

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.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. CROIX REGIONAL MEDICAL CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 235 STATE STREET City or town, state or province, country, and ZIP or foreign postal code ST. CROIX FALLS, WI 54024 F Name and address of principal officer: DAVE DOBOSENSKI SAME AS C ABOVE	D Employer identification number 39-0890676 E Telephone number 715-483-0556 G Gross receipts \$ 122,161,632. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SCRMC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1954 M State of legal domicile: WI

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: WE HELP PEOPLE TO LIVE HEALTHIER, HAPPIER AND LONGER LIVES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	898	
	6 Total number of volunteers (estimate if necessary)	6	150	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,665,966.	
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		145,264.	3,890,194.	
9 Program service revenue (Part VIII, line 2g)		123,997,967.	117,452,710.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		79,439.	221,815.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		332,333.	293,182.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		124,555,003.	121,857,901.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,970.	280.
		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)	56,323,072.	56,715,790.
		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)	63,733,953.	59,233,662.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	120,064,995.	115,949,732.	
19 Revenue less expenses. Subtract line 18 from line 12	4,490,008.	5,908,169.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
		83,964,969.	103,196,260.	
	21 Total liabilities (Part X, line 26)	15,375,684.	28,698,806.	
	22 Net assets or fund balances. Subtract line 21 from line 20	68,589,285.	74,497,454.	

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 SALLY BAJAK, CFO Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J PETERSON, CPA	Preparer's signature MICHAEL J PETERSON,	Date 03/27/21	Check if self-employed <input type="checkbox"/>	PTIN P01833529
	Firm's name ▶ WIPFLI LLP	Firm's EIN ▶ 39-0758449			
	Firm's address ▶ 1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812	Phone no. 218.722.4705			

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 [X]

1 Briefly describe the organization's mission: WE HELP PEOPLE TO LIVE HEALTHIER, HAPPIER AND LONGER LIVES.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 77,379,155. including grants of \$ 280.) (Revenue \$ 84,386,659.) OUTPATIENT SERVICES - SURGICAL, LABORATORY, BASIC, AND ADVANCED RADIOLOGY PROCEDURES. DURING FISCAL YEAR 2020, THERE WERE 9,496 EMERGENCY ROOM VISITS RECORDED, 1,103 OUTPATIENT SURGERIES, AND 109,686 CLINICAL VISITS.

INPATIENT SERVICES - OBSTETRIC, MEDICAL-SURGICAL, INTENSIVE CARE, AND SHORT STAY INPATIENT CARE. DURING FISCAL YEAR 2020, THERE WERE 240 BIRTHS, 1,278 INPATIENT ADMISSIONS, AND A TOTAL OF 4,136 INPATIENT DAYS FOR AN AVERAGE LENGTH OF 3.24 DAYS.

4b (Code:) (Expenses \$ 11,480,121. including grants of \$ 0.) (Revenue \$ 14,154,470.) ST. CROIX REGIONAL MEDICAL CENTER OPERATES FOUR PROVIDER BASED CLINICS AND ONE FREE STANDING CLINIC. TOGETHER, THE CLINICS STRIVE TO MEET THE HEALTHCARE NEEDS OF PATIENTS AND FAMILIES WHO LIVE AND WORK IN THE COMMUNITIES THEY SERVE. A TOTAL OF 109,686 CLINIC VISITS OCCURRED IN FISCAL YEAR 2020.

4c (Code:) (Expenses \$ 5,774,308. including grants of \$ 0.) (Revenue \$ 7,119,461.) CONTRACT PHARMACY - ST. CROIX REGIONAL MEDICAL CENTER BECAME ELIGIBLE TO PARTICIPATE IN THE 340B DRUG PRICING PROGRAM, WHICH IS MANAGED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OFFICE OF PHARMACY AFFAIRS (OPA), RESULTING IN THE REALIZATION OF A CONTRACT PHARMACY SERVICE. PARTICIPATION IN THE 340B DRUG PRICING PROGRAM RESULTS IN SIGNIFICANT SAVINGS, ESTIMATED TO BE 20-50%, ON THE COST OF PHARMACEUTICALS FOR USE BY OUTPATIENTS OF THE FACILITY. THROUGH THIS PROGRAM, ST. CROIX REGIONAL MEDICAL CENTER IS ABLE TO REACH MORE ELIGIBLE PATIENTS AND PROVIDE MORE COMPREHENSIVE SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,510,199. including grants of \$) (Revenue \$ 6,793,825.)

4e Total program service expenses 100,143,783.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, 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 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **SALLY BAJAK - 715-483-0556**
235 STATE STREET, ST. CROIX FALLS, WI 54024

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARISA SPENCER PHYSICIAN	40.00					X	540,242.	0.	7,996.	
(2) MUHAMMAD KHAN PHYSICIAN	40.00					X	475,143.	0.	33,712.	
(3) VITTAL NAGAR PHYSICIAN	40.00					X	469,356.	0.	32,533.	
(4) DANIELLE REDBURN PHYSICIAN	40.00					X	471,145.	0.	40,980.	
(5) JAMES WALLACE PHYSICIAN	40.00					X	439,160.	0.	43,660.	
(6) DAVE DOBOSENSKI CEO	40.00			X			389,510.	0.	28,847.	
(7) SALLY BAJAK CFO	40.00			X			187,886.	0.	29,009.	
(8) JOSEPH THIMM CHAIR	0.50	X		X			0.	0.	0.	
(9) PATRICK MCDONOUGH, MD VICE CHAIR	40.00	X		X			274,060.	0.	39,881.	
(10) MICHAEL BUCHITE TREASURER	0.50	X		X			0.	0.	0.	
(11) GURDESH BEDI SECRETARY/PHYSICIAN OF SCRCM	40.00	X		X			870,386.	0.	46,800.	
(12) JOHN DRISCOLL TRUSTEE	0.50	X					0.	0.	0.	
(13) CONNIE ERICKSON TRUSTEE	0.50	X					0.	0.	0.	
(14) ANDREA JERRICK TRUSTEE (THRU AUG)	0.50	X					36,393.	0.	1,490.	
(15) REBECCA LYMAN, MD TRUSTEE	40.00	X					225,760.	0.	37,029.	
(16) WILLIAM TIES TRUSTEE	0.50	X					0.	0.	0.	
(17) JOSEPH WHITE TRUSTEE	0.50	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,691,748.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	198,446.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		3,890,194.			
Program Service Revenue	2 a	PATIENT SERVICES	Business Code 624100	98,541,129.	98,541,129.		
	b	CONTRACT PHARMACY	624100	7,119,461.	7,119,461.		
	c	FREDERIC PHARMACY	624100	4,514,134.	2,393,068.	2,121,066.	
	d	SCF PHARMACY	624100	3,421,896.	2,174,188.	1,247,708.	
	e	UNITY PHARMACY	624100	2,234,610.	1,183,745.	1,050,865.	
	f	All other program service revenue	722210	1,621,480.	1,008,824.	246,327.	
	g	Total. Add lines 2a-2f		117,452,710.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		254,129.		254,129.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	17,700.			
			(ii) Personal				
			6a	17,700.			
	b	Less: rental expenses	6b	11,564.			
	c	Rental income or (loss)	6c	6,136.			
	d	Net rental income or (loss)		6,136.		6,136.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	259,853.			
			7a		259,853.		
			b	Less: cost or other basis and sales expenses	7b	292,167.	
c	Gain or (loss)	7c	-32,314.				
d	Net gain or (loss)		-32,314.		-32,314.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	JOINT VENTURE REVENUE	Business Code 900099	253,046.		253,046.	
	b	EHR INCENTIVE	900099	34,000.	34,000.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		287,046.			
12	Total revenue. See instructions		121,857,901.	112,454,415.	4,665,966.	847,326.	

