

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319051119

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

C Name of organization  
REGIONS HOSPITAL  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
8170 33RD AVENUE SOUTH PO BOX 1309  
City or town, state or province, country, and ZIP or foreign postal code  
MINNEAPOLIS, MN 554401309

F Name and address of principal officer  
MEGAN M REMARK  
640 JACKSON STREET  
ST PAUL, MN 55101

D Employer identification number  
41-0956618  
E Telephone number  
(952) 883-6000  
G Gross receipts \$ 805,358,194

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

J Website: WWW.REGIONSHOSPITAL.COM

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

L Year of formation 1986  
M State of legal domicile MN

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 15

4 Number of independent voting members of the governing body (Part VI, line 1b) 8

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 7,801

6 Total number of volunteers (estimate if necessary) 703

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

7b Net unrelated business taxable income from Form 990-T, line 34 502,763

Revenue

8 Contributions and grants (Part VIII, line 1h) 10,203,851

9 Program service revenue (Part VIII, line 2g) 771,651,089

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 8,221,544

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,333

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 790,084,817

Current Year  
5,469,668  
798,578,631  
1,284,895  
25,000  
805,358,194

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 1,644,136

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 440,416,598

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 300,641,364

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 742,702,098

19 Revenue less expenses Subtract line 18 from line 12 47,382,719

Current Year  
749,037  
0  
469,467,424  
0  
308,621,563  
778,838,024  
26,520,170

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 833,799,368

21 Total liabilities (Part X, line 26) 298,506,759

22 Net assets or fund balances Subtract line 21 from line 20 535,292,609

Beginning of Current Year  
End of Year  
919,719,473  
359,333,021  
560,386,452

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  
MEGAN M REMARK PRESIDENT

2019-11-14  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name KPMG LLP  
Firm's address 4200 WELLS FARGO CTR 90 S 7TH STREET  
MINNEAPOLIS, MN 55402

Preparer's signature  
Date

Check ☐ if self-employed  
PTIN P01413237  
Firm's EIN 13-5565207  
Phone no (612) 305-5000

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

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE WHICH MEETS THE NEEDS OF ALL PEOPLE OUR VISION IS TO BE THE PATIENT-CENTERED HOSPITAL OF CHOICE OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code ) (Expenses \$ 735,420,444 including grants of \$ 749,037 ) (Revenue \$ 798,578,631 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-----------	---

<b>4c</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-----------	---

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

<b>4e</b>	<b>Total program service expenses</b> ▶ 735,420,444
-----------	---

**Part IV Checklist of Required Schedules**

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

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

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

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

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	7,801	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**HEIDI G CONRAD CHIEF FINANCIAL OFFICER 640 JACKSON ST ST PAUL, MN 55101 (651) 254-0900**

## 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 ☒

☒

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

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

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,885,217	8,170,841	2,611,928

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 552**

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

**Section B. Independent Contractors**

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONST CO 525 S EIGHTH MINNEAPOLIS, MN 55404	CONSTRUCTION	23,283,894
UNIVERSITY OF MINNESOTA 1300 S 2ND ST MINNEAPOLIS, MN 55454	PHYSICIAN SERVICES	7,960,971
BWBR ARCHITECTS, 380 ST PETER ST STE 600 ST PAUL, MN 55102	CONSTRUCTION	2,596,245
HEALTH SYSTEMS COOP LAUNDRIES, 55 5TH ST E STE 960 ST PAUL, MN 551011717	CLEANING & LAUNDRY	2,489,491
WESTMINSTER JUNCTION VENTURE L 7101 W 78TH ST STE 1 MINNEAPOLIS, MN 55439	PROPERTY LEASE	2,339,485
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>▶ 65</b>		



Form 990 (2018)

Page 9

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c			
d	Related organizations	1d	226,077		
e	Government grants (contributions)	1e	4,988,741		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	254,850		
g Noncash contributions included in lines 1a - 1f \$					
h Total. Add lines 1a-1f . . . . .		5,469,668			

Program Service Revenue

		Business Code				
2a	PATIENT SERVICES	623990	754,933,836	754,933,836		
b	CONTRACT REVENUE	900099	34,538,104	34,538,104		
c	CAFETERIA	722210	3,584,887	3,584,887		
d	OTHER REVENUE	900099	3,037,220	3,037,220		
e	PARKING	812930	1,523,530	1,523,530		
f All other program service revenue			961,054	961,054		
g Total. Add lines 2a-2f . . . . .		798,578,631				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) . . . . .		1,284,895				1,284,895
4 Income from investment of tax-exempt bond proceeds						
5 Royalties . . . . .						
6a Gross rents		(i) Real	(ii) Personal			
		25,000				
b Less rental expenses		0				
c Rental income or (loss)		25,000				
d Net rental income or (loss) . . . . .		25,000				25,000
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) . . . . .						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b				
b Less direct expenses . . . . .		b				
c Net income or (loss) from fundraising events . . . . .						
9a Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		b				
b Less direct expenses . . . . .		b				
c Net income or (loss) from gaming activities . . . . .						
10a Gross sales of inventory, less returns and allowances . . . . .		a				
		b				
b Less cost of goods sold . . . . .		b				
c Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .						
12 Total revenue. See Instructions . . . . .		805,358,194		798,578,631	0	1,309,895

Form 990 (2018)

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	749,037	749,037		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,820,005		2,820,005	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	372,113,343	350,133,368	21,979,975	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	69,992,231	66,591,749	3,400,482	
<b>9</b> Other employee benefits.	24,140,640	22,967,798	1,172,842	
<b>10</b> Payroll taxes.	401,205	381,713	19,492	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	232,801	70,960	161,841	
<b>c</b> Accounting.	23,050		23,050	
<b>d</b> Lobbying.	51,613		51,613	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,007,324	26,127,161	1,880,163	
<b>12</b> Advertising and promotion.	1,015,184	296,543	718,641	
<b>13</b> Office expenses.	4,509,124	3,785,321	723,803	
<b>14</b> Information technology.	1,621,906	862,973	758,933	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	12,625,580	12,203,829	421,751	
<b>17</b> Travel.	702,685	629,020	73,665	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	362,228	307,893	54,335	
<b>20</b> Interest.	6,892,059	6,892,059		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	42,781,486	40,761,913	2,019,573	
<b>23</b> Insurance.	8,401,445	8,401,445		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL AND OTHER SUPPL	147,376,634	147,358,532	18,102	
<b>b</b> MISCELLANEOUS EXPENSE	28,835,070	22,061,101	6,773,969	
<b>c</b> TAXES & ASSESSMENTS	23,516,808	23,516,808		
<b>d</b> DUES AND FEES	964,138	618,793	345,345	
<b>e</b> All other expenses	702,428	702,428		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	778,838,024	735,420,444	43,417,580	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	124,188,479	<b>1</b>	210,180,751
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	89,361,475	<b>4</b>	88,446,872
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	8,368,124	<b>8</b>	9,701,692
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,114,947	<b>9</b>	3,586,773
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 847,426,635		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 545,317,615	301,627,302	<b>10c</b> 302,109,020
	<b>11</b> Investments—publicly traded securities . . . . .	280,685,641	<b>11</b>	279,876,422
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	25,453,400	<b>15</b>	25,817,943
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	833,799,368	<b>16</b>	919,719,473	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	85,591,556	<b>17</b>	100,187,528
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	10,406,133	<b>19</b>	9,898,137
	<b>20</b> Tax-exempt bond liabilities . . . . .	171,580,307	<b>20</b>	215,416,475
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .	30,928,763	<b>25</b>	33,830,881
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	298,506,759	<b>26</b>	359,333,021
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	511,352,609	<b>27</b>	536,352,452
	<b>28</b> Temporarily restricted net assets . . . . .	23,036,000	<b>28</b>	23,130,000
	<b>29</b> Permanently restricted net assets . . . . .	904,000	<b>29</b>	904,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	535,292,609	<b>33</b>	560,386,452	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	833,799,368	<b>34</b>	919,719,473	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	805,358,194
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	778,838,024
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	26,520,170
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	535,292,609
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-669,965
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-756,362
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	560,386,452

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-0956618

**Name:** REGIONS HOSPITAL

Form 990 (2018)

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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA DILLOW ..... SECRETARY & DIRECTOR	0 73 .....	X		X				0	0	0
JENNIFER REEDY ..... VICE CHAIR & DIRECTOR	0 68 .....	X		X				0	0	0
JAN HALVERSON ..... DIRECTOR	0 61 .....	X						0	0	0
CHUCK HAYNOR ..... DIRECTOR	0 96 .....	X						0	0	0
LAURA LIU ..... DIRECTOR & TREASURER	0 73 .....	X		X				0	0	0
JIM MCDONOUGH COMMISSIONER ..... CHAIR & DIRECTOR	0 86 .....	X		X				0	0	0
NNEKA CONSTANTINO ..... DIRECTOR	0 64 .....	X						0	0	0
SUSAN TRUMAN MD ..... DIRECTOR	0 64 .....	X						0	0	0
TIM KEENAN ..... DIRECTOR	0 61 .....	X						0	0	0
JEROME C SIY MD ..... DIRECTOR	0 50 ..... 49 50	X						0	391,148	70,946

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN M COONEY ..... DIRECTOR (JAN-MAR)	0 50 ..... 49 50	X						0	690,077	35,497
STEVE CONNELLY MD ..... DIRECTOR	0 50 ..... 64 50	X						0	873,865	150,257
JENNIFER HINES MD ..... DIRECTOR	0 50 ..... 39 50	X						0	229,265	61,329
BRIAN H RANK MD ..... DIRECTOR	0 50 ..... 59 50	X						0	1,008,439	277,863
MEGAN M REMARK ..... DIRECTOR, PRESIDENT & CEO	46 50 ..... 3 50	X		X				0	736,612	195,456
ANDREA WALSH ..... DIRECTOR	0 50 ..... 54 50	X						0	1,633,158	457,722
TODD HOFHEINS ..... DIRECTOR	0 50 ..... 54 50	X						0	871,800	141,354
CHRISTINE M BOESE ..... VP, PATIENT CARE SERVICE	49 50 ..... 0 50			X				364,569	0	70,038
HEIDI G CONRAD ..... VP, CHIEF FINANCIAL OFFICER	52 50 ..... 2 50			X				0	501,461	168,032
KIMBERLY EGAN ..... VP HUMAN RESOURCES	40 00 ..... 0 00			X				304,062	0	71,590

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRET C HAAKE ..... VP - MEDICAL AFFAIRS	0 50 ..... 56 50			X				0	614,583	84,215
THOMAS BOROWSKI ..... VP-REGIONS & PRES-HUDSON H	1 00 ..... 59 00			X				264,574	0	40,292
KIM R LAREAU ..... VP - CARE DELIVERY SYSTEMS	0 50 ..... 49 50			X				0	260,006	35,417
STEVEN MASSEY ..... VP-REGIONS & PRES-WESTFIEL	49 50 ..... 0 50			X				302,883	0	71,564
MICHAEL F MCAVOY ..... VP - SPECIALTY SERVICES	0 50 ..... 52 50			X				0	360,427	51,300
TYLER R SCHMITZ ..... EXEC DIR - ANCILLARY SER	49 00 ..... 1 00			X				348,333	0	72,902
DEBRA RUDQUIST ..... VP-REGIONS & PRES-AMERY	0 50 ..... 39 50			X				308,982	0	77,721
KEEVAN KOSIDOWSKI ..... VP REGIONS HOSPITAL FOUNDATION	1 00 ..... 50 00			X				268,554	0	64,538
MARYJO MORRISON ..... VP QUALITY	40 00 .....			X				281,122	0	59,860
JUSTIN ANDERSON ..... NURSE ANESTHESIST	40 00 .....					X		252,618	0	58,909



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM MOSS ..... NURSE ANESTHESIST	40 00 .....					X		286,263	0	66,365
KARI B BECERRA ..... NURSE ANESTHESIST	40 00 .....					X		275,442	0	70,321
REBECCA ARMBRUSTER ..... NURSE ANESTHESIST	40 00 .....					X		246,007	0	67,697
AARON GROSS ..... NURSE ANESTHESIST	40 00 .....					X		246,238	0	73,830
MARIAN M FURLONG ..... FORMER VP, HUDSON HOSPITAL PRESID	0 00 ..... 0 00						X	135,570	0	16,913

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> REGIONS HOSPITAL	<b>Employer identification number</b> 41-0956618	

**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		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

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

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

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

	Yes	No
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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

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? 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		
1		
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? 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		
2		

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)? 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)		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

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.	Yes	No
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? 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		
2a		
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? 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		
2b		
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? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			



Additional Data

Software ID:  
Software Version:  
EIN: 41-0956618  
Name: REGIONS HOSPITAL

Part VI

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization REGIONS HOSPITAL	<b>Employer identification number</b> 41-0956618
--	---

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

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

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

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

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

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

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?	Yes		
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		51,613
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
<b>i</b>	Other activities?	Yes		
<b>j</b>	Total. Add lines 1c through 1i			51,613
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	REGIONS HOSPITAL (REGIONS) PAYS FOR CERTAIN CORPORATE AND EMPLOYEE PROFESSIONAL ASSOCIATION MEMBERSHIPS. A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES. REGIONS COST OF DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODIES CONSISTS OF LOBBYISTS \$31,689 LOBBYING DUES 1,924 ADMINISTRATIVE COST 18,000 ----- TOTAL \$51,613

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319051119	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization REGIONS HOSPITAL				Employer identification number 41-0956618	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2018			

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

Yes

No

3a(i)

3a(ii)

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		7,021,010		7,021,010
b Buildings . . . . .		541,413,831	306,045,611	235,368,220
c Leasehold improvements		8,487,085	5,083,549	3,403,536
d Equipment . . . . .		263,319,889	212,936,068	50,383,821
e Other . . . . .		27,184,820	21,252,387	5,932,433
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				302,109,020

Schedule D (Form 990) 2018

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LONG TERM DEBT CURRENT PORTION	6,163,833
POST RETIREMENT BENEFITS	3,541,570
PROFESSIONAL LIABILITY RESERVE	24,125,478
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	33,830,881

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

☒

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0956618  
**Name:** REGIONS HOSPITAL

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	REGIONS HOSPITAL IS INCLUDED IN THE HEALTHPARTNERS, INC (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 2018 OR 2017 FOR UNRECOGNIZED TAX BENEFITS

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493319051119

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

REGIONS HOSPITAL

Employer identification number

41-0956618

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

2

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

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

3

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

a

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

3a

Yes

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

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

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☒ Other

200000 0000000000

%

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

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

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

5a

Yes

b

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

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

No

b

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

6b

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,496,506	1,906,868	21,589,638	2 770 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			23,496,506	1,906,868	21,589,638	2 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,574,008	3,781,591	9,792,417	1 260 %
f Health professions education (from Worksheet 5)			24,005,549	12,332,159	11,673,390	1 500 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			37,579,557	16,113,750	21,465,807	2 760 %
k Total. Add lines 7d and 7j			61,076,063	18,020,618	43,055,445	5 530 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	3,774,313	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	0	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	267,467,928	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	286,677,198	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-19,209,270	
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

**1**

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

REGIONS HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 2000 000000000000 %			
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 discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW REGIONSHOSPITAL COM/RH2/PATIENT-GUEST-SUPPORT			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW REGIONSHOSPITAL COM/RH2/PATIENT-GUEST-SUPPORT			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW REGIONSHOSPITAL COM/RH2/PATIENT-GUEST-SUPPORT			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

## REGIONS HOSPITAL

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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



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

REGIONS HOSPITAL

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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

Part V	Facility Information (continued)
--------	----------------------------------

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

[illegible]

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(List in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
<b>1</b> 1 - HEALTHPARTNERS SPECIALTY CENTER 435 PHALEN BOULEVARD ST PAUL, MN 55132	REGIONS SAME DAY SURGERY, PAIN CLINIC, & DIGESTIVE CAR
<b>2</b> 2 - HEALTHPARTNERS SPECIALTY CENTER 401 PHALEN BOULEVARD ST PAUL, MN 55130	REGIONS IMAGING CTR , PULMONARY FUNCTION TESTING, HAND/PHYS /SPEECH THERAPY
<b>3</b> 3 - REGIONS CARDIOPULMONARY REHABILITATION 2575 UNIVERSITY AV SUITE 140 WESTGATE ST PAUL, MN 55114	CARDIOPULMONARY REHABILITATION CLINIC
<b>4</b> 4 - HEALTHPARTNERS SLEEP CENTER 2688 MAPLEWOOD DRIVE MAPLEWOOD, MN 55109	SLEEP HEALTH CENTER
<b>5</b> 5 - REGIONS PHYSICAL THERAPY CLINIC 295 PHALEN BLVD ST PAUL, MN 55130	PHYSICAL THERAPY CLINIC
<b>6</b> 6 - REGIONS HOSPITAL HAND & PT CLINIC 2220 RIVERSIDE AVE 5TH FLOOR MINNEAPOLIS, MN 55454	HAND AND PHYSICAL THERAPY
<b>7</b> 7 - REGIONS REHAB INSTITUTE 8425 SEASON PARKWAY SUITE 103 WOODBURY, MN 55125	PHYSICAL THERAPY CLINIC
<b>8</b> 8 - REGIONS ADAP 445 ETNA STREET SUITE 55 ST PAUL, MN 55106	ALCOHOL AND DRUG TREATMENT
<b>9</b> 9 - SUBURBAN SQUARE 1710 SUBURBAN AVE ST PAUL, MN 55106	PHYSICAL THERAPY CLINIC
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	FACTORS OTHER THAN FPGREGIONS HOSPITAL (REGIONS) PARTICIPATES IN A MINNESOTA ATTORNEY GENERAL'S (MN AG) AGREEMENT THAT GIVES ALL PATIENTS AT LEAST THE SAME DISCOUNT AS OUR HIGHEST VOLUME COMMERCIAL PAYER
PART I, LINE 7	REGIONS HOSPITAL USES THE COST-TO-CHARGE RATIO METHOD WHEN CALCULATING THE AMOUNTS REPORTED ON PART I LINE 7 THE COST-TO-CHARGE RATIO WAS DERIVED USING WORKSHEET 2, RATIO OF PATIENT CARE-COST-TO-CHARGE, FROM THE SCHEDULE H INSTRUCTIONS

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	REGIONS USES A HISTORIC BAD DEBT PERCENTAGE THAT IS ROUTINELY MONITORED, REVIEWED, AND UPDATED IN ORDER TO OBTAIN THE BEST ESTIMATE OF THE CURRENT YEAR'S BAD DEBT
PART III, LINE 4	SEE THE ORGANIZATION'S FOOTNOTES 1 P AND 1 R, ON PAGES 11 & 12 OF THE ATTACHED CONSOLIDATED FINANCIAL STATEMENT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	REGIONS MEDICARE COST IS DERIVED BASED ON THE RATIO OF MEDICARE FFS CHARGES TO TOTAL CHARGES MULTIPLIED BY TOTAL EXPENSES (LESS CHARITY CARE & BAD DEBT) NONE OF THE MEDICARE FFS LOSS REPORTED ON SCHEDULE H, PART III, LINE 7 IS TREATED AS COMMUNITY BENEFIT ON SCHEDULE H, PART I, LINE 7A
PART III, LINE 9B	COLLECTIONS PRACTICES REGIONS DEBT COLLECTION POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO BE ELIGIBLE FOR CHARITY CARE OR FINANCIAL ASSISTANCE REGIONS WILL NOT REFER ANY ACCOUNT TO A THIRD PARTY DEBT COLLECTION AGENCY UNLESS IT HAS CONFIRMED THAT - THERE IS REASONABLE BASIS TO BELIEVE THAT THE PATIENT OWES THE DEBT - ALL KNOWN THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED, AND THE PATIENT IS RESPONSIBLE FOR THE REMAINING DEBT - IF THE PATIENT HAS INDICATED AN INABILITY TO PAY THE FULL AMOUNT, THE PATIENT HAS BEEN OFFERED A REASONABLE PAYMENT PLAN REGIONS WILL NOT REFER PATIENTS TO DEBT COLLECTION AGENCIES WHO ARE PERFORMING AS SPECIFIED IN THEIR PAYMENT PLANS - THE PATIENT HAS BEEN GIVEN AN OPPORTUNITY TO SUBMIT A CHARITY CARE (FINANCIAL ASSISTANCE) APPLICATION IF THE PATIENT HAS SUBMITTED AN APPLICATION FOR CHARITY CARE, ALL COLLECTION ACTIVITY WILL BE SUSPENDED UNTIL THE APPLICATION HAS BEEN PROCESSED

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CORPORATION (CHC) TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN REGIONS' SPECIFIC STUDY AREA IS DEFINED AS - RAMSEY COUNTY- DAKOTA COUNTY- WASHINGTON COUNTYDATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES - DEMOGRAPHICS CHC ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT - HEALTH DATA COLLECTION CHC ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABLE DISEASES, PREVENTION AND NATALITY - COMMUNITY INPUT AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS FINAL PRIORITIZED NEEDS- MENTAL AND BEHAVIORAL HEALTH- ACCESS AND AFFORDABILITY- CHRONIC DISEASE AND ILLNESS PREVENTION- EQUITABLE CAREA FULL REPORT OF REGION'S CHNA AND IMPLEMENTATION PLAN IS POSTED ON REGION'S WEBPAGE AT WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/INDEX.HTML</p>
PART VI, LINE 3	<p>REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO REGIONS SERVES ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN 2018 REGIONS PROVIDED APPROXIMATELY \$17.8 MILLION IN CHARITY CARE COSTS REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION TO INFORM AND EDUCATE PATIENTS ON ITS CHARITY CARE PROGRAM AND GOVERNMENT PROGRAMS, REGIONS HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM THE PROGRAM WAS STARTED IN THE EMERGENCY DEPARTMENT IN 1995 BUT SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT THE HOSPITAL INFORMATION IS AVAILABLE IN PATIENT WELCOME MATERIALS, AT ALL CHECK IN AREAS, ON THE WEBSITE AND THROUGH THE FINANCIAL COUNSELING STAFF 24 COUNSELORS HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF PAYMENT THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH ENROLLING IN GOVERNMENT PROGRAMS, LOOKING FOR OTHER SOURCES OF PAYMENT, APPLYING FOR CHARITY CARE AND ASSISTING SELF-PAY PATIENTS IN SETTING UP PAYMENT PLANS TO HELP PATIENTS ACCESS SERVICES BEYOND MEDICAL CARE, REGIONS HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	REGIONS IS LOCATED IN RAMSEY COUNTY IN DOWNTOWN ST PAUL REGIONS IS IN CLOSE PROXIMITY TO THE STATE CAPITOL, POPULAR ENTERTAINMENT ATTRACTIONS AND NUMEROUS LARGE CORPORATE HEADQUARTERS AND IS VISIBLE FROM INTERSTATE 94 REGIONS IS THE LARGEST PROVIDER OF CHARITY CARE IN THE EAST METRO AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE STATE OF MINNESOTA THIS CERTIFICATION REQUIRES REGIONS TO HAVE SELECT MEDICAL AND SURGICAL SPECIALISTS AVAILABLE TWENTY-FOUR HOURS A DAY ACCORDING TO THE U S CENSUS BUREAU, RAMSEY COUNTY HAD A POPULATION OF 547,974 IN 2017 APPROXIMATELY 32.2% WERE NON-WHITE, 13.9 PERCENT OF INDIVIDUALS IN RAMSEY COUNTY LIVING IN POVERTY, AND 5.5 PERCENT WITHOUT INSURANCE IN 2017, REGIONS PROVIDED CARE TO PATIENTS FROM ALL 87 COUNTIES IN THE STATE (AT LEAST ONE PATIENT FROM EACH MN COUNTY CAME TO REGIONS FOR INPATIENT OR OUTPATIENT CARE), AND ADMITTED PATIENTS FROM 40 STATES OTHER THAN MINNESOTA AS THE STATE'S SECOND-LARGEST SAFETY-NET HOSPITAL, REGIONS PROVIDES CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY REGIONS SERVES A DIVERSE PATIENT POPULATION REGIONS AND HEALTHPARTNERS ARE ONE OF THE FIRST IN THE NATION TO GATHER SELF-REPORTED DATA FROM PATIENTS ON RACE, COUNTRY OF ORIGIN AND LANGUAGE PREFERENCE OF REGIONS 28,675 2017 INPATIENT DISCHARGES, 30.5% OF THE DISCHARGED PATIENTS WERE OF COLOR FOR THESE SAME 2017 DISCHARGES, 2,251 PATIENTS REPORTED ANOTHER LANGUAGE AS THEIR PRIMARY PREFERENCE
PART VI, LINE 5	REGIONS CONTINUALLY INVESTS - THROUGH EXPENDITURES AND IN-KIND CONTRIBUTIONS OR OTHER SUPPORT - IN ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMUNITY AND THE REGION REGIONS IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS AND THE MEDICAL STAFF IS ORGANIZED IN THE PUBLIC'S INTEREST SUPPORT MAY INCLUDE DIRECT EXPENDITURES, RAISING FUNDS THROUGH EMPLOYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIPS AND INITIATIVES AND /OR PROVIDING FREE SERVICES OR EQUIPMENT MORE INFORMATION ABOUT REGIONS COMMUNITY BENEFIT AND COMMUNITY HEALTH EFFORTS IS DETAILED IN SCHEDULE O



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEMPLEASE SEE SCHEDULE O DISCUSSION OF EXEMPT PURPOSE AND ACHIEVEMENTS "I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE "
PART VI, LINE 7, REPORTS FILED WITH STATES	MN,WI

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	REGIONS FILES A COMMUNITY BENEFIT REPORT IN THE STATE OF MINNESOTA REGIONS' SISTER HOSPITALS, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, LOCATED IN STILLWATER, MINNESOTA AND PARK NICOLLET METHODIST HOSPITAL IN ST, LOUIS PARK, MINNESOTA, HUTCHINSON HEALTH, IN HUTCHINSON, MINNESOTA, WESTFIELDS HOSPITAL, LOCATED IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, LOCATED IN HUDSON, WISCONSIN, AND AMERY REGIONAL MEDICAL CENTER, LOCATED IN AMERY, WISCONSIN FILE COMMUNITY BENEFIT REPORTS WITH THEIR RESPECTIVE STATES THE SIX HOSPITALS WORK COLLABORATIVELY ACROSS MULTIPLE HEALTH INITIATIVES, ALONG WITH OTHER MEMBERS OF THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS TO IMPROVE THE HEALTH OF MEMBERS, PATIENTS AND THE COMMUNITY

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0956618  
**Name:** REGIONS HOSPITAL

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	REGIONS HOSPITAL 640 JACKSON STREET ST PAUL, MN 55101 WWW.REGIONSHOSPITAL.COM 361114	X	X		X			X			

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

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 5 AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS HOSPITAL (REGIONS) CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS

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

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 6A OTHER HOSPITAL FACILITIES INCLUDED IN THE 2015 HEALTHPARTNERS CHNA WERE - HUDSON HOSPITAL, HUDSON, WI - WESTFIELDS HOSPITAL, NEW RICHMOND, WI - LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, STILLWATER, MN - PARK NICOLLET METHODIST HOSPITAL, ST LOUIS PARK, MN- AMERY REGIONAL MEDICAL CENTER, AMERY, WI

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	<p>PART V, SECTION B, LINE 11 THE 2015 HEALTHPARTNERS CHNA CONDUCTED RESULTED IN THE FOLLOWI NG PRIORITIES</p> <p>PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTHPRIORITY 2 ACCESS AND AFFORDABI LITYPRIORITY 3 CHRONIC DISEASE AND ILLNESS PREVENTIONPRIORITY 4 EQUITABLE CARE A FULL RE PORT OF REGION'S 2015 CHNA AND ANNUAL IMPLEMENTATION PLAN UPDATE IS POSTED ON REGION'S WEB PAGE AT <a href="http://WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/INDEX.HTML">WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/INDEX.HTML</a>, WHICH PROVIDES A DETAILED DESCRIPTION OF ALL THE ACTIVITIES IN SUMMARY OF 2018 ACTIVITIES</p> <p>PRIORITY 1 INCREASE ACCE SS TO MENTAL HEALTH - REGIONS CONTINUES TO OPERATE A 100 BED, ALL PRIVATE ROOMS, INPATIENT MENTAL HEALTH UNIT AT FULL CAPACITY, ALONG WITH SUPPORT GROUPS FOR FAMILY ADDITIONAL SUP PORTS ARE PROVIDED TO VETERANS WITH THE NEW HERO CARE PROGRAM REGIONS RUNS AN ALCOHOL AND DRUG ASSISTANCE PROGRAM AND PURCHASED A BUILDING AND OPENED AN ADDITIONAL 16 BED IRTS TO A SSIST PATIENTS WITH A SUCCESSFUL TRANSITION TO THE COMMUNITY IN THE EMERGENCY DEPARTMENT, REGIONS RUNS AN 11 BED MENTAL HEALTH CRISIS UNIT WITH AN ENHANCED CARE MODEL AND ADDED SA FETY FEATURES REGIONS ALSO PARTICIPATES IN THE MENTAL HEALTH CRISIS ALLIANCE AND CONTRIBU TES FUNDS TO THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) TO PROVIDE ACCESS TO PRESCR IPTION MEDICATIONS FOR PATIENTS WITHOUT INSURANCE OR THE MEANS TO PAY THEIR OUT OF POCKET EXPENSES FINALLY, REGIONS COLLABORATES WITH HEALTHPARTNERS AND THE REGIONS HOSPITAL FOUND ATION ON A NON-BRANDED ANTI-STIGMA CAMPAIGN AIMED AT REDUCING THE STIGMA ASSOCIATED WITH S Eeking treatment for mental illness, AND THE REGIONS STAFF PARTICIPATE IN THE NATIONAL ALL IANCE ON MENTAL ILLNESS (NAMI) WALK TO REDUCE STIGMA</p> <p>PRIORITY 2 ACCESS AND AFFORDABILITY - A KEY FOCUS FOR REGIONS IS THE FLOW OF PATIENTS THROUGH THE HOSPITAL TO ENSURE THE PROG RESSION OF CARE AND REDUCE WAITS AND DELAYS TO SUPPORT THIS, REGIONS MAINTAINS A PREFERRE D TRANSITIONAL CARE NETWORK, TO BETTER FACILITATE TRANSITIONS IN CARE 2018 ALSO FOCUSED O N FURTHER REDUCING HOSPITAL ACQUIRED INFECTIONS AND IMPROVING THE DISCHARGE PROCESS TO IMP ROVE CARE AND REDUCE DELAYS TO ENSURE ACCESS TO CARE REGIONS HAS A ROBUST FINANCIAL COUNS ELING PROGRAM TO HELP PATIENTS' ACCESS INSURANCE, SECURE OTHER FUNDING OR QUALIFY PATIENTS FOR CHARITY CARE THIS INCLUDES A CONTRIBUTION FROM REGIONS AND REFERRALS TO PORTICO HEAL TH SERVICES, A COMMUNITY BASED NONPROFIT THAT PROVIDES A QUASI-INSURANCE PROGRAM TO THE UN INSURED, COLLABORATION WITH ST PAUL FIRE TO PROVIDE COMMUNITY PARAMEDIC SERVICES AND WITH CATHOLIC CHARITIES TO PROVIDE RESPITE CARE REGIONS IS THE LARGEST PROVIDER OF CHARITY CAR E IN THE EAST METRO, PROVIDING \$17.8 MILLION (COST) OF CHARITY SERVICES TO PATIENTS IN 2018</p> <p>PRIORITY 3 CHRONIC DISEASE AND ILLNESS PREVENTION - REGIONS CONTINUES TO IMPROVE THE P ATIENT AND GUEST MENUS AND FOOD AND BEVERAGE OFFERINGS TO MAKE HEALTHY EATING CHOICES THE EASY CHOICE REGIONS SUPPORTS EMPLOYEE WELLNESS THROUGH A VARIETY OF PROGRAMS AND SERVICES INCLUDING WELL-BEING PROGRAMS</p>

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	, IMMUNIZATIONS, A RESILIENCY CENTER , AN EXERCISE FACILITY ON CAMPUS AND A VARIETY OF WELLNESS PROGRAM OFFERINGS REGIONS TARGETS OBESITY IN THE COMMUNITY THROUGH THE BEST FED BEGINNINGS PROGRAM PRIORITY 4 EQUITABLE CARE - REGIONS HAS A ROBUST HEALTH EQUITY PROGRAM THAT USES A HEALTH EQUITY DASHBOARD TO IDENTIFY OPPORTUNITIES AND MEASURE IMPROVEMENT 2018 EFFORTS CONTINUED TO FOCUS ON REDUCING THE DISPARITY IN LENGTH OF STAY FOR LIMITED ENGLISH PROFICIENCY PATIENTS RECEIVING CARE FOR ACUTE PSYCHIATRIC SERVICES, MEDICATION UNDERSTANDING AND READMISSIONS THROUGH THE EQUITABLE CARE CHAMPIONS, REGIONS EDUCATES STAFF ON EQUITY, CULTURAL HUMILITY AND LANGUAGE ACCESS

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
REGIONS HOSPITAL

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

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

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
41-0956618

Part I

General Information on Grants and Assistance

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

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4

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



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

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

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 41-0956618  
Name: REGIONS HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 215 OLD 6TH ST ST PAUL, MN 55102	41-1302487	501(C)(3)	246,029				PROGRAM SUPPORT
COMMONDBOND COMMUNITIES 1080 MONTREAL AVE ST PAUL, MN 55116	41-1260469	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONS HOSPITAL FOUNDATION 8170 33RD AVENUE SOUTH MINNEAPOLIS, MN 55440	41-1888902	501(C)(3)	460,000				PROGRAM SUPPORT
GILLETTE CHILDRENS HOSPITAL 200 EAST UNIVERSITY AVE ST PAUL, MN 55101	41-1200302	501(C)(3)	10,000				PROGRAM SUPPORT

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

Department of the Treasury Internal Revenue Service	Name of the organization REGIONS HOSPITAL	Employer identification number 41-0956618
--	--	--

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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 (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	Yes
<b>b</b> Any related organization?		<b>6b</b>	Yes
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	A SEVERANCE PAYMENT IN COLUMN B(III) OF SCHEDULE J IS INCLUDED FOR THE FOLLOWING OFFICERS AND DIRECTORS: MARIAN M. FURLONG \$106,480. DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS: ANDREA WALSH \$139,884; STEVEN CONNELLY, MD \$72,472; HEIDI G. CONRAD \$33,002; MEGAN M. REMARK \$30,329; TODD HOFHINS \$55,462.

Return Reference	Explanation
PART I, LINE 6	REGIONS HOSPITAL (REGIONS) OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EMPLOYED BY REGIONS OR BY GROUP HEALTH PLAN, INC (GHI), A RELATED ORGANIZATION. COMPENSATION REPORTED IN FORM 990, PART VII INCLUDES ANY COMPENSATION DERIVED FROM EITHER REGIONS OR GHI'S MANAGEMENT INCENTIVE PROGRAM, WHICH INCENT AND REWARD BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAMS ARE A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE. THE MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E.G. SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS. GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED. THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. A NET MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT.

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS, OFFICERS AND FORMER OFFICER ANDREA WALSH \$ 74,283 KATHLEEN M COONEY \$ 319,601 STEVE CONNELLY, MD \$ 69,604 BRIAN H RANK, MD \$ 133,873 HEIDI G CONRAD \$ 35,298 MEGAN M REMARK \$ 28,720 ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S





Additional Data

Software ID:  
Software Version:  
EIN: 41-0956618  
Name: REGIONS HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEROME C SIY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	355,401	15,580	20,167	50,164	20,782	462,094	0
KATHLEEN M COONEY DIRECTOR (JAN-MAR)	(i)	0	0	0	0	0	0	0
	(ii)	88,912	266,006	335,159	13,750	21,747	725,574	319,601
STEVE CONNELLY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	600,238	196,516	77,111	97,970	52,287	1,024,122	69,604
JENNIFER HINES MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	137,981	10,141	81,143	42,849	18,480	290,594	0
BRIAN H RANK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	638,373	209,655	160,411	235,844	42,019	1,286,302	133,873
MEGAN M REMARK DIRECTOR, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	515,709	161,965	58,938	158,389	37,067	932,068	28,720
ANDREA WALSH DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,137,914	413,350	81,894	407,655	50,067	2,090,880	74,283
TODD HOFHEINS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	692,308	100,000	79,492	114,885	26,469	1,013,154	0
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	(i)	285,708	71,055	7,806	46,864	23,174	434,607	0
	(ii)	0	0	0	0	0	0	0
HEIDI G CONRAD VP, CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	365,045	92,585	43,831	133,838	34,194	669,493	35,298
KIMBERLY EGAN VP HUMAN RESOURCES	(i)	259,794	43,976	292	40,864	30,726	375,652	0
	(ii)	0	0	0	0	0	0	0
BRET C HAAKE VP - MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	482,714	122,434	9,435	49,631	34,584	698,798	0
THOMAS BOROWSKI VP-REGIONS & PRES- HUDSON H	(i)	251,216	9,344	4,014	10,523	29,769	304,866	0
	(ii)	0	0	0	0	0	0	0
KIM R LAREAU VP - CARE DELIVERY SYSTEMS	(i)	0	0	0	0	0	0	0
	(ii)	177,119	81,153	1,734	13,221	22,196	295,423	0
STEVEN MASSEY VP-REGIONS & PRES- WESTFIEL	(i)	263,330	36,866	2,687	40,864	30,700	374,447	0
	(ii)	0	0	0	0	0	0	0
MICHAEL F MCAVOY VP - SPECIALTY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	286,462	70,560	3,405	20,625	30,675	411,727	0
TYLER R SCHMITZ EXEC DIR - ANCILLARY SER	(i)	269,802	69,299	9,232	40,864	32,038	421,235	0
	(ii)	0	0	0	0	0	0	0
DEBRA RUDQUIST VP-REGIONS & PRES- AMERY	(i)	268,899	37,543	2,540	46,864	30,857	386,703	0
	(ii)	0	0	0	0	0	0	0
KEEVAN KOSIDOWSKI VP REGIONS HOSPITAL FOUNDATION	(i)	214,453	52,924	1,177	36,312	28,226	333,092	0
	(ii)	0	0	0	0	0	0	0
MARYJO MORRISON VP QUALITY	(i)	255,275	21,000	4,847	29,692	30,168	340,982	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JUSTIN ANDERSON NURSE ANESTHESIST	(i)	220,480	9,108	23,030	38,920	19,989	311,527	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MOSS NURSE ANESTHESIST	(i)	250,728	14,390	21,145	36,852	29,513	352,628	0
	(ii)	0	0	0	0	0	0	0
KARI B BECERRA NURSE ANESTHESIST	(i)	228,779	20,505	26,158	40,864	29,457	345,763	0
	(ii)	0	0	0	0	0	0	0
REBECCA ARMBRUSTER NURSE ANESTHESIST	(i)	207,153	14,245	24,609	38,667	29,030	313,704	0
	(ii)	0	0	0	0	0	0	0
AARON GROSS NURSE ANESTHESIST	(i)	220,650	8,080	17,508	44,670	29,160	320,068	0
	(ii)	0	0	0	0	0	0	0
MARIAN M FURLONG FORMER VP, HUDSON HOSPITAL PRESID	(i)	0	29,090	106,480	0	16,913	152,483	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONS HOSPITAL

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
41-0956618

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2014AA	52-1440935	NONE99999	03-18-2014	30,860,000	REFUND SERIES 1998 BONDS & EXPANSION OF REGIONS HOSPITAL (REGIONS)FACILITY		X		X		X
B HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2018A	52-1440935	NONE99999	09-26-2018	25,000,000	SERIES 2018A		X		X		X
C HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2018B	52-1440935	NONE99999	09-26-2018	25,000,000	SERIES 2018B		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	7,370,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	30,860,000		25,000,000		25,000,000			
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	257,873		252,918		252,918			
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2001		2020					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X			X		X		
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

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

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

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I, AND PART II, LINE 3 - DIFFERENCES IN AMOUNTS	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
PART III, LINE 3B - REVIEW OF MANAGEMENT OR SERVICE CONTRACTS	REGIONS USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL

Return Reference	Explanation
SCHEDULE K, PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	SINCE 12/31/2011 REGIONS HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0956618  
**Name:** REGIONS HOSPITAL

Return Reference	Explanation
PART I, AND PART II, LINE 3 - DIFFERENCES IN AMOUNTS	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS
PART III, LINE 3B - REVIEW OF MANAGEMENT OR SERVICE CONTRACTS	REGIONS USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL
SCHEDULE K, PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	SINCE 12/31/2011 REGIONS HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
REGIONS HOSPITAL

Employer identification number  
41-0956618

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

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

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

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

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

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TEGAN HUMPHREY	DAUGHTER OF JAMES MCDONOUGH, MD A DIRECTOR AT REGIONS HOSPITAL	71,866	EMPLOYMENT		No
(2) MIKI A PARRILLO	DAUGHTER OF BRIAN RANK, MD A DIRECTOR AT REGIONS HOSPITAL	74,378	EMPLOYMENT		No

**Part V Supplemental Information**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493319051119
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No 1545-0047
			<b>2018</b>
Department of the Treasury			<b>Open to Public Inspection</b>
Name of the organization REGIONS HOSPITAL	Employer identification number  41-0956618		

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>REGIONS HOSPITAL (REGIONS) IS A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AND IS PART OF THE HEALTHPARTNERS ORGANIZATION ("HEALTHPARTNERS") FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 18 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN HEALTHPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2018 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE)</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>E-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTH PARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) HPI IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY, A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF RHHS AND ITS SISTER ORGANIZATIONS, REGIONS HOSPITAL (REGIONS), REGIONS HOSPITAL FOUNDATION, RH-WISCONSIN, INC, STILLWATER HEALTH SYSTEM (LAKEVIEW HEALTH), AND CAPITOL VIEW TRANSITIONAL CARE CENTER, ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF THE FOLLOWING NON-PROFIT CORPORATIONS ALL OF WHICH ARE EXEMPT UNDER IRC SECTION 501(C)(3) REGIONS (A FULL SERVICE HOSPITAL AND LEVEL 1 TRAUMA CENTER), REGIONS HOSPITAL FOUNDATION, CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER HEALTH SYSTEM (WHICH IS THE PARENT ENTITY OF LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC AND STILLWATER MEDICAL GROUP), RAMSEY INTEGRATED HEALTH SERVICES (A HOME CARE PROVIDER), AND, RH-WISCONSIN, INC, A WISCONSIN NON-STOCK CORPORATION RH-WISCONSIN, TOGETHER WITH GROUP HEALTