709
JACQUELINE M NELSON PHARMACIST	45.00 0.00					X		141,579	0	39,727
ERIC DUNSMOOR PHYSICIAN ASSISTANT	40.00 0.00					X		154,360	0	18,196
DAVE A DZIUK FORMER DIRECTOR & TREASURER	0.00 0.00						X	0	660,648	1,119
DAVID DEGEAR MD FORMER VP - MEDICAL AFFAIR	0.50 64.50						X	0	461,298	55,849

SCHEDULE A
(Form 990 or 990-EZ)

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
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

Employer identification number
39-0808442

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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.**

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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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: 39-0808442

Name: WESTFIELDS HOSPITAL INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

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 WESTFIELDS HOSPITAL INC	Employer identification number 39-0808442
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		48,587		48,587
b Buildings		28,890,164	11,688,439	17,201,725
c Leasehold improvements				
d Equipment		19,077,817	15,284,140	3,793,677
e Other		323,874	250,706	73,168
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				21,117,157

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0808442

Name: WESTFIELDS HOSPITAL INC

Supplemental Information

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

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Name of the organization
 WESTFIELDS HOSPITAL INC

Employer identification number
 39-0808442

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?		No
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.

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)		308	424,747	0	424,747	0.630 %
b Medicaid (from Worksheet 3, column a)		2,914	6,960,643	4,743,703	2,216,940	3.290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		3,222	7,385,390	4,743,703	2,641,687	3.920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		664	340,178	43,375	296,803	0.440 %
f Health professions education (from Worksheet 5)		46	188,606	0	188,606	0.280 %
g Subsidized health services (from Worksheet 6)		29,072	3,681,145	0	3,681,145	5.470 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			114,264		114,264	0.170 %
j Total. Other Benefits		29,782	4,324,193	43,375	4,280,818	6.360 %
k Total. Add lines 7d and 7j		33,004	11,709,583	4,787,078	6,922,505	10.280 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			2,731		2,731	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,731		2,731	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,528,225	
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.	3 423,643	
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 20,157,632
6 Enter Medicare allowable costs of care relating to payments on line 5	6 20,157,632
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes
9b 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	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 CANCER CENTER OF WESTERN WISCONSIN	ONCOLOGY SERVICES	23.680 %	0 %	0 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.WESTFIELDSHOSPITAL.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.WESTFIELDSHOSPITAL.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.WESTFIELDSHOSPITAL.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: 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)	19	No
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? 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)	21	Yes
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Part V Facility Information *(continued)*

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

WESTFIELDS HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	ACTUAL COSTS ESTIMATED USING COST-TO-CHARGE RATIO WORKSHEETS PROVIDED IN SCHEDULE H.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	WESTFIELDS HOSPITAL, INC., (WESTFIELDS) IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS. IN 2019, LOSS ON SERVICES FOR HOSPITAL OUTPATIENT SERVICES INCLUDING EMERGENCY, RESPIRATORY THERAPY, PHYSICAL THERAPY, ONCOLOGY, SPECIALTY CLINIC, AND PRIMARY CLINIC TOTALED \$3,861,145.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>WESTFIELDS SUPPORTS INDIVIDUALS, ORGANIZATIONS, EVENTS AND PROGRAMS; IT LIVES OUT ITS COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITY. KNOWING MUCH MORE CAN BE ACCOMPLISHED TOGETHER, WESTFIELDS' COMMUNITY BENEFIT PROGRAM STRIVES TO MAKE VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS. WESTFIELDS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT TO IMPROVE THE BUSINESS CLIMATE IN THE REGION. THESE ACTIVITIES INCLUDED EMERGENCY PREPAREDNESS AND YOUTH ASSET DEVELOPMENT, INCLUDING DRUG AND SAFETY PREVENTION, LEADERSHIP DEVELOPMENT/CONFLICT RESOLUTION, HEALTH IMPROVEMENT ADVOCACY, WORKFORCE DEVELOPMENT AND COALITION BUILDING TO PROVIDE LEADERSHIP AND IN-KIND SUPPORT FOR HEALTHIER TOGETHER - PIERCE & ST. CROIX COUNTIES AND THE NEW RICHMOND AREA CENTRE (CENTRE) WELLNESS FACILITY AND LOCAL COMMUNITY HEALTH. TO PROMOTE POSITIVE BEHAVIOR TO REDUCE OBESITY, WESTFIELDS HAS IMPLEMENTED POWERUP, A COMMUNITY-WIDE YOUTH HEALTH INITIATIVE TO MAKE BETTER EATING AND ACTIVE LIVING EASY, FUN, AND POPULAR, SO THAT OUR YOUTH CAN REACH THEIR FULL POTENTIAL. ADDITIONAL PROGRAMS/ACTIVITIES INCLUDED NEW RICHMOND CHAMBER OF COMMERCE & THE CENTRE PARTNERSHIPS, VISION 2020 COMMUNITY GROUP, AND THE LEADERSHIP TRUST INITIATIVE - A PROGRAM DEDICATED TO PROMOTING AND DEVELOPING DYNAMIC BUSINESS AND COMMUNITY LEADERS. IN SUPPORT OF "HEALTHY FOOD IN HEALTH CARE," LOCAL FARMS AND PROCUREMENT OF LOCAL FOOD, WESTFIELDS PARTICIPATED IN COMMUNITY SUPPORTED AGRICULTURE AND HOSTED WEEKLY FARMER'S MARKET EVENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	WESTFIELDS USES A HISTORIC BAD DEBT PERCENTAGE THAT IS ROUTINELY MONITORED, REVIEWED, AND UPDATED IN ORDER TO OBTAIN THE BEST ESTIMATE OF THE CURRENT YEAR'S BAD DEBT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL SERVING THE NEW RICHMOND AREA SINCE 1950, WESTFIELDS CONTINUES TO PLAY AN IMPORTANT ROLE AND IS POSITIONED WELL TO MEET THE HEALTH CARE NEEDS OF THE AREA. WESTFIELDS IS A FULL-SERVICE MEDICAL CAMPUS OFFERING EMERGENCY SERVICES, SPECIALTY CLINICS AND PHARMACY, AS WELL AS INPATIENT, OUTPATIENT AND MATERNITY SERVICES. WESTFIELDS IS GOVERNED BY A BOARD OF DIRECTORS WITH REPRESENTATION FROM COMMUNITY MEMBERS WORKING IN PARTNERSHIP WITH EACH OTHER, WESTFIELDS, THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS, AND THE COMMUNITY ACCOMPLISHED A GREAT DEAL IN 2019. ADVANCEMENTS WERE MADE IN SUPPORT OF THE TRIPLE AIM: TO ENSURE BETTER HEALTH FOR ALL, IMPROVED PATIENT EXPERIENCE AND AFFORDABLE HEALTH CARE. DEDICATED STAFF PROMOTE COMMUNITY HEALTH IN THE FOLLOWING WAYS: FREE ON-GOING SUPPORT AND EDUCATION GROUPS IN BEREAVEMENT/ GRIEF, BREASTFEEDING, CANCER, DIABETES, NUTRITION AND WEIGHT MANAGEMENT AND CAREGIVERS; SCHOOL-BASED EDUCATION FOR ELEMENTARY AND SECONDARY SCHOOLS; TRAININGS FOR HEALTH CARE PROFESSIONALS AND NURSING STUDENTS; SELF-HELP PROGRAMMING FOLLOWING CARDIAC REHAB AND PHYSICAL THERAPY TO COMMUNITY MEMBERS. WESTFIELDS ENCOURAGES PATIENTS AND THEIR FAMILIES - THEIR PARTNERS IN HEALTH - TO BE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR OWN HEALTH CARE. RESEARCH SHOWS THAT PATIENTS AND THEIR FAMILIES WHO ARE MORE INVOLVED WITH THEIR CARE FEEL THEY GET BETTER RESULTS AND ARE MORE SATISFIED. SAFETY AND SATISFACTION ARE PRIORITIES AT WESTFIELDS. WESTFIELDS IS MORE THAN JUST A HOSPITAL TAKING CARE OF PATIENTS WHEN THEY ARE SICK OR HURT. THE GOAL IS TO BE A LEADING PARTNER IN HEALTH EDUCATION, OUTREACH AND IMPROVEMENT. WESTFIELDS IS CONTINUALLY MAKING IMPROVEMENTS TO REACH THAT GOAL. BENEFITS TO PATIENTS AND THE COMMUNITY IN 2019 WESTFIELDS' DEVOTION TO THE HEALTH OF THE COMMUNITY STARTS WITH PROVIDING EXCEPTIONAL MEDICAL CARE TO EACH PATIENT AND EXTENDS TO FAMILIES AND ORGANIZATIONS THROUGHOUT THE REGION. THROUGH ITS COMMUNITY BENEFIT PROGRAM, WESTFIELDS OFFERED SPECIAL HELP AND SUPPORT - FOR INDIVIDUALS OR FAMILIES EXPERIENCING FINANCIAL HARDSHIP TO EFFORTS OR ORGANIZATIONS STRIVING TO IMPROVE THE QUALITY OF LIFE FOR ALL. TOTAL 2019 COMMUNITY BENEFIT CONTRIBUTION EQUALED \$6,892,505, WHICH REPRESENTS 10.2% OF NET REVENUE. THIS FIGURE IS REPORTED AT COST PER THE CATHOLIC HEALTH ASSOCIATION (CHA) COMMUNITY BENEFIT REPORTING. 2019 ACCOMPLISHMENTS INCLUDE: RECOGNIZED BY PRACTICE GREENHEALTH WITH MULTIPLE AWARDS, INCLUDING THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR RECOGNITION AWARD, AND CIRCLES OF EXCELLENCE FOR LEADERSHIP AWARD. FOR THE FIFTH TIME IN SIX YEARS, WESTFIELDS WAS NAMED AS A TOP 100 CRITICAL ACCESS HOSPITAL BY IVANTAGE, WHICH MEASURES 70 DIFFERENT PERFORMANCE METRICS, INCLUDING QUALITY, OUTCOMES, PATIENT PERSPECTIVE AFFORDABILITY, POPULATION RISK AND EFFICIENCY. NAMED ONE OF THE TOP 20 CRITICAL ACCESS HOSPITALS (CAH) IN THE COUNTRY BY THE NATIONAL RURAL HEALTH ASSOCIATION (NRHA). THE TOP 20 CRITICAL ACCESS HOSPITAL "WINNERS" ARE SELECTED FROM THE CHARTIS CENTER FOR RURAL HEALTH'S 2019 TOP 100 CAH LIST. WESTFIELDS RECEIVED A 4-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). WESTFIELDS WAS ONE OF JUST 1,379 HOSPITALS OUT OF MORE THAN 4,500 IN THE COUNTRY TO RECEIVE A 4- OR 5-STAR RATING. ON NATIONAL RURAL HEALTH DAY (THURSDAY, NOV. 21, 2019) THE CHARTIS CENTER OF RURAL HEALTH AND THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) RECOGNIZED WESTFIELDS FOR OVERALL EXCELLENCE IN OUTCOMES AND PATIENT PERSPECTIVE. RECEIVED THE GOLD AWARD FOR THE NATIONAL HOSPITAL ORGAN DONATION CAMPAIGN FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THE WISCONSIN BUSINESS COUNCIL NAMED WESTFIELDS AS A GREEN MASTER WITHIN ITS GREEN MASTERS PROGRAM. EARNED 2019 TREE CAMPUS HEALTHCARE RECOGNITION FROM THE ARBOR DAY FOUNDATION WHICH RECOGNIZES HEALTH INSTITUTIONS THAT MAKE A MISSION-ALIGNED IMPACT ON COMMUNITY WELLNESS THROUGH TREE PLANTING, EDUCATION, AND COMMUNITY ENGAGEMENT.</p>

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:	MEDICARE SURPLUS (SHORTFALL) IN LINE 7 REPRESENTS THE ADDITIONAL 1% OF ALLOWABLE COST THAT CRITICAL ACCESS HOSPITALS RECEIVE. MEDICARE SHORTFALL IS CURRENTLY EXCLUDED FROM THE COMMUNITY BENEFIT CALCULATION PER THE WHA, BUT CAN BE INCLUDED IN OTHER FINANCIAL REPORTS. WESTFIELDS BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY; COST TO CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	WESTFIELDS DEBT COLLECTION POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE. WESTFIELDS WILL NOT REFER ANY ACCOUNT TO A THIRD PARTY DEBT COLLECTION AGENCY UNLESS IT HAS CONFIRMED THAT THERE IS REASONABLE BASIS TO BELIEVE THAT THE PATIENT OWES THE DEBT, ALL KNOWN THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED, AND THE PATIENT IS RESPONSIBLE FOR THE REMAINING DEBT.

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 HOSPITAL, HUDSON HOSPITAL & CLINIC, WESTFIELDS, 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. WESTFIELDS SPECIFIC STUDY AREA IS DEFINED AS: ST. CROIX COUNTY PIERCE COUNTY METHODOLOGY HEALTHPARTNERS AND WESTFIELD ENGAGED WITH LOCAL PUBLIC HEALTH PARTNERS IN ST. CROIX COUNTY, AS WELL AS LOCAL COALITIONS, THE CENTER FOR COMMUNITY HEALTH (CCH) AND COMMUNITY PARTNERS TO CONDUCT A COMPREHENSIVE CHNA. WESTFIELDS 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. WESTFIELDS 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 WESTFIELDS 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, FACILITATED 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 DURING THE PRIORITIZATION PROCESS, INCLUDING: OLDER ADULT HEALTH/AGING, M</p>

Form and Line Reference	Explanation
PART VI, LINE 2:	MATERNA 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>WESTFIELDS IS COMMITTED TO PROVIDING QUALITY MEDICAL CARE TO OUR PATIENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE. AS A RESULT, OUR FINANCIAL ASSISTANCE POLICY (REFERRED TO HEREIN AS "FAP OR "POLICY") IS AVAILABLE TO UNINSURED OR UNDERINSURED PATIENTS BASED ON THE PATIENT'S ABILITY TO PAY FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE. OUR POLICY IS AVAILABLE TO PROVIDE EPISODIC HELP; IT IS NOT MEANT TO PROVIDE LONG-TERM, FREE OR DISCOUNTED CARE. OUR POLICY SETS FORTH AND DESCRIBES ELIGIBILITY CRITERIA, HOW WE CALCULATE DISCOUNTS, HOW TO APPLY FOR FINANCIAL ASSISTANCE, THE PROVIDERS DELIVERING CARE IN OUR HOSPITAL AND OUR EMERGENCY MEDICAL CARE POLICY. WESTFIELDS FAP IS WIDELY PUBLICIZED IN MULTIPLE WAYS. PATIENTS CAN OBTAIN FREE COPIES OF THIS POLICY AT ALL PATIENT REGISTRATION LOCATIONS AT WESTFIELDS. FOR ADDITIONAL INFORMATION OR QUESTIONS ABOUT THE APPLICATION PROCESS, OR TO REQUEST COPIES BY MAIL, PATIENTS CAN CONTACT OUR PATIENT FINANCIAL SERVICES DEPARTMENT AT 1-715-243-2600. FREE COPIES OF THIS POLICY AND THE FINANCIAL ASSISTANCE APPLICATION FORM ARE ALSO AVAILABLE AT HTTP://WWW.WESTFIELDSHOSPITAL.COM.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	WESTFIELDS SERVES RESIDENTS FROM ST. CROIX COUNTY, WISCONSIN AND SURROUNDING COUNTIES OF POLK, DUNN AND PIERCE. 2019 CENSUS LISTS THE POPULATION OF ST. CROIX COUNTY AT 90,687, A 7.5% POPULATION GROWTH SINCE 2010. RAPID GROWTH CONTINUES WITHIN ST. CROIX COUNTY, IN PART DUE TO ITS CLOSE PROXIMITY TO THE TWIN CITIES (MINNEAPOLIS/ST. PAUL), WHERE MANY RESIDENTS COMMUTE TO WORK. ST. CROIX COUNTY'S POPULATION IS COMPRISED OF 35% UNDER 19, 11% 65 YEARS AND OVER. THE POPULATION IS 95.9% WHITE, 0.9% BLACK, 0.5% AMERICAN INDIAN, 1.1% ASIAN AND 1.6% HISPANIC OR LATINO. ST. CROIX COUNTY HAS A HIGH MEDIAN INCOME COMPARATIVELY WITHIN THE STATE - \$81,124 AND A POVERTY RATE APPROXIMATELY HALF THAT OF THE REST OF THE STATE - 4.78%. ACCORDING TO THE 2019 COUNTY HEALTH RANKINGS REPORT, ST. CROIX COUNTY RANKED AS THE SEVENTH HEALTHIEST COUNTY OVERALL IN THE STATE (OUT OF 72 COUNTIES).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL SERVING THE NEW RICHMOND AREA SINCE 1950, WESTFIELDS CONTINUES TO PLAY AN IMPORTANT ROLE AND IS POSITIONED WELL TO MEET THE HEALTH CARE NEEDS OF THE AREA. WESTFIELDS IS A FULL-SERVICE MEDICAL CAMPUS OFFERING EMERGENCY SERVICES, SPECIALTY CLINICS AND PHARMACY, AS WELL AS INPATIENT, OUTPATIENT AND MATERNITY SERVICES. WESTFIELDS IS GOVERNED BY A BOARD OF DIRECTORS WITH REPRESENTATION FROM COMMUNITY MEMBERS WORKING IN PARTNERSHIP WITH EACH OTHER, WESTFIELDS, THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS, AND THE COMMUNITY ACCOMPLISHED A GREAT DEAL IN 2019. ADVANCEMENTS WERE MADE IN SUPPORT OF THE TRIPLE AIM: TO ENSURE BETTER HEALTH FOR ALL, IMPROVED PATIENT EXPERIENCE AND AFFORDABLE HEALTH CARE. DEDICATED STAFF PROMOTE COMMUNITY HEALTH IN THE FOLLOWING WAYS: FREE ON-GOING SUPPORT AND EDUCATION GROUPS IN BEREAVEMENT/ GRIEF, BREASTFEEDING, CANCER, DIABETES, NUTRITION AND WEIGHT MANAGEMENT AND CAREGIVERS; SCHOOL-BASED EDUCATION FOR ELEMENTARY AND SECONDARY SCHOOLS; TRAININGS FOR HEALTH CARE PROFESSIONALS AND NURSING STUDENTS; SELF-HELP PROGRAMMING FOLLOWING CARDIAC REHAB AND PHYSICAL THERAPY TO COMMUNITY MEMBERS. WESTFIELDS ENCOURAGES PATIENTS AND THEIR FAMILIES - THEIR PARTNERS IN HEALTH - TO BE ACTIVELY INVOLVED IN DECISIONS ABOUT THEIR OWN HEALTH CARE. RESEARCH SHOWS THAT PATIENTS AND THEIR FAMILIES WHO ARE MORE INVOLVED WITH THEIR CARE FEEL THEY GET BETTER RESULTS AND ARE MORE SATISFIED. SAFETY AND SATISFACTION ARE PRIORITIES AT WESTFIELDS. WESTFIELDS IS MORE THAN JUST A HOSPITAL TAKING CARE OF PATIENTS WHEN THEY ARE SICK OR HURT. THE GOAL IS TO BE A LEADING PARTNER IN HEALTH EDUCATION, OUTREACH AND IMPROVEMENT. WESTFIELDS IS CONTINUALLY MAKING IMPROVEMENTS TO REACH THAT GOAL. BENEFITS TO PATIENTS AND THE COMMUNITY IN 2019 WESTFIELDS' DEVOTION TO THE HEALTH OF THE COMMUNITY STARTS WITH PROVIDING EXCEPTIONAL MEDICAL CARE TO EACH PATIENT AND EXTENDS TO FAMILIES AND ORGANIZATIONS THROUGHOUT THE REGION. THROUGH ITS COMMUNITY BENEFIT PROGRAM, WESTFIELDS OFFERED SPECIAL HELP AND SUPPORT - FOR INDIVIDUALS OR FAMILIES EXPERIENCING FINANCIAL HARDSHIP TO EFFORTS OR ORGANIZATIONS STRIVING TO IMPROVE THE QUALITY OF LIFE FOR ALL. TOTAL 2019 COMMUNITY BENEFIT CONTRIBUTION EQUALED \$6,892,505, WHICH REPRESENTS 10.2% OF NET REVENUE. THIS FIGURE IS REPORTED AT COST PER THE CATHOLIC HEALTH ASSOCIATION (CHA) COMMUNITY BENEFIT REPORTING. 2019 ACCOMPLISHMENTS INCLUDE: RECOGNIZED BY PRACTICE GREENHEALTH WITH MULTIPLE AWARDS, INCLUDING THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR RECOGNITION AWARD, AND CIRCLES OF EXCELLENCE FOR LEADERSHIP AWARD. FOR THE FIFTH TIME IN SIX YEARS, WESTFIELDS WAS NAMED AS A TOP 100 CRITICAL ACCESS HOSPITAL BY IVANTAGE, WHICH MEASURES 70 DIFFERENT PERFORMANCE METRICS, INCLUDING QUALITY, OUTCOMES, PATIENT PERSPECTIVE AFFORDABILITY, POPULATION RISK AND EFFICIENCY. NAMED ONE OF THE TOP 20 CRITICAL ACCESS HOSPITALS (CAH) IN THE COUNTRY BY THE NATIONAL RURAL HEALTH ASSOCIATION (NRHA). THE TOP 20 CRITICAL ACCESS HOSPITAL "WINNERS" ARE SELECTED FROM THE CHARTIS CENTER FOR RURAL HEALTH'S 2019 TOP 100 CAH LIST. WESTFIELDS RECEIVED A 4-STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). WESTFIELDS WAS ONE OF JUST 1,379 HOSPITALS OUT OF MORE THAN 4,500 IN THE COUNTRY TO RECEIVE A 4- OR 5-STAR RATING. ON NATIONAL RURAL HEALTH DAY (THURSDAY, NOV. 21, 2019) THE CHARTIS CENTER OF RURAL HEALTH AND THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) RECOGNIZED WESTFIELDS HOSPITAL FOR OVERALL EXCELLENCE IN OUTCOMES AND PATIENT PERSPECTIVE. RECEIVED THE GOLD AWARD FOR THE NATIONAL HOSPITAL ORGAN DONATION CAMPAIGN FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THE WISCONSIN BUSINESS COUNCIL NAMED WESTFIELDS AS A GREEN MASTER WITHIN ITS GREEN MASTERS PROGRAM. EARNED 2019 TREE CAMPUS HEALTHCARE RECOGNITION FROM THE ARBOR DAY FOUNDATION WHICH RECOGNIZES HEALTH INSTITUTIONS THAT MAKE A MISSION-ALIGNED IMPACT ON COMMUNITY WELLNESS THROUGH TREE PLANTING, EDUCATION, AND COMMUNITY ENGAGEMENT. IN JULY 2019 THE INAUGURAL PHYSICIAN IN THE NEW HEALTHPARTNERS WESTERN WISCONSIN RURAL FAMILY MEDICINE RESIDENCY BEGAN AND SPLIT TIME BETWEEN WESTFIELDS HOSPITAL AND AMERY HOSPITAL & CLINIC. FOR OUTPATIENTS, WESTFIELDS: IN 2019 MANY DEPARTMENTS HIT RECORD VOLUMES; 5,400 CT SCANS, 2,300 MAMMOGRAMS, 8,100 EMERGENCY DEPARTMENT VISITS, 10,700 SPECIALTY CLINIC VISITS, AND 53,700 PRIMARY CARE CLINIC VISITS. ROLLED CASE MANAGEMENT PROGRAM ACROSS THE CAMPUS BASED OUT OF THE PRIMARY CARE CLINIC. WE HAVE OVER 50 PATIENTS ENROLLED WITH REFERRALS COMING TO THE TEAM OF RNS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	PLEASE SEE WESTFIELD' SCHEDULE O: DISCUSSION OF EXEMPT PURPOSE AND ACHIEVEMENTS - "I: CORPORATE STRUCTURE, PURPOSE, GOVERNANCE."

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H - PART I, LINE 7F -HEALTH PROFESSIONS EDUCATION	WESTFIELDS STAFF PROVIDED CLINICAL TRAINING 46 HEALTH PROFESSIONALS FROM 10 INSTITUTIONS AT A COST OF \$188,606.

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

Section A. Hospital Facilities (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	WESTFIELDS HOSPITAL INC 535 HOSPITAL ROAD NEW RICHMOND, WI 54017 WWW.WESTFIELDSHOSPITAL.COM WISCONSIN LICENSE # 1050	X	X			X		X			

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

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

Form and Line Reference	Explanation
WESTFIELDS HOSPITAL, INC.	<p>PART V, SECTION B, LINE 5: 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 HOSPITAL 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 WESTFIELDS PARTNERED TO CONDUCT COMMUNITY INPUT ACTIVITIES TO UNDERSTAND TOP HEALTH PRIORITIES. THE COMMUNITY INPUT IN THIS REPORT INCLUDES: COUNTY PRIORITY DATA: ST. CROIX 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 RESIDENTS' PERCEPTIONS 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. 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 TO BETTER SERVE THEIR PATIENTS. TWENTY-THREE HEALTH CARE PROVIDERS COMPLETED THE SURVEY, INCLUDING FIVE WHO PRACTICE AT WESTFIELDS HOSPITALS & CLINIC.</p>

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

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

Form and Line Reference	Explanation
WESTFIELDS HOSPITAL, INC.	PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES INCLUDED IN THE 2018 HEALTHPARTNERS CHNA WERE:- LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, STILLWATER, MN.- PARK NICOLLET HEALTH SERVICES INCLUDING PARK NICOLLET METHODIST HOSPITAL (ST. LOUIS PARK, MN)- REGIONS HOSPITAL, MN.- AMERY REGIONAL MEDICAL CENTER, WI.- HUDSON HOSPITAL, HUDSON, WI.

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

Form and Line Reference	Explanation
WESTFIELDS HOSPITAL, INC.	<p>PART V, SECTION B, LINE 11: THE 2018 HEALTHPARTNERS CHNA RESULTED IN THE FOLLOWING PRIORIT IES: 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 SPRIN GBOARD TO PATIENT & MEMBER BIAS PATIENT AND DIVERSITY TRAINING AND INTEGRATION INTO ALL-ST AFF LEARNING MODULES, WELCOME DAY AND LEADER DEVELOPMENT. PRIORITY 2: ACCESS TO HEALTHPROMO TED EARLY CHILDHOOD BRAIN DEVELOPMENT. DISTRIBUTED MORE THAN 500 BOOKS TO CHILDREN IN CLIN ICS THROUGH REACH OUT AND READ. LITTLE MOMENTS COUNT TRAINING AND RESOURCES CREATED PARTNE RSHIP WITH LOCAL SCHOOL DISTRICTS TO INTEGRATE INTO COMMUNITY OUTREACH. DEVELOPED SUSTAINAB LE OPERATIONS TO POSITIVELY IMPACT THE ENVIRONMENT. INCREASED RECYCLING AND PURCHASES OF S USTAINABLY PRODUCED AND LOCAL FOODS AND BEVERAGES. REDUCED WASTE TO LANDFILLS, MEAT PURCHA SES, SINGLE USE PLASTIC BOTTLES, ELECTRICITY, NATURAL GAS AND WATER USE AND TOTAL GREENHOU SE EMISSIONS. INCREASED USE OF ENVIRONMENTAL PREFERRED AND RECYCLED PAPER AND OFFICE SUPPL IES. 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, PROMOTIO N, AND PARTNERSHIPS WITH LOCAL AGENCIES AND PUBLIC HEALTH. HELD FOUR AMBASSADOR TRAINING S ESSIONS 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 N OW TRAINED IN THE ST. CROIX VALLEY AREA. MORE THAN 90 PERCENT OF PARTICIPANTS REPORTED INC REASED KNOWLEDGE ABOUT MENTAL ILLNESS AND GREATER CONFIDENCE IN TALKING ABOUT MENTAL ILLNE SS AS A RESULT OF THE PRESENTATIONS. MAKE IT OK HAS BEEN A KEY PARTNER IN A COMPREHENSIVE APPROACH TO MENTAL HEALTH FOR STUDENTS IN THE LOCAL SCHOOLS. THERE WERE 81,349 WEBSITE VIS ITS WITH 62,780 UNIQUE VISITORS TO MAKEITOK.ORG IN 2019. WORKING WITH THE HEALTHPARTNERS IN STITUTE, MAKE IT OK EVALUATORS SURVEYED ADULTS IN 2017 AND 2019 IN COMMUNITIES THAT HAVE L AUNCHED MAKE IT OK CAMPAIGNS. RESULTS SHOW THAT THERE HAS BEEN A STATISTICALLY SIGNIFICANT DECREASE IN STIGMA AMONG SURVEY RESPONDENTS AND OUR EVALUATION TEAM IS CONFIDENT THAT MAK E IT OK IS HAVING THE EFFECTS WE INTENDED ON HOW PEOPLE THINK ABOUT STIGMA AND MENTAL ILLNE SSES AND THEIR WILLINGNESS TO TAKE ACTION. THE SURVEYS SHOW THAT FROM 2017 TO 2019: MORE P EOPLE FEEL COMFORTABLE TALKING WITH SOMEONE ABOUT THEIR MENTAL ILLNESS (66% TO 71%) MORE P EOPLE SAY THEY WOULD TELL FRIENDS IF THEY HAD A MENTAL ILLNESS (34% TO 41%) FEWER PEOPLE S AY THEY WOULD BE RELUCTANT TO SEEK HELP (50% TO 46%) ONLY ABOUT ONE IN FOUR THINKS THAT PE OPLE ARE GENERALLY CARING AND SYMPATHETIC TO INDIVIDUALS WHO LIVE WITH A MENTAL ILLNESS (2 4% TO 26%) MORE THAN NINE OUT OF TEN SAID THAT THE MAKE IT OK GOAL TO REDUCE STIGMA IS IM PORTANT (93% TO 95%) INCREASED ACCESS TO EDUCATION AND RESOURCES AROUND MENTAL HEALTH AND WELL-BEING. OFFERED BEATING TH</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
WESTFIELDS HOSPITAL, INC.	<p>E BLUES AND RESILIENCY RESOURCES AT NO CHARGE TO MEMBERS, PATIENTS AND EMPLOYEES. MENTAL HEALTH RESOURCES PROMOTED AS KEY PART OF EMPLOYEE WELL-BEING PROGRAM. HOSPITAL CONVENES AND PARTICIPATES IN MULTIPLE COLLABORATIVES FOCUSING ON MENTAL HEALTH. IMPROVED ACCESS TO MENTAL HEALTH SERVICES. CREATED SUSTAINABLE BEHAVIORAL HEALTH TELEHEALTH (BH TV) PROGRAM IN HOSPITALS AND THREE COUNTIES. CONTINUED TO BUILD TELEHEALTH CAPACITY FOR BEHAVIORAL HEALTH APPOINTMENTS. COLLABORATED WITH PARTNERS HAVE IMPROVED 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: NUTRITION AND PHYSICAL ACTIVITY PROMOTED AND SUPPORTED PHYSICAL ACTIVITY AND NUTRITION. DIABETES EDUCATION AND DIABETES PREVENTION PROGRAMS TEACH SKILLS TO FOR EATING AND ACTIVITY TO MANAGE AND PREVENT DISEASE. NUTRITION EDUCATION CLASSES THROUGH COMMUNITY EDUCATION SUPPORT DISEASE PREVENTION AND MANAGEMENT. POWER UP IS OUR KEY COMMUNITY-WIDE HEALTH INITIATIVE THAT INSPIRES AND ENGAGES THE ENTIRE COMMUNITY TO PROMOTE BETTER EATING AND PHYSICAL ACTIVITIES 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 WELLNESS POLICIES AND PRACTICES; MORE FREE AND LOW-COST OPTIONS FOR PHYSICAL ACTIVITY INCLUDING OPEN GYMS; PARTNERSHIPS WITH STATE AND LOCAL PARKS; TRANSFORMED FOOD PANTRIES, CAFETERIAS AND CONCESSIONS; AND COMMUNITY MOMENTUM TO CREATE CHANGE. KEY RESULTS INCLUDE: COMMUNITY-WIDE SURVEYS OF RESIDENT FAMILIES WITH CHILDREN HAVE SHOWN STATISTICALLY SIGNIFICANT INCREASES IN PHYSICAL ACTIVITY LEVELS AMONG YOUTH OVER TIME IN TARGETED COMMUNITIES. A REVIEW OF BMI DATA FOR CHILDREN 6-10 YEARS OLD SHOWED A STATISTICALLY SIGNIFICANT POSITIVE DOWNWARD TREND IN THE BMIS OF CHILDREN IN SPECIFIC POWERUP COMMUNITIES COMPARED TO OTHER PATIENTS IN THE BROADER CARE SYSTEM. THESE ARE EXCITING RESULTS, SINCE PAST INITIATIVES NATIONWIDE HAVE SHOWN THAT IT IS DIFFICULT 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 FOOD APPEALING AND ACCESSIBLE FOR ALL. STARTING AS A PILOT IN ONE COMMUNITY, SUPERSHELF IS NOW A ROBUST NIH RESEARCH STUDY WITH 30 FOOD SHELVES TRANSFORMED IN THE REGION AND DEMONSTRATING NATIONAL INFLUENCE TO IMPROVE THE QUALITY OF FOOD FOR THOSE WHO ARE FOOD INSECURE. RESULTS HAVE BEEN PUBLISHED IN PEER REVIEWED JOURNALS (SUPERSHELFMN.ORG). 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 ONLINE RESOURCES TO PROMOTE BETTER EATING AND MOVING MORE. KEY STRATEGIES AND RESOURCES INCLUDE: POWERUP ONLINE RECIPE GALLERY, WITH MORE THAN 300 KID-APPROVED RECIPES. POWERUP TRY FOR 5 SCHOOL CHALLENGE, A TWO WEEK PROGRAM TO GET ELEMENTARY AGED STUDENTS EXC</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
WESTFIELDS HOSPITAL, INC.	<p>ITED TO TRY EATING 5 FRUITS AND VEGETABLES EVERY DAY, REACHED MORE THAN 12,000 ELEMENTARY AGE STUDENTS. 3-WEEK WINTER WARM?UP CHALLENGE TO INSPIRE KIDS TO STAY ACTIVE DURING THE CO LD MONTHS. OPEN GYMS EXPANDED TO INCLUDE MULTI?SITE OFFERINGS ON A WEEKLY BASIS. POWERUP A MBASSADORS HELP INSPIRE AND INFLUENCE THEIR COMMUNITIES. POWERUP FRUIT AND VEGGIE RX, DELI VERING A \$10 VOUCHER FOR FRESH PRODUCE TO CHILDREN IN DISCUSSION WITH THEIR PROVIDER AT WE LL-CHILD VISITS IN OUR LOCAL CLINICS.TO DEEPEN THE POWERUP STRATEGY WITH OLDER STUDENTS, I N 2019 WE DEVELOPED THE POWERUP STUDENT AMBASSADOR PROGRAM, WHICH ENCOURAGES MIDDLE AND HI GH SCHOOL STUDENTS TO BECOME CHAMPIONS FOR HEALTHIER LIFESTYLES AMONG THEIR PEERS AND COMM UNITIES. THESE YOUNG ROLE MODELS DESIGN AND IMPLEMENT PROJECTS THAT MAKE IT EASIER FOR THE IR FELLOW STUDENTS TO ENJOY BETTER EATING AND PHYSICAL ACTIVITY. THE PROJECT HAS RECRUITED AND RETAINED 14 YOUTH LEADERS FROM DIVERSE BACKGROUNDS WHO ARE HIGHLY ENGAGED IN DEVELOPI NG PROGRAMS FOR THEIR PEERS. THE TEENS ALSO PROVIDE CONSULTATION TO OTHER YOUTH PROGRAMS A ND PROJECTS AND HAVE SHARED THEIR INSIGHTS AT REGIONAL CONFERENCES.PRIORITY 5: SUBSTANCE A BUSEREDUCED OPIOID PRESCRIPTIONS, DOSES, AND PATIENTS MEETING CHRONIC OPIOID USE CRITERIA. THROUGH COLLABORATIVE EFFORTS WITH PHARMACY, PRESCRIBERS AND PAIN CLINICS, ACHIEVED SIGNI FICANT REDUCTION IN OPIOID PRESCRIBING IN OUR CARE SYSTEM AND COMMUNITY.INCREASED AWARENES S AND ACCESS OF TREATMENT FOR SUBSTANCE ABUSE (ALCOHOL, TOBACCO, E-CIGARETTES, AND DRUGS). PROVIDED TOBACCO CESSATION CLASSES. EXPANDED PROGRAMS FOR CHANGE TO INCREASE ACCESS TO AD DICTION COUNSELING AND SERVICES.REDUCED ACCIDENTAL POISONING AND DRUG ABUSE BY OFFERING FR EE AND ENVIRONMENTALLY-FRIENDLY MEDICATION COLLECTION AT OUR HOSPITALS AND CLINICS FOR THE COMMUNITY. PROMOTED COMMUNITY PRESCRIPTION TAKE-BACK LOCATIONS AND DISPOSAL BAGS. A FULL REPORT OF WESTFIELDS HOSPITAL & CLINIC'S 2018 CHNA AND ANNUAL IMPLEMENTATION PLAN UPDATE I S POSTED ON THEIR WEBPAGE AT HTTPS://WWW.WESTFIELDSHOSPITAL.COM/WP-CONTENT/UPLOADS/2020/01 /WESTFIELDS-HOSPITAL-CHNA-REPORT-FINAL-_AMENDED-DEC.-2019.DOCX.PDF, WHICH PROVIDES A DETAI LED DESCRIPTION OF ALL THE ACTIVITIES.</p>

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization WESTFIELDS HOSPITAL INC

Employer identification number

39-0808442

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 39-0808442
Name: WESTFIELDS HOSPITAL INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW RICHMOND CHAMBER OF COMMERCE 245A S KNOWLES AVE NEW RICHMOND, WI 54017	39-1130473	501(C)(3)	5,820				PROGRAM SUPPORT
NEW RICHMOND AREA COMMUNITY FOUNDATION PO BOX 98 NEW RICHMOND, WI 54017	38-1392267	501(C)(3)	8,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTFIELDS HOSPITAL FOUNDATION 8170 33RD AVE S BLOOMINGTON, MN 55440	39-1770913	501(C)(3)	36,557				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

Part I 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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input 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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	Yes
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	WESTFIELDS' PRESIDENT AND ITS OFFICERS ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS), GROUP HEALTH PLAN, INC., (GHI), OR LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, ALL OF WHICH ARE RELATED ORGANIZATIONS. GHI, REGIONS, AND LAKEVIEW HOSPITAL HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF WESTFIELDS PRESIDENT AND OTHER OFFICERS.
PART I, LINES 4A-B	OTHER COMPENSATION IN COLUMN BIII OF SCHEDULE J, PART II INCLUDES AMOUNTS RECEIVED AS A SEVERANCE PAYMENT FOR THE FOLLOWING DIRECTORS AND OFFICERS: DAVID DZIUK 452,991 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTOR: HEIDI CONRAD 33,397
PART I, LINE 6	WESTFIELDS HOSPITAL, INC. (WESTFIELDS) DOES HAVE EMPLOYEES; HOWEVER, WESTFIELDS' PRESIDENT AND CHIEF FINANCIAL OFFICER ARE EMPLOYEES OF RELATED ORGANIZATIONS REGIONS HOSPITAL (REGIONS) AND LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION (LMHA) RESPECTIVELY. COMPENSATION PAID TO THESE TWO OFFICERS BY REGIONS AND LMHA IS REIMBURSED BY WESTFIELDS. BOTH REGIONS AND LMHA HAVE MANAGEMENT INCENTIVE PROGRAMS THAT INCENT AND REWARD THE ORGANIZATIONS' BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAM IS AN ELEMENT OF THE PARTICIPANT'S REGIONS OR LMHA TOTAL COMPENSATION PACKAGE. REGIONS AND LMHA MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS. GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED. THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. A NET OPERATING INCOME 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.

Additional Data

Software ID:
Software Version:
EIN: 39-0808442
Name: WESTFIELDS HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH DIETZLER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	183,552	0	90,749	20,995	32,209	327,505	0
1 HEIDI CONRAD TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	381,604	82,472	7,198	137,410	36,915	645,599	0
2 AMY DEWANE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	303,307	67,645	11,321	21,000	34,660	437,933	0
3 ANDREW E DORWART MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	382,579	56,152	35,174	21,000	35,989	530,894	0
4 ANTHONY C HECHT MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	282,604	0	254,930	21,000	23,876	582,410	0
5 TYLER R SCHMIDTZ DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	278,886	61,732	9,458	24,600	31,758	406,434	0
6 ERIC LING MD DIRECTOR AND CMO	(i)	0	0	0	0	0	0	0
	(ii)	311,634	4,432	74,765	21,000	33,425	445,256	0
7 JASON LUHRS DIRECTOR & CFO (JAN- AUG)	(i)	0	0	0	0	0	0	0
	(ii)	191,700	33,727	6,163	23,722	29,643	284,955	0
8 STEVEN MASSEY DIRECTOR, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	265,426	50,239	8,567	24,600	31,176	380,008	0
9 VINI MANCHANDA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	237,025	53,118	7,221	48,233	34,393	379,990	0
10 DOUGLAS JOHNSON CFO (SEPT-DEC)	(i)	0	0	0	0	0	0	0
	(ii)	299,890	55,505	25,400	121,094	32,168	534,057	0
11 HELEN A SATHRE VP - PATIENT SERVICES	(i)	177,919	24,133	7,538	90,147	18,567	318,304	0
	(ii)	0	0	0	0	0	0	0
12 MICHELE K RIEDEL PHARMACIST	(i)	138,634	489	5,046	7,406	37,139	188,714	0
	(ii)	0	0	0	0	0	0	0
13 CYNTHIA BLADER PHYSICIAN ASSISTANT	(i)	82,448	400	60,482	4,670	11,061	159,061	0
	(ii)	0	0	0	0	0	0	0
14 NICOLE M TROSEN PHARMACY MANAGER	(i)	147,446	5,871	30	7,872	10,837	172,056	0
	(ii)	0	0	0	0	0	0	0
15 JACQUELINE M NELSON PHARMACIST	(i)	132,279	8,197	1,103	7,590	32,137	181,306	0
	(ii)	0	0	0	0	0	0	0
16 ERIC DUNSMOOR PHYSICIAN ASSISTANT	(i)	147,012	500	6,848	7,718	10,478	172,556	0
	(ii)	0	0	0	0	0	0	0
17 DAVE A DZIUK FORMER DIRECTOR & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	14,464	140,372	505,812	1,119	0	661,767	0
18 DAVID DEGEAR MD FORMER VP - MEDICAL AFFAIR	(i)	0	0	0	0	0	0	0
	(ii)	266,227	4,432	190,639	20,929	34,920	517,147	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number

39-0808442

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF NEW RICHMOND WI	39-6005554	NONE99999	07-06-2016	3,223,708	REFUNDING OF SERIES 1999A		X		X		X
B VILLAGE OF STAR PRAIRIE WI	39-1280538	NONE99999	07-06-2016	6,854,052	REFUNDING OF SERIES 1999B/2016B		X		X		X

Part II Proceeds

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Amount of bonds retired			1,911,974		2,900				
2 Amount of bonds legally defeased									
3 Total proceeds of issue			3,223,708		6,854,052				
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds					135,000				
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion	1999		2017						
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		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		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		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	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		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X	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		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	X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART V	WESTFIELD'S HOSPITAL FOLLOWS ESTABLISHED WRITTEN PROCEDURES.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
WESTFIELDS HOSPITAL INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

39-0808442

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A- PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE WESTFIELDS HOSPITAL (WESTFIELDS), A STATE LICENSE D 25-BED, LEVEL IV CRITICAL ACCESS HOSPITAL (CAH), IS A WISCONSIN NON-PROFIT CORPORATION RECOGNIZED 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 MAINTAINING AFFORDABILITY. HEALTHPARTNERS, INC. (HPI) IS A MINNESOTA NON-PROFIT CORPORATION AND 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 HEALTHPARTNERS 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, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS. HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1.8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 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 H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A- PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>EALTH BY 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 RELATIONS HIP 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. HEALTHPARTNERS IS D RIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES. 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 (DEVELOPMENT OF 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 BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT).</p> <p>HEALTHPARTNERS, INC. (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4). HPI IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY, A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF REGIONS HOSPITAL (REGIONS), REGIONS HOSPITAL FOUNDATION, CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER HEALTH SYSTEM (LAKEVIEW HEALTH), RAMSEY INTEGRATED HEALTH SERVICES AND RH-WISCONSIN, INC., ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). RH-WISCONSIN, INC. IS THE CLASS A CORPORATE MEMBER OF WESTFIELDS. WESTFIELDS IS THE SOLE CORPORATE MEMBER OF WESTFIELDS HOSPITAL FOUNDATION. COMMUNITY BENEFIT TO THE COMMUNITY: 1. COMMUNITY HEALTH SERVICES: COMMUNITY HEALTH IMPROVEMENT SERVICES NEARLY 1,000 PEOPLE BENEFITED FROM THE FOLLOWING PROGRAMS OR ACTIVITIES THAT WERE CARRIED OUT AND SUPPORTED BY WESTFIELDS IN 2019 FOR THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, TOTALING A COST OF \$243,723. COMMUNITY HEALTH EDUCATION OVER 200 PEOPLE ATTENDED EDUCATIONAL PROGRAMS, CLASSES, SPECIAL EVENTS, OR SUPPORT GROUPS TAUGHT OR HOSTED BY MEDICAL AND CLINICS STAFF AND CAMPUS PARTNERS. TOTAL COMMUNITY HEALTH EDUCATION EXPENSES TOTALED \$108,957. CLASSES I</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A- PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>INCLUDED BREASTFEEDING, FAMILY/PARENTING/SIBLING EDUCATION, DIABETES, NUTRITION AND WEIGHT MANAGEMENT, SCHOOL-BASED HEALTH EDUCATION, WORKSITE HEALTH EDUCATION, WOMEN'S HEALTH TOPICS, AND SENIOR CARE. IN ADDITION, ALMOST 500 PEOPLE ATTENDED SUPPORT GROUPS HELD FOR THE BROADER COMMUNITY ON BREASTFEEDING, CANCER, DIABETES, NUTRITION AND WEIGHT MANAGEMENT, CAREGIVERS, AND SMOKING CESSATION. COMMUNITY BASED CLINICAL SERVICES WESTFIELDS HOSTED A BLOOD DRIVE IN SUPPORT OF THE AMERICAN RED CROSS, OFFERED A FREE DIABETES SCREENING, AND BLOOD PRESSURE SCREENING AT A COST OF \$6,400. HEALTH CARE SUPPORT SERVICES IN 2019, ALMOST 200 PEOPLE REALIZED THE BENEFIT OF HEALTH CARE SUPPORT SERVICES AVAILABLE. THESE SERVICES INCLUDED ENROLLMENT ASSISTANCE, INFORMATION AND REFERRAL SERVICES, WHICH WERE PROVIDED TO HELP SECURE A PAYMENT SOURCE OR ACCESS SERVICES BEYOND MEDICAL CARE FOR UNINSURED AND UNDERINSURED PATIENTS. IN ADDITION, VAN TRANSPORTATION IS PROVIDED AT NO COST TO PATIENTS LIVING WITHIN 25 MILES WHO WOULD HAVE LIMITED ACCESS TO CARE AS A RESULT OF NO TRANSPORTATION. THE TOTAL COST OF THESE SERVICES WAS \$125,018. 2. HEALTH PROFESSIONAL EDUCATION: WESTFIELDS' STAFF PROVIDED CLINICAL TRAINING FOR 46 HEALTH PROFESSIONALS FROM 10 INSTITUTIONS AT A COST OF \$188,606. 3. SUBSIDIZED HEALTH SERVICES: WESTFIELDS IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS. IN 2019, LOSS ON SERVICES FOR OUTPATIENT HEALTH SERVICES INCLUDING EMERGENCY CARE, PRIMARY CLINIC, SPECIALTY CLINIC, ONCOLOGY, PHYSICAL THERAPY, AND RESPIRATORY THERAPY TOTALLED \$3,681,145. FINANCIAL ASSISTANCE AND HEALTH CARE ACCESS FOR LOW-INCOME INDIVIDUALS FINANCIAL ASSISTANCE IS DEFINED AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. WESTFIELDS PROVIDED \$424,747 IN FINANCIAL ASSISTANCE TO 308 LOW INCOME AND/OR UNINSURED PATIENTS. FINANCIAL ASSISTANCE REPRESENTS ABOUT 0.63% OF WESTFIELDS' TOTAL OPERATING EXPENSES. 4. FINANCIAL CONTRIBUTIONS: CASH DONATIONS & GRANTS WESTFIELDS DONATIONS AND GRANTS TO COMMUNITY ORGANIZATIONS IN SUPPORT OF HEALTH CAREERS EDUCATION AND COMMUNITY BUILDING EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY AT LARGE TOTALLED \$111,252 IN 2019. MAJOR CONTRIBUTIONS WERE MADE TO THE NEW RICHMOND AREA CENTRE (NONPROFIT ORGANIZATION SERVING THE ST. CROIX VALLEY AREA), RELAY FOR LIFE SPONSORSHIP, ALZHEIMER'S WALK, LOCAL SCHOOLS, AND MANY OTHERS. IN-KIND DONATIONS IN-KIND DONATIONS IN 2019 CONSISTED OF EQUIPMENT AND SUPPLY DONATIONS PROVIDED TO PATIENT FAMILIES AND COMMUNITY MEMBERS TOTALING \$3,012.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III CONT.	<p>6. COMMUNITY BUILDING ACTIVITIES: WESTFIELDS LIVES OUT ITS COMMITMENT TO IMPROVE THE HEALTH OF THE COMMUNITY BY SUPPORTING INDIVIDUALS, ORGANIZATIONS, EVENTS AND PROGRAMS. KNOWING MUCH MORE CAN BE ACCOMPLISHED WHEN PEOPLE COME TOGETHER, WESTFIELDS COMMUNITY BENEFIT PROGRAM STRIVES TO MAKE VALUABLE CONNECTIONS WITH INDIVIDUALS AND ORGANIZATIONS FROM PUBLIC, PRIVATE AND NONPROFIT SECTORS TO SHARE SKILLS AND ASSETS. IN 2019, WESTFIELDS COMMUNITY-BUILDING ACTIVITIES EQUATED \$2,731. WESTFIELDS PARTICIPATED IN COMMUNITY-BUILDING ACTIVITIES THAT SUPPORTED ECONOMIC DEVELOPMENT TO IMPROVE BUSINESS CLIMATE IN THE REGION; EMERGENCY PREPAREDNESS; HEALTH IMPROVEMENT ADVOCACY; AND COALITION BUILDING TO PROVIDE LEADERSHIP AND IN-KIND SUPPORT FOR HEALTHIER TOGETHER - ST. CROIX COUNTY, THE CENTRE WELLNESS FACILITY, AND LOCAL COMMUNITY HEALTH.</p> <p>7. COMMUNITY BENEFIT OPERATIONS: COSTS ASSOCIATED WITH DEDICATED STAFF, PROGRAM OPERATIONS, RESOURCE EXPENSES, WHA SURVEY COMPLETION, HEALTHIER TOGETHER PARTICIPATION, AND NEEDS ASSESSMENT EXPENSES TOTALED \$53,080, AND A TOTAL OF 1,094 SUPPORT HOURS WERE CONTRIBUTED. COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): PLEASE REFER TO FORM 990 SCHEDULE H NARRATIVE. TOTAL 2019 COMMUNITY BENEFIT CONTRIBUTION EQUATED \$6,892,505, WHICH REPRESENTED 10.2% OF THE OVERALL NET REVENUE OF WESTFIELDS. THIS FIGURE IS REPORTED AT COST PER THE CATHOLIC HEALTH ASSOCIATION (CHA) COMMUNITY BENEFIT REPORTING GUIDELINES AND IN ACCORDANCE WITH THE WISCONSIN HOSPITAL ASSOCIATION (WHA) REPORTING REQUIREMENTS.</p> <p>8. ORGANIZATION AWARDS AND ACHIEVEMENTS: RECOGNIZED BY PRACTICE GREENHEALTH WITH MULTIPLE AWARDS, INCLUDING THE TOP 25 ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR RECOGNITION AWARD, AND CIRCLES OF EXCELLENCE FOR LEADERSHIP AWARD. FOR THE FIFTH TIME IN SIX YEARS, WESTFIELD S WAS NAMED AS A TOP 100 CRITICAL ACCESS HOSPITAL BY IVANTAGE, WHICH MEASURES 70 DIFFERENT PERFORMANCE METRICS, INCLUDING QUALITY, OUTCOMES, PATIENT PERSPECTIVE AFFORDABILITY, POPULATION RISK AND EFFICIENCY. NAMED ONE OF THE TOP 20 CRITICAL ACCESS HOSPITALS (CAH) IN THE COUNTRY BY THE NATIONAL RURAL HEALTH ASSOCIATION (NRHA). THE TOP 20 CRITICAL ACCESS HOSPITAL "WINNERS" ARE SELECTED FROM THE CHARTIS CENTER FOR RURAL HEALTH'S 2019 TOP 100 CAHLIST. WESTFIELDS RECEIVED A 4STAR RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). WESTFIELDS HOSPITAL & CLINIC WAS ONE OF JUST 1,379 HOSPITALS OUT OF MORE THAN 4,500 IN THE COUNTRY TO RECEIVE A 4- OR 5-STAR RATING. ON NATIONAL RURAL HEALTH DAY (THURSDAY, NOV. 21, 2019) THE CHARTIS CENTER OF RURAL HEALTH AND THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) RECOGNIZED WESTFIELDS FOR OVERALL EXCELLENCE IN OUTCOMES AND PATIENT PERSPECTIVE. RECEIVED THE GOLD AWARD FOR THE NATIONAL HOSPITAL ORGAN DONATION CAMPAIGN FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THE WISCONSIN BUSINESS COUNCIL NAMED WESTFIELDS AS A GREEN MASTER WITHIN ITS GREEN MASTERS PROGRAM. EARNED 2019 T REE CAMPUS HEALTHCARE RECOGNIT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III CONT.	ION FROM THE ARBOR DAY FOUNDATION WHICH RECOGNIZES HEALTH INSTITUTIONS THAT MAKE A MISSION-ALIGNED IMPACT ON COMMUNITY WELLNESS THROUGH TREE PLANTING, EDUCATION, AND COMMUNITY ENGAGEMENT. IN JULY 2019 THE INAUGURAL PHYSICIAN IN THE NEW HEALTHPARTNERS WESTERN WISCONSIN RURAL FAMILY MEDICINE RESIDENCY BEGAN AND SPLIT TIME BETWEEN WESTFIELDS AND AMERY HOSPITAL & CLINIC. FOR OUTPATIENTS, WESTFIELDS: IN 2019 MANY DEPARTMENTS HIT RECORD VOLUMES; 5,400 CT SCANS, 2,300 MAMMOGRAMS, 8,100 EMERGENCY DEPARTMENT VISITS, 10,700 SPECIALTY CLINIC VISITS, AND 53,700 PRIMARY CARE CLINIC VISITS. ROLLED CASE MANAGEMENT PROGRAM ACROSS THE CAMP US BASED OUT OF THE PRIMARY CARE CLINIC. WE HAVE OVER 50 PATIENTS ENROLLED WITH REFERRALS COMING TO THE TEAM OF RNS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CONTRIBUTION FROM RELATED ORGANIZATION -116,434.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
WESTFIELDS HOSPITAL INC

Employer identification number
39-0808442

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

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

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

See Additional Data Table

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

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

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

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

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

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

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

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)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHPARTNERS INC - CLAIMSHEALTHCARE SERVICES	L	701,192	CASH AMOUNT

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0808442
Name: WESTFIELDS HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1) (A)(III)	HEALTHPARTNERS INC		No
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	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 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC	Yes	
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No

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

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

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

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