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 X

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	280.	280.		
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	614,291.		614,291.	
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	44,893,923.	37,219,229.	7,674,694.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,987,229.	1,607,454.	379,775.	
9 Other employee benefits	6,258,854.	4,986,681.	1,272,173.	
10 Payroll taxes	2,961,493.	2,375,643.	585,850.	
11 Fees for services (nonemployees):				
a Management				
b Legal	203,441.	9,320.	194,121.	
c Accounting	49,883.		49,883.	
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 Sch. O.)	16,372,753.	14,809,584.	1,563,169.	
12 Advertising and promotion	204,369.	6,631.	197,738.	
13 Office expenses	527,425.	306,861.	220,564.	
14 Information technology	2,624,162.	1,021,717.	1,602,445.	
15 Royalties				
16 Occupancy	2,166,333.	1,850,292.	316,041.	
17 Travel	105,166.	61,320.	43,846.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	247,847.	199,755.	48,092.	
20 Interest	5,328.	4,902.	426.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,042,725.	3,708,448.	334,277.	
23 Insurance	324,761.	234,312.	90,449.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	15,162,151.	15,162,151.		
b DRUGS AND MEDS	13,532,506.	13,310,122.	222,384.	
c PROVISION FOR BAD DEBTS	2,092,421.	2,092,421.		
d DUES AND PUBLICATIONS	946,684.	838,690.	107,994.	
e All other expenses	625,707.	337,970.	287,737.	
25 Total functional expenses. Add lines 1 through 24e	115,949,732.	100,143,783.	15,805,949.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	761,742.	1	1,068,304.
	2 Savings and temporary cash investments	26,481,786.	2	45,204,488.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,089,805.	4	12,524,938.
	5 Loans and other receivables from 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	237,911.	7	345,496.
	8 Inventories for sale or use	3,303,994.	8	3,175,806.
	9 Prepaid expenses and deferred charges	660,819.	9	954,538.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,825,747.		
	b Less: accumulated depreciation	10b 42,634,338.	10c	30,191,409.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,455,563.	12	1,504,209.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	575,000.	14	517,500.
	15 Other assets. See Part IV, line 11	3,885,769.	15	7,709,572.
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,964,969.	16	103,196,260.	
Liabilities	17 Accounts payable and accrued expenses	10,109,773.	17	18,731,729.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	4,547,846.
	20 Tax-exempt bond liabilities		20	
	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	133,000.	23	95,000.
	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	5,132,911.	25	5,324,231.
	26 Total liabilities. Add lines 17 through 25	15,375,684.	26	28,698,806.
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	68,589,285.	27	74,497,454.
	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	68,589,285.	32	74,497,454.
	33 Total liabilities and net assets/fund balances	83,964,969.	33	103,196,260.

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	121,857,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,949,732.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,908,169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,589,285.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,497,454.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2019)

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 **ST. CROIX REGIONAL MEDICAL CENTER** Employer identification number **39-0890676**

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 **section 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 fails 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 grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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 from 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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 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):		
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization

ST. CROIX REGIONAL MEDICAL CENTER

Employer identification number

39-0890676

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

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

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

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

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

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

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		12,207.
j Total. Add lines 1c through 1i			12,207.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ST CROIX REGIONAL MEDICAL CENTER (THE "ORGANIZATION") PAYS ANNUAL ASSOCIATION MEMBERSHIP DUES TO THE WISCONSIN HOSPITAL ASSOCIATION (WHA). THESE DUES ARE PRIMARILY FOR ACCESS TO EDUCATIONAL MATERIALS AND STAFF TRAINING AND DEVELOPMENT. A PORTION OF THE ANNUAL DUES WERE USED IN CONJUNCTION WITH LOBBYING ACTIVITIES WITH THE GOAL OF IMPROVING THE

Part IV Supplemental Information (continued)

OVERALL HEALTH CARE ENVIRONMENT.

THE ORGANIZATION IS ALSO A MEMBER OF THE RURAL WISCONSIN HEALTH COOPERATIVE (RWHC). EACH YEAR, THE ORGANIZATION PAYS MEMBERSHIP FEES TO THE RWHC. RWHC PROVIDES SUPPORT SERVICES FOR A NUMBER OF ITS MEMBER HOSPITALS THROUGHOUT THE STATE OF WISCONSIN. SOME OF THE MANY SERVICES PROVIDED TO MEMBER HOSPITALS INCLUDE PROVIDING ASSISTANCE TO ORGANIZATIONS IN FINDING GRANT FUNDING FOR NEW PROGRAMS, LEGAL SERVICES, REIMBURSEMENT REVIEW SERVICES, ACCOUNTING ASSISTANCE, CONTRACTING FOR THERAPIST AND EMERGENCY ROOM PATIENT CARE COVERAGE, AND ADMINISTRATIVE CONSULTING SERVICES. AS A PART OF THESE SERVICES, THE RWHC ALSO DOES PROVIDE ANALYSIS ON CURRENT HEALTH CARE ISSUES IN AN EFFORT TO PROMOTE AND BETTER HEALTH CARE FOR HOSPITALS IN RURAL COMMUNITIES THROUGHOUT WISCONSIN. ONE OF THESE EFFORTS ALSO INCLUDES SOME LOBBYING ON THE PART OF THE MEMBER ORGANIZATIONS.

THE ORGANIZATION IS ALSO A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION. THESE DUES PAID ARE PRIMARILY USED TO ENSURE THEIR MEMBERS' PERSPECTIVES AND NEEDS ARE HEARD AND ADDRESSED IN NATIONAL HEALTH POLICY DEVELOPMENT, LEGISLATIVE AND REGULATORY DEBATES AND JUDICIAL MATTERS.

THE ORGANIZATION IS ALSO A MEMBER OF THE NATIONAL RURAL HEALTH ASSOCIATION. THESE DUES PAID ARE PRIMARILY USED TO SUPPORT RURAL HEALTH ISSUES THROUGH ADVOCACY, COMMUNICATIONS, EDUCATION AND RESEARCH.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. CROIX REGIONAL MEDICAL CENTER; Employer identification number: 39-0890676

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 Term 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 line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		1,491,495.		1,491,495.
b Buildings		44,563,914.	24,367,819.	20,196,095.
c Leasehold improvements		50,236.	45,466.	4,770.
d Equipment		26,720,102.	18,221,053.	8,499,049.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,191,409.

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. (Col. (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. (Col. (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) UNEMPLOYMENT RESERVE FUND	411,890.
(2) DEFERRED COMPENSATION PLAN	4,199,027.
(3) AMOUNTS RECEIVABLE FROM THIRD-PARTY REIMBURSEMENT PROGRAMS	3,098,655.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,709,572.

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) ASSET RETIREMENT OBLIGATION	217,741.
(3) DEFERRED COMPENSATION PLAN	4,639,090.
(4) DEFERRED PAYROLL TAXES	467,400.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,324,231.

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 FASB 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	119,765,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	119,765,480.
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	2,092,421.	
c	Add lines 4a and 4b		4c	2,092,421.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	121,857,901.

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	113,857,311.
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	0.
3	Subtract line 2e from line 1		3	113,857,311.
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	2,092,421.	
c	Add lines 4a and 4b		4c	2,092,421.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	115,949,732.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 2,092,421.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 2,092,421.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **ST. CROIX REGIONAL MEDICAL CENTER** Employer identification number **39-0890676**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 checked="" 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 checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
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 checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			367,677.		367,677.	.32%
b Medicaid (from Worksheet 3, column a)			11971228.	8101895.	3869333.	3.40%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			12338905.	8101895.	4237010.	3.72%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			21400210.	12569821.	8830389.	7.76%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			21400210.	12569821.	8830389.	7.76%
k Total. Add lines 7d and 7j			33739115.	20671716.	13067399.	11.48%

Part V Facility Information

Section A. Hospital Facilities

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

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)

1 ST. CROIX REGIONAL MEDICAL CENTER
235 STATE STREET
ST. CROIX FALLS, WI 54024
WWW.SCRMC.ORG
1043240922

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first four columns and 'X' in the last two.

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)

Name of hospital facility or letter of facility reporting group ST. CROIX REGIONAL MEDICAL CENTER

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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.HEALTHYPOLKCOUNTY.COM</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. CROIX REGIONAL MEDICAL CENTER

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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 type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ST. CROIX REGIONAL MEDICAL CENTER

	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?	X	
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ST. CROIX REGIONAL MEDICAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2019

Part V Facility Information (continued)

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

ST. CROIX REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE 2019 POLK COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) IS THE RESULT OF A JOINT EFFORT BY EIGHT KEY PARTNERS WHO PROVIDED OVERSIGHT TO THE PROCESS, ASSURED COLLECTION AND COMPILATION OF SHARED DATA, AND ENGAGED RESIDENTS OF POLK COUNTY THROUGH A SERIES OF COMMUNITY MEETINGS AND SURVEYS. THESE EIGHT PARTNERS, REPRESENTING GOVERNMENTAL AGENCIES, LOCAL MEDICAL CENTERS AND HOSPITALS, UW-EXTENSION AND NONPROFIT ORGANIZATIONS, FORMED A CHA LEADERSHIP TEAM THAT WORKED TOGETHER TO ASSESS THE HEALTH OF POLK COUNTY RESIDENTS. THE PURPOSE OF A COMMUNITY HEALTH ASSESSMENT IS TO EVALUATE AND PRIORITIZE HEALTH CONCERNS IN ORDER TO EMPOWER THE COMMUNITY TO SOLVE HEALTH PROBLEMS AND IMPROVE HEALTH OUTCOMES. THE ULTIMATE GOAL IS FOR THE COMMUNITY TO COLLECTIVELY AND STRATEGICALLY TARGET EVIDENCE BASED INTERVENTIONS TO IMPROVE THE HEALTH OF THE POPULATION. THE CHA LEADERSHIP TEAM COLLECTED BOTH QUANTITATIVE AND QUALITATIVE DATA TO IDENTIFY THE TOP HEALTH PRIORITIES IN POLK COUNTY. METHODS USED INCLUDED A SURVEY, COMMUNITY FORUMS, A KEY PARTNER MEETING AND COMPREHENSIVE COLLECTION AND REVIEW OF SECONDARY HEALTH DATA. PARTNERS DISTRIBUTED THE COMMUNITY HEALTH SURVEY TO RESIDENTS THROUGHOUT POLK COUNTY FROM MID DECEMBER 2018 TO MID-FEBRUARY 2019. THE SURVEY WAS HOSTED BY THE SAME ONLINE DEVELOPMENT TOOL, SURVEY MONKEY, AS IN 2015 TO COMPARE SURVEY RESULTS. QUESTIONS WERE ADDED FOR THE 2019 VERSION TO ASSESS THE RESPONDENTS THOUGHTS ON THE SOCIAL DETERMINANTS OF HEALTH. THE LINK TO THE ONLINE SURVEY WAS WIDELY DISTRIBUTED THROUGH THE NETWORKS OF EACH OF THE PARTNER ORGANIZATIONS. THE SURVEY LAUNCH WAS ANNOUNCED BY A PRESS RELEASE AND WAS REPEATEDLY ADVERTISED IN LOCAL NEWSPAPERS, SOCIAL MEDIA, PARTNER WEBSITES AND FLYERS POSTED THROUGHOUT

Part V Facility Information (continued)

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

THE COUNTY. HARD COPIES OF THE SURVEY WERE AVAILABLE IN MEDICAL CENTER AND GOVERNMENT CENTER WAITING ROOMS WITH RECEPTION STAFF ENCOURAGING COMPLETION. SPECIAL EFFORT WAS MADE TO ENSURE THE SURVEY WAS AVAILABLE TO UNDERREPRESENTED GROUPS WHO CAN BE AT THE HIGHEST RISK OF SUFFERING FROM HEALTH DISPARITIES. THESE GROUPS INCLUDED WIC, PRENATAL CARE COORDINATION (PNCC), ECONOMIC SUPPORT AND BEHAVIORAL HEALTH PROGRAM PARTICIPANTS FROM POLK COUNTY, VETERANS SEEKING SERVICES FROM THE COUNTY VETERANS SERVICES OFFICE AND SENIORS ACCESSING SERVICES AT THE AGING AND DISABILITY RESOURCE CENTER (ADRC). FLYERS WERE LEFT IN LOCAL VILLAGE LAUNDROMATS, FOOD PANTRIES, AND GROCERY STORES WITH INFORMATION ON HOW TO ACCESS THE ONLINE SURVEY. SCHOOL SUPERINTENDENTS WERE SENT LINKS TO THE SURVEY AND ENCOURAGED TO FORWARD TO SCHOOL STAFF AND TO INCLUDE IN THEIR RESPECTIVE SCHOOL NEWSLETTERS. THE COUNTY LOCAL PASTOR GROUP WAS ALSO OUTREACHED AND PROVIDED LINKS TO THE ONLINE SURVEY. DATA FROM THE COMMUNITY SURVEY AND SECONDARY REVIEW WAS PRESENTED AND DISCUSSED AT BOTH THE COMMUNITY FORUMS AND KEY PARTNER MEETINGS WITH VOTING CONDUCTED FOR THE TOP HEALTH PRIORITIES. A TOTAL OF 907 POLK COUNTY RESIDENTS COMPLETED THE SURVEY. THIS WAS A 31% INCREASE IN THE RESPONSE RATE OVER THE 2016 COMMUNITY SURVEY. SURVEY RESPONDENTS REPRESENTED A WIDE RANGE OF COUNTY RESIDENTS, INCLUDING A VARIETY OF INCOME AND EDUCATIONAL LEVELS, AGE, AND HOUSEHOLD SIZE. OTHER THAN GENDER (A DISPROPORTIONATELY HIGH PERCENTAGE OF FEMALES COMPLETED THE SURVEY), THE DEMOGRAPHICS OF THE SURVEY RESPONDENTS OVERALL ALIGNED WITH THOSE OF POLK COUNTY AS A WHOLE.

ST. CROIX REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE MEDICAL CENTER WORKED IN COLLABORATION

Part V Facility Information (continued)

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

WITH AMERY HOSPITAL AND CLINIC AND OSCEOLA MEDICAL CENTER WITH THE
ULTIMATE GOAL TO IDENTIFY PRIORITY HEALTH ISSUES AND TO DEVELOP STRATEGIES
TO ADDRESS THE COMMUNITY'S HEALTH NEEDS.

ST. CROIX REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6B: IN ADDITION TO THE HOSPITAL FACILITIES
MENTIONED ABOVE, THE MEDICAL CENTER WORKED IN COLLABORATION WITH THE POLK
COUNTY HEALTH DEPARTMENT, MENTAL HEALTH TASK FORCE OF POLK COUNTY, UNITED
WAY OF ST. CROIX VALLEY AND UNIVERSITY OF WISCONSIN.

ST. CROIX REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 7D: [HTTPS://WWW.SCRMC.ORG/DOCUMENTS/CHNA_CHA-FINAL
-6_26_19.PDF](https://www.scrmc.org/documents/chna_cha-final-6_26_19.pdf)

SECTION B, LINE 10A:

[HTTPS://WWW.SCRMC.ORG/LEGAL-NOTICES/](https://www.scrmc.org/legal-notices/)

ST. CROIX REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE COMMUNITY MEMBERS IN ATTENDANCE OFFERED
INPUT AND SUGGESTIONS ON THE HEALTH FOCUS AREAS. AT EACH OF THESE VENUES,
ATTENDEES HAD THE OPPORTUNITY TO PROVIDE INPUT ON THE TOP HEALTH FOCUS
AREAS. THE FINAL TOP HEALTH FOCUS AREAS SELECTED WERE:

1. MENTAL HEALTH

Part V Facility Information (continued)

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

2. SUBSTANCE ABUSE

3. NUTRITION AND PHYSICAL ACTIVITY

4. ACCESS TO CARE

AFTER REVIEWING THE DATA AND MAPPING EXISTING RESOURCES, SCRC DEVELOPED AN IMPLEMENTATION STRATEGY. THE SCRC GOVERNING BOARD APPROVED THE IMPLEMENTATION STRATEGY ON JUNE, 2020. THE ABOVE NEEDS WERE PRIORITIZED BASED ON SIZE, SEVERITY, AVAILABLE DATA, AND THE HOSPITAL'S ABILITY TO HAVE AN IMPACT. IN ORDER TO ADDRESS PRIORITY NEEDS, SCRC WILL ENGAGE KEY COMMUNITY PARTNERS IN IMPLEMENTING STRATEGIES ACROSS THE SERVICE AREA. THESE STRATEGIES INCLUDE MODIFYING POLICIES, PROVIDING SUPPORT, ENHANCING ACCESS, CHANGING CONSEQUENCES AND INCENTIVES, PROVIDING INFORMATION, AND ENHANCING SKILLS.

USING THE PRINCIPLES OF THE WISCONSIN WAY MODEL, WHICH HAS ITS ROOTS IN THE COUNTY HEALTH RANKINGS, THE COMMUNITY TOOL BOX, AND HEALTHIEST WISCONSIN 2020, THE CHNA LEADERSHIP TEAM WILL ACT ON THE RESULTS OF THE 2019 CHNA TO SPEARHEAD THE NEXT PHASE OF THE COMMUNITY HEALTH IMPROVEMENT PROCESS, ACTION PLANNING. ADDITIONAL PARTNERS AND COMMUNITY MEMBERS WILL BE MOBILIZED UNDER THE UMBRELLA OF POLK UNITED, A COMMUNITY COALITION DEDICATED TO HEALTH IMPROVEMENT ACTIVITIES. PARTNERS AND MEMBERS WILL SERVE ON HEALTH PRIORITY WORKGROUPS THAT WILL DEVELOP ACTION ORIENTED THREE YEAR PLANS TO ADDRESS THE FOUR HEALTH PRIORITY AREAS WITH THE GOAL OF REDUCING HEALTH DISPARITIES AND IMPROVING POPULATION HEALTH.

SCRC WORKS COLLABORATIVELY WITH AMERY HOSPITAL AND CLINIC, OSCEOLA MEDICAL CENTER, MENTAL HEALTH TASK FORCE OF POLK COUNTY, POLK COUNTY

Part V Facility Information (continued)

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

HEALTH DEPARTMENT, UNITED WAY OF ST. CROIX VALLEY, AND UW-EXTENSION TO DETERMINE THE FOUR MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. SCRMC WOULD ALSO LIKE TO CONTRIBUTE EFFORTS TO OTHER COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

SCRMC IS ADDRESSING MENTAL HEALTH BY:

- INTEGRATING STIGMA REDUCTION CAMPAIGNS SYSTEM-WIDE, ACROSS SECTORS, AND TO THE PUBLIC.
- TRAINING STAFF IN MENTAL HEALTH FIRST AID.
- STRATEGICALLY ALIGNING WITH COMMUNITY PARTNERS AND MENTAL HEALTH TASK FORCE TEAMS TO MAXIMIZE IMPACT AND REACH.

SCRMC IS ADDRESSING SUBSTANCE ABUSE BY:

- INTEGRATING STRATEGICALLY WITH PUBLIC HEALTH AND COMMUNITY PARTNERS.
- SUPPORTING "DRUG FREE COMMUNITIES" THROUGH COALITION ENGAGEMENT AND GRANT FUNDING.

SCRMC IS ADDRESSING NUTRITION AND PHYSICAL ACTIVITY BY:

- SUPPORTING AND IMPLEMENTING REGION-WIDE ACTIVITIES WITH COMMUNITY PARTNERS (EXP. POWER OF PRODUCE).
- CREATING AN INTERNAL IDENTIFICATION AND REFERRAL PROCESS THAT HELPS FAMILIES WITH NUTRITIONAL INADEQUACIES BE ROUTED TO THE APPROPRIATE COMMUNITY FOOD RESOURCES.
- EDUCATING AREA YOUTH IN GARDENING AND HARVESTING.

Part V Facility Information (continued)

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

- CREATING A REGIONAL PHYSICAL ACTIVITY RESOURCE PLATFORM THAT IS USER FRIENDLY FOR PATIENTS, STAFF, AND COMMUNITY PARTNERS.

SCRMC IS ADDRESSING ACCESS TO CARE BY:

- OFFERING DENTAL SERVICES AS PART OF OUR CLINICAL SERVICES.
- EXPANDING ACCESS TO AFFORDABLE INHALERS.
- EXPANDING VACCINATION CAPABILITIES AT COMMUNITY PHARMACIES.

SCRMC IS ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO REDUCE HEALTH DISPARITIES THAT AFFECTS ALL HEALTH FOCUS AREAS, IS BY:

- COLLABORATING WITH COMMUNITY PARTNERS TO ESTABLISH A PATHWAYS COMMUNITY HUB.
- INTEGRATING A COMMUNITY HEALTH WORKER INTO THE SCRMC HEALTH SYSTEM.

OTHER AREAS SCRMC IS ADDRESSING, NOT LISTED ABOVE OR IDENTIFIED AS A TOP FOCUS AREA, IS:

- HEALTHY GROWTH AND DEVELOPMENT PROVIDERS WILL REVIEWING AND DISCUSS DEVELOPMENTAL MILESTONES AT WELL-CHILD VISITS. SCRMC IS, CURRENTLY, IN THE PROCESS OF APPLYING AND IMPLEMENTING THE "LITTLE MOMENTS COUNT" INITIATIVE BY INCORPORATING "REACH OUT AND READ" AT 6 MONTHS 5 YEARS OLD WELL-CHILD VISITS.

- TOBACCO PREVENTION SCRMC IS COMMITTED TO PLAYING AN ACTIVE ROLE IN TOBACCO PREVENTION. STRATEGIES AND ACTIVITIES ARE AIMED AT PREVENTING,

Part V Facility Information (continued)

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

ELIMINATING, AND REDUCING SUBSTANCE USE. TOBACCO SCREENINGS, WHETHER FIRST HAND OR SECOND HAND SMOKE, IS AN ESSENTIAL QUESTION THAT IS ASKED AT EACH CLINIC AND HOSPITAL VISIT. PROVIDERS AND STAFF EDUCATE PATIENTS ON THE DETRIMENTS OF TOBACCO USE AND WILL SEND PATIENTS TO THE APPROPRIATE RESOURCES IF THEY ARE IN NEED OF ASSISTANCE.

- INJURY AND VIOLENCE PREVENTION COMMUNITY INQUIRY HAS SURROUNDED A "TEXTING WHILE DRIVING" SCREENING QUESTION INTO THE ELECTRONIC HEALTH RECORD. FURTHER DISCUSSION MUST TAKE PLACE. WITH VIOLENCE PREVENTION, THERE IS STRONG SUPPORT FROM SCRMC IN TRAUMA-INFORMED CARE. SCRMC IS COLLABORATING EXTENSIVELY WITH COMMUNITY COMMITTEES SURROUNDING TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES (ACE). THROUGH AWARENESS, EDUCATION, AND TREATMENT, SCRMC IS COMMITTED TO BEING A LEADER IN THIS AREA.

- SEXUAL AND REPRODUCTIVE HEALTH SEXUAL AND REPRODUCTIVE HEALTH IS VERY IMPORTANT TO SCRMC. COUNSELING IS OFFERED FOR ANY ISSUE IN SEXUAL AND REPRODUCTIVE HEALTH. "TEEN HEALTH" INFORMATION IS INCLUDED IN ALL TEEN PRIMARY CARE VISITS IN THE AFTER VISIT SUMMARY (AVS). ALL PRIMARY CARE PROVIDERS SCREEN PATIENTS BETWEEN THE AGE OF 16-24 FOR CHLAMYDIA AND GONORRHEA IF THEY ARE DEEMED SEXUALLY ACTIVE. CERVICAL AND BREAST CANCER SCREENINGS ARE ADDRESSED AT EACH PRIMARY CARE VISIT. PATIENT EDUCATION MATERIALS ARE DISTRIBUTED THROUGH THE FACILITY IN A HEALTH LITERATE LANGUAGE.

- ORAL HEALTH SCRMC KNOWS HOW IMPORTANT ORAL HEALTH IS TO A PERSON'S OVERALL WELL-BEING. PROVIDERS PROMOTE THE IMPORTANCE OF ORAL HEALTH TO PATIENTS AND WHERE THEY CAN SEEK SERVICES IN THE AREA. SCRMC NOW PROVIDES

Part V Facility Information (continued)

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

DENTAL SERVICES IN BURNETT COUNTY AT THE WEBSTER DENTAL CLINIC LOCATED IN THE WEBSTER HEALTH CENTER.

- OCCUPATIONAL AND ENVIRONMENTAL HEALTH SCRCM PROVIDERS PROMOTE THE POSITIVE HEALTH BENEFITS OF GOOD OCCUPATIONAL AND ENVIRONMENTAL HEALTH AT PATIENT VISITS. SCRCM RUNS EMERGENCY PREPAREDNESS DRILLS TO ENSURE QUALITY COLLABORATION IF UNFORTUNATE EVENTS TAKE PLACE IN THE FUTURE. IN JULY 2019, SCRCM ENTERED INTO A PARTNERSHIP WITH HEALTHPARTNERS AND HARVARD UNIVERSITY TO IMPLEMENT A TOTAL WORKER HEALTH APPROACH WITHIN THE ORGANIZATION.

SCRCM ACKNOWLEDGES THE WIDE RANGE OF SIGNIFICANT HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SCRCM WILL BE ADDRESSING ALL HEALTH NEEDS RECOGNIZED IN THE CHNA.

ST. CROIX REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 13H: ST. CROIX REGIONAL MEDICAL CENTER MAY PRESUMPTIVELY DETERMINE ELIGIBILITY OF PATIENTS BASED ON EXTERNAL SOURCES AND DATABASES WITHOUT A FAP-APPLICATION.

ST. CROIX REGIONAL MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTP://SCRCM.ORG/PATIENTS-VISITORS/INSURANCE-BILLING/FINANCIAL-ASSISTANCE/](http://scrcm.org/patients-visitors/insurance-billing/financial-assistance/)

Part V Facility Information *(continued)*

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

ST. CROIX REGIONAL MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://SCRMC.ORG/PATIENTS-VISITORS/INSURANCE-BILLING/FINANCIAL-ASSISTANCE/](http://SCRMC.ORG/PATIENTS-VISITORS/INSURANCE-BILLING/FINANCIAL-ASSISTANCE/)

ST. CROIX REGIONAL MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://SCRMC.ORG/PATIENTS-VISITORS/INSURANCE-BILLING/FINANCIAL-ASSISTANCE/](http://SCRMC.ORG/PATIENTS-VISITORS/INSURANCE-BILLING/FINANCIAL-ASSISTANCE/)

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? 5

Name and address	Type of Facility (describe)
1 ST. CROIX FALLS CLINIC 216 SOUTH ADAMS STREET ST. CROIX FALLS, WI 54024	RHC PROVIDER BASED CLINIC
2 WEBSTER HEALTH CENTER 26425 LAKELAND AVE SOUTH WEBSTER, WI 54893	RHC PROVIDER BASED CLINIC
3 LINDSTROM CLINIC 12375 LINDSTROM LANE LINDSTROM, MN 55045	FREE STANDING CLINIC
4 FREDERIC CLINIC 205 OAK STREET WEST FREDERIC, WI 54837	RHC PROVIDER BASED CLINIC
5 UNITY CLINIC 1504 190TH AVENUE BALSAM LAKE, WI 54810	RHC PROVIDER BASED CLINIC

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.

PART I, LINE 3C:

ST. CROIX REGIONAL MEDICAL CENTER, THROUGH ITS PATIENT ADVOCATES,
EVALUATES EACH APPLICANT'S SITUATION IN ACCORDANCE WITH CRITERIA
ESTABLISHED ANNUALLY BY THE BOARD OF DIRECTORS. THE CRITERIA INCLUDES:

- 1) INDIVIDUAL OR FAMILY INCOME
- 2) FAMILY SIZE
- 3) OTHER SOURCES OF PAYMENT FOR SERVICES.

QUALIFICATION IS BASED ON ASSET LEVELS ESTABLISHED BY MEDICAL ASSISTANCE,
FAMILY SIZE, AND INCOME LEVELS BASED ON 100% OF THE FEDERAL POVERTY
GUIDELINES AS PUBLISHED ANNUALLY BY THE FEDERAL GOVERNMENT.

IN ADDITION TO THE ABOVE LISTED ELIGIBILITY REQUIREMENTS DEPENDENT UPON
INCOME, SCRMC MAY ALSO PRESUMPTIVELY DETERMINE ELIGIBILITY FOR FINANCIAL
ASSISTANCE. PORTIONS OF OR THE ENTIRE FINANCIAL APPLICATION PROCESS MAY BE
WAIVED FOR CERTAIN PATIENTS/GUARANTORS WHO PRESUMPTIVELY QUALIFY FOR
FINANCIAL ASSISTANCE AND ARE SUBSEQUENTLY VERIFIED BASED ON SCRMC POLICIES
AND PROCEDURES. EXAMPLES MAY INCLUDE PATIENTS/GUARANTORS WHO ARE HOMELESS,

Part VI Supplemental Information (Continuation)

DECEASED WITHOUT AN ESTATE, BANKRUPTCY, FOOD STAMPS AND/OR PATIENTS/GUARANTORS WHO QUALIFY BY EXTERNAL AVAILABLE DATA SOURCES SUCH AS CREDIT AGENCIES OR SOCIAL ECONOMIC STATUS OF QUALIFYING FOR FINANCIAL ASSISTANCE.

PART I, LINE 7:

THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST-TO-CHARGE RATIO WHICH IS DEVELOPED BASED ON THE HOSPITAL'S TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBT DIVIDED BY GROSS PATIENT SERVICE REVENUE. THIS COST-TO-CHARGE RATIO IS APPLIED AGAINST VARIOUS REVENUE AND EXPENSE CATEGORIES TO COMPUTE THE ESTIMATED COMMUNITY BENEFIT EXPENSE UNDER IRS SUGGESTED COSTING METHODS FOR THE FORM 990.

PART I, LINE 7G:

THE ORGANIZATION INCLUDED THE ACTIVITY OF FOUR RURAL HEALTH CLINICS FOR SUBSIDIZED HEALTH SERVICES.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 2,092,421.

PART III, LINE 2:

THE COSTING METHODOLOGY USED ON FORM 990 IS BASED ON A COST-TO-CHARGE RATIO, WHICH IS DEVELOPED BASED ON THE HOSPITAL'S TOTAL OPERATING EXPENSES EXCLUDING THE PROVISION FOR BAD DEBT, DIVIDED BY GROSS PATIENT SERVICE REVENUE. THIS COST-TO-CHARGE RATIO IS APPLIED AGAINST THE TOTAL CHARGES THAT ARE WRITTEN OFF DURING THE YEAR TO ESTIMATE THE COST OF CARE OF

Part VI Supplemental Information (Continuation)

PATIENTS WHO HAVE ACCOUNTS THAT ARE DEEMED TO BE BAD DEBTS TO THE HOSPITAL. THE HOSPITAL ALSO RECOGNIZES THAT IT ALSO PROVIDES A DISCOUNT TO SELF-PAY OR UNINSURED PATIENTS. THESE AMOUNTS ARE EXCLUDED FROM GROSS PATIENT SERVICE REVENUE ON THE FINANCIAL STATEMENTS AND ARE NOT INCLUDED IN THE RATIO AS DESCRIBED ABOVE AND APPROVED BY THE IRS FOR USE ON FORM 990. IF CONSIDERED, THESE ADDITIONAL WRITE-OFF AMOUNTS TO UNINSURED ACCOUNTS WOULD ALSO INCREASE THE ESTIMATED BAD DEBT EXPENSE AMOUNT ASSOCIATED WITH THESE UNCOLLECTIBLE ACCOUNTS TO THE HOSPITAL.

PART III, LINE 3:

MANAGEMENT PROVIDES FOR PROBABLE UNCOLLECTIBLE AMOUNTS, PRIMARILY UNINSURED PATIENTS AND AMOUNTS PATIENTS ARE PERSONALLY RESPONSIBLE FOR, THROUGH A CHARGE TO OPERATIONS AND A CREDIT TO A VALUATION ALLOWANCE BASED ON ITS ASSESSMENT OF HISTORICAL COLLECTION LIKELIHOOD AND THE CURRENT STATUS OF INDIVIDUAL ACCOUNTS. BALANCES THAT ARE STILL OUTSTANDING AFTER THE HOSPITAL HAS USED REASONABLE COLLECTION EFFORTS ARE WRITTEN OFF THROUGH A CHARGE TO THE VALUATION ALLOWANCE AND A CREDIT TO ACCOUNTS RECEIVABLE.

PART III, LINE 4:

SEE THE "PATIENT RECEIVABLES AND CREDIT POLICY" SECTION IN NOTE 1 TO THE FINANCIAL STATEMENTS FOR INFORMATION ABOUT THE CALCULATION OF BAD DEBTS.

PART III, LINE 8:

THE MEDICAL CENTER PROVIDES CARE TO INDIVIDUALS WHERE GOVERNMENT DEPARTMENTS DETERMINE THE AMOUNT OF REIMBURSEMENT OF SERVICE REGARDLESS OF THE COST TO PROVIDE THE SERVICE. THE TOTAL MEDICARE REVENUE SHOWN BASED ON

Part VI Supplemental Information (Continuation)

THE IRS 990 INSTRUCTIONS INCLUDES GROSS MEDICARE REVENUE BUT DOES NOT CONSIDER CONTRACTUAL ADJUSTMENTS FOR THE REIMBURSEMENT THAT IS ACTUALLY RECEIVED FROM THE MEDICARE PROGRAM. THE AMOUNTS LISTED FOR MEDICARE ALSO DOES NOT INCLUDE PHYSICIAN SERVICES FOR THE COVERAGE OF THE EMERGENCY DEPARTMENT AT THE HOSPITAL AS WELL AS RADIOLOGIST, RESPIRATORY THERAPY, URGENT CARE, OR ANESTHESIA PROFESSIONAL SERVICES. PHYSICIAN COVERAGE IS REIMBURSED PRIMARILY ON A FEE SCHEDULE REIMBURSEMENT AT RATES THAT ARE OFTEN BELOW THE COSTS OF CARING FOR PATIENTS. EMERGENCY SERVICES PROVIDED TO MEDICARE PATIENTS ARE VITAL TO THE WELL-BEING OF THE COMMUNITY AND AS SUCH THESE COSTS AND SHORTFALLS SHOULD ALSO BE CONSIDERED AS AN ADDITIONAL BENEFIT THAT THE HOSPITAL PROVIDES TO THE COMMUNITY AND SURROUNDING AREA. THE CALCULATION IS ALSO NOT INCLUDING THE ACTIVITY FROM FOUR RURAL HEALTH CLINICS AS THOSE AMOUNTS ARE BEING INCLUDED AS SUBSIDIZED SERVICES. THE COSTING METHOD USED ABOVE FOR IRS 990 COMPLIANCE REPORTING IS ALSO BASED ON AN OVERALL AVERAGE COST-TO-CHARGE RATIO AND DOES NOT CONSIDER MEDICARE NON-ALLOWABLE EXPENSES AS IT IS BASED ON TOTAL HOSPITAL PATIENT SERVICE REVENUES (IGNORING CONTRACTUAL ADJUSTMENTS ON FEE SCHEDULE REIMBURSED ITEMS AND NON-ALLOWABLE MEDICARE EXPENSES AS NOTED ABOVE) DIVIDED BY TOTAL OPERATING EXPENSES LESS THE PROVISION FOR BAD DEBT EXPENSE. THIS RATIO IS THEN MULTIPLIED BY THE TOTAL MEDICARE SERVICES WHICH ARE REIMBURSED ON A COST METHODOLOGY EXCLUDING THE FEE SCHEDULE ITEMS LIKE PHYSICIAN SERVICES WHICH THE HOSPITAL WOULD SHOW A LARGE LOSS ON THESE SERVICES.

WHETHER THERE IS A SHORTFALL OR SURPLUS ON SERVICES PROVIDED TO MEDICARE BENEFICIARIES, THESE PEOPLE, WHICH ARE TYPICALLY ELDERLY OR DISABLED MEMBERS OF THE COMMUNITY, ARE AN UNDERSERVED POPULATION WHO EXPERIENCE ISSUES WITH ACCESS TO HEALTH CARE SERVICES. WITHOUT TAX-EXEMPT HOSPITALS PROVIDING MEDICARE PATIENT SERVICES, THE CENTERS FOR MEDICARE AND MEDICAID

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

(CMS) WOULD BEAR THE BURDEN OF DIRECTLY PROVIDING SERVICES TO THE ELDERLY AND DISABLED MEMBERS OF THE COMMUNITY.

PART III, LINE 9B:

THE FOLLOWING PROCEDURES ARE SECTION 8 IN SCRCM'S BILLING AND COLLECTION POLICY INCLUDED ON THEIR WEBSITE AND DESCRIBE THE POLICY AND PROCEDURES USED FOR PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE.

ST. CROIX REGIONAL MEDICAL CENTER WILL MAKE REASONABLE EFFORTS TO PATIENT/GUARANTORS THAT FINANCIAL ASSISTANCE IS AVAILABLE, WHERE TO GET THE INFORMATION, HOW TO APPLY, AND ASSISTANCE AVAILABLE WITH APPLYING. ST. CROIX REGIONAL MEDICAL CENTER WILL ALLOW AND PROCESS A FINANCIAL ASSISTANCE APPLICATION UP TO 240 DAYS AFTER THE PATIENT/GUARANTOR'S FIRST BILLING STATEMENT AFTER A DATE OF SERVICE. ST. CROIX REGIONAL MEDICAL CENTER WILL TAKE STEPS TO NOTIFY PATIENT/GUARANTOR ABOUT OUR FINANCIAL ASSISTANCE POLICY AND WILL NOT TAKE EXTRAORDINARY COLLECTION ACTIONS BEFORE 120 DAYS FROM PATIENT/GUARANTOR'S FIRST BILLING STATEMENT AFTER A DATE OF SERVICE.

IF A FINANCIAL ASSISTANCE APPLICATION IS RECEIVED DURING THE APPLICATION PERIOD, ST. CROIX REGINAL MEDICAL CENTER WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS TO OBTAIN PAYMENT, MAKE AN ELIGIBILITY DETERMINATION AS TO WHETHER THE PATIENT/GUARANTOR IS ELIGIBLE FOR FINANCIAL ASSISTANCE AND NOTIFY THE PATIENT/GUARANTOR IN WRITING. IF ELIGIBLE, THE FINAL NOTIFICATION PERIOD WILL BE RESET FOR ANOTHER 30 DAY PERIOD.

IF A PATIENT/GUARANTOR DOES NOT APPLY FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY BY THE LAST DAY OF THE FINAL NOTIFICATION

Part VI Supplemental Information (Continuation)

PERIOD, AND THE PATIENT/GUARANTOR HAS RECEIVED THE 30-DAY NOTICE DESCRIBED IN FINAL NOTIFICATION PERIOD, THEN ST. CROIX REGIONAL MEDICAL CENTER MAY INITIATE EXTRAORDINARY COLLECTION ACTIONS.

IF A PATIENT/GUARANTOR HAS APPLIED FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY IN THE LAST SIX MONTHS, AND IT WAS DETERMINED THAT THE PATIENT/GUARANTOR IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY, THEN SCRMC MAY INITIATE EXTRAORDINARY COLLECTION ACTIONS.

IF AN INCOMPLETE FINANCIAL ASSISTANCE APPLICATION UNDER THE FINANCIAL ASSISTANCE POLICY IS RECEIVED PRIOR TO THE FINAL NOTICE, THEN EXTRAORDINARY COLLECTION ACTIONS WILL BE SUSPENDED AND PATIENT/GUARANTOR WILL BE PROVIDED A WRITTEN NOTICE THAT DESCRIBES ADDITIONAL INFORMATION REQUIRED UNDER THE FINANCIAL ASSISTANCE POLICY. IF ADDITIONAL INFORMATION REQUESTED IS NOT PROVIDED, THEN THE FINAL NOTIFICATION PERIOD WILL BE RESET.

PART VI, LINE 2:

OVERALL MARKETPLACE DEMOGRAPHICS AND COMPETITIVE ANALYSIS IS CONDUCTED ON A REGULAR BASIS. WHEN DEMAND FOR NEW SERVICE LINES IS INTENSIFIED, THEY ARE ADDED SLOWLY UNTIL DEMAND CAPACITY REACH CRITICAL LEVELS.

PART VI, LINE 3:

ALL PATIENTS HAVE ACCESS TO WRITTEN MATERIALS AND PAMPHLETS AT OR NEAR THE POINT OF REGISTRATION. IN ADDITION, PATIENTS HAVE ACCESS TO PATIENT ADVOCATES WITH FULL KNOWLEDGE OF RESOURCES AVAILABLE.

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

SCRMC SERVICES A GEOGRAPHIC AREA OF APPROXIMATELY 300 SQUARE MILES IN WESTERN WISCONSIN THAT INCLUDES THE TOWNS OF ST. CROIX FALLS, BALSAM LAKE, LUCK, MILLTOWN, FREDERIC, AND GRANTSBURG IN WISCONSIN AND TAYLOR FALLS AND LINDSTROM IN EASTERN MINNESOTA.

PART VI, LINE 5:

SCRMC WORKS COLLABORATIVELY WITH AMERY HOSPITAL AND CLINIC, OSCEOLA MEDICAL CENTER, MENTAL HEALTH TASK FORCE OF POLK COUNTY, POLK COUNTY HEALTH DEPARTMENT, UNITED WAY OF ST. CROIX VALLEY, AND UW-EXTENSION TO DETERMINE THE FOUR MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY. SCRMC CONTRIBUTES EFFORTS TO OTHER COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **ST. CROIX REGIONAL MEDICAL CENTER** Employer identification number **39-0890676**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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 on lines 5 and 6? If "Yes," describe in Part III **7**

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**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARISA SPENCER PHYSICIAN	(i)	539,756.	0.	486.	7,996.	0.	548,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MUHAMMAD KHAN PHYSICIAN	(i)	474,657.	0.	486.	16,800.	16,912.	508,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VITTAL NAGAR PHYSICIAN	(i)	468,870.	0.	486.	16,800.	15,733.	501,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIELLE REDBURN PHYSICIAN	(i)	470,605.	0.	540.	31,800.	9,180.	512,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES WALLACE PHYSICIAN	(i)	437,818.	100.	1,242.	31,800.	11,860.	482,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVE DOBOSENSKI CEO	(i)	387,983.	0.	1,527.	16,770.	12,077.	418,357.	48,911.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SALLY BAJAK CFO	(i)	187,472.	0.	414.	12,111.	16,898.	216,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICK MCDONOUGH, MD VICE CHAIR	(i)	273,250.	0.	810.	29,148.	10,733.	313,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GURDESH BEDI SECRETARY/PHYSICIAN OF SCRMC	(i)	869,900.	0.	486.	46,800.	0.	917,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) REBECCA LYMAN, MD TRUSTEE	(i)	224,888.	0.	872.	26,878.	10,151.	262,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4B:

DAVE DOBOSENSKI PARTICIPATES IN A 457(F) PLAN. IN FISCAL YEAR 2020,
 \$35,825 WAS DEFERRED. NO CONTRIBUTIONS WERE MADE DURING CALENDAR YEAR 2019
 AS REPORTED IN SCHEDULE J, PART II. SALLY BAJAK PARTICIPATED IN A 457(F)
 PLAN. NO CONTRIBUTIONS WERE MADE DURING CALENDAR YEAR 2019 AS REPORTED IN
 SCHEDULE J, PART II. DR. REBECCA LYMAN, DR. PATRICK MCDONOUGH, DR. GURDESH
 BEDI, DR. MUHAMMAD KHAN, DR. DANIELLE REDBURN, DR. CLAUDIO NUNES AND DR.
 JAMES WALLACE ARE ALL PARTICIPANTS IN A 457(F) PLAN. \$15,000 TO EACH
 EMPLOYEE WAS CONTRIBUTED BY THE EMPLOYER DURING CALENDAR YEAR 2019 AS
 REPORTED IN SCHEDULE J, PART II.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JILL TIES	FAMILY MEMBER OF WI	406,040.	EMPLOYEE OF		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JILL TIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF WILLIAM TIES (BOARD MEMBER)

(C) AMOUNT OF TRANSACTION \$ 406,040.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF THE HOSPITAL, FAMILY MEMBER OF THE BOARD MEMBER - WILLIAM TIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ST. CROIX REGIONAL MEDICAL CENTER

Employer identification number

39-0890676

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ST. CROIX VALLEY PHARMACIES PROVIDE LOCAL PHARMACY CARE TO THE SERVICE

AREA OF ST. CROIX REGIONAL MEDICAL CENTER. ST. CROIX VALLEY PHARMACIES

IS THE SOLE MEMBER OF THE FOLLOWING COMMUNITY PHARMACIES: UNITY

PHARMACY LOCATED IN THE UNITY CLINIC BUILDING NEAR BALSAM, WI, FREDERIC

PHARMACY LOCATED IN THE FREDERIC CLINIC BUILDING IN FREDERIC, WI, AND,

ST. CROIX FALLS PHARMACY LOCATED IN THE ST. CROIX FALLS CLINIC BUILDING

IN ST. CROIX FALLS, WI.

EXPENSES \$ 5,510,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,793,825.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONE CLASS OF MEMBERSHIP IN THE CORPORATION. MEMBERSHIP WILL EXPIRE

ON SEPTEMBER 1 OF EACH YEAR, UNLESS PRIOR TO THAT DATE THE MEMBERSHIP IS

RENEWED BY TURNING IN THE COMPLETED ANNUAL MEMBERSHIP RENEWAL FORM PRIOR TO

THE SEPTEMBER 1 EXPIRATION DATE. AN ANNUAL \$5.00 HANDLING FEE MAY BE

DONATED ON AN OPTIONAL BASIS. MEMBERSHIP MAY NOT BE TRANSFERRED OR

ASSIGNED DURING THE LIFE OF THE MEMBER. MEMBERSHIP SHALL NOT PASS BY

INHERITANCE OR BEQUEST UPON THE DEATH OF THE MEMBER. A SINGLE MEMBERSHIP

MAY BE HELD JOINTLY BY SPOUSES, BUT ONLY ONE SHALL BE ENTITLED TO VOTE AT

ANY TIME. OTHERWISE, A MEMBERSHIP IS NOT DIVISIBLE INTEREST AND MAY NOT BE

HELD BY MORE THAN ONE PERSON.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS HAVE THE ABILITY TO VOTE IN THE ELECTION OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ST. CROIX REGIONAL MEDICAL CENTER	Employer identification number 39-0890676
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THE BOARD OF DIRECTORS OF THE GOVERNING BOARD HAS DELEGATED OPERATIONAL LEADERSHIP AND OVERSIGHT TO THE EXECUTIVE COUNCIL, THE PRACTICE MANAGEMENT COUNCIL (PMC) AND THE MEDICAL EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COUNCIL IS COMPRISED OF THE SENIOR LEADERSHIP TEAM INCLUDING THE CEO, CMO, CFO, CNO, CAO|GC AND VP OF PRACTICE ADMINISTRATION. THIS TEAM IS STRATEGIC IN NATURE AND REQUIRES SHORT AND LONG TERM DECISION-MAKING THAT ALIGNS WITH THE ORGANIZATION'S VALUES, MISSION AND VISION. THE PMC COUNCIL IS COMPRISED OF THE CMO, THE VP OF PRACTICE ADMINISTRATION, SPECIALTY AND PRIMARY CARE DIRECTORS AND 4 PROVIDER LEADERS. THIS TEAM REVIEWS AND APPROVES THE POLICIES AND PROCEDURES AS THEY RELATE TO THE CLINICAL OPERATIONS OF THE ORGANIZATION. THE MEDICAL EXECUTIVE COMMITTEE IS COMPRISED OF THE CMO, CHIEF OF STAFF AND THE MEDICAL COMMITTEE CHAIRS. THIS TEAM REVIEWS AND APPROVES THE POLICIES AND PROCEDURES AS THEY RELATE TO THE HOSPITAL MEDICAL OPERATIONS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WENT THROUGH THE FOLLOWING REVIEW PROCESS BEFORE FILING WITH THE IRS: A DETAILED REVIEW WAS CONDUCTED BY THE ORGANIZATION'S CFO. THE FORM 990 WAS PRESENTED TO THE FINANCE COMMITTEE IN MARCH, 2020 FOR REVIEW AND APPROVAL. UPON THE FINANCE COMMITTEE'S APPROVAL, THE FORM 990 WAS PRESENTED TO THE GOVERNING BOARD IN MARCH, 2020 FOR FINAL APPROVAL. UPON THE BOARD'S APPROVAL, THE FORM 990 WAS THEN FILED ELECTRONICALLY.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERSHIP IS CONTINGENT UPON ANNUAL DISCLOSURE OF POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. THE DETERMINATION IS MADE AT THE BOARD LEVEL AND ALL BOARD MEMBERS MUST CERTIFY ANNUALLY. IF A BOARD MEMBER HAS A CONFLICT, THEY REFRAIN FROM VOTING OR PARTICIPATING IN DISCUSSIONS

Name of the organization ST. CROIX REGIONAL MEDICAL CENTER	Employer identification number 39-0890676
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CONCERNING THE TOPIC.

FORM 990, PART VI, SECTION B, LINE 15:

CEO ANNUAL PERFORMANCE AND SALARY REVIEW IS CONDUCTED THROUGH THE COMPENSATION COMMITTEE USING OUTSIDE CONSULTANTS AND VARIOUS COMPENSATION SURVEYS AS DEEMED NECESSARY. REVIEWS ARE TYPICALLY DONE IN JANUARY/FEBRUARY OF EACH CALENDAR YEAR. BASED UPON THE COMPENSATION COMMITTEE'S RECOMMENDATION, IT IS PRESENTED TO THE GOVERNING BOARD FOR FINAL REVIEW AND APPROVAL.

OTHER OFFICERS THE HUMAN RESOURCE DIRECTOR CONDUCTS OUTSIDE RESEARCH USING COMPENSATION SURVEYS AND DATA TO DETERMINE REASONABLE COMPENSATION. THE CEO IN CONJUNCTION WITH THE HUMAN RESOURCE DIRECTOR'S RECOMMENDATION DETERMINES THE COMPENSATION OF THESE EMPLOYEES. REVIEWS ARE TYPICALLY DONE IN NOVEMBER/DECEMBER OF EACH CALENDAR YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE MEDICAL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	9,445,605.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,445,605.

PURCHASED SERVICES:

Name of the organization	ST. CROIX REGIONAL MEDICAL CENTER	Employer identification number	39-0890676
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PROGRAM SERVICE EXPENSES	3,391,162.
MANAGEMENT AND GENERAL EXPENSES	1,036,504.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,427,666.

PHARMACY SERVICES:

PROGRAM SERVICE EXPENSES	1,695,679.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,695,679.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	45,164.
MANAGEMENT AND GENERAL EXPENSES	526,665.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	571,829.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	231,974.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	231,974.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	16,372,753.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ 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 **ST. CROIX REGIONAL MEDICAL CENTER** Employer identification number **39-0890676**

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
UNITY PHARMACY, LLC - 45-4471131 1504 190TH AVENUE, SUITE 100 BALSAM LAKE, WI 54810	PHARMACEUTICALS	WISCONSIN	2,234,610.	324,128.	SCV PHARMACIES
FREDERIC PHARMACY, LLC - 46-4469897 201 OAK STREET WEST FREDERIC, WI 54837	PHARMACEUTICALS	WISCONSIN	4,514,134.	1,147,873.	SCV PHARMACIES
ST. CROIX VALLEY PHARMACY, LLC - 46-4463191 235 STATE STEET ST. CROIX FALLS, WI 54024	PHARMACEUTICALS	WISCONSIN	0.	6,110.	ST. CROIX REGIONAL MEDICAL CENTER
ST. CROIX FALLS PHARMACY, LLC - 46-4487348 216 SOUTH ADAMS STREET ST. CROIX FALLS, WI 54024	PHARMACEUTICALS	WISCONSIN	3,421,896.	438,193.	SCV PHARMACIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ST. CROIX VALLEY EMERGENCY MEDICAL SERVICES, INC. - 45-2872803, 235 EAST STATE STREET, ST. CROIX FALLS, WI 54024	TO LEASE, MAINTAIN, AND OPERATE AN EMERGENCY AMBULANCE SERVICE	WISCONSIN	501(C)(3)	LINE 10	ST. CROIX REGIONAL MEDICAL CENTER	X	
CANCER CENTER OF WESTERN WISCONSIN - 27-3238660, 501 HOSIPTAL ROAD, NEW RICHMOND, WI 54017	TO PROVIDE CARE TO CANCER PATIENTS	WISCONSIN	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2019

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

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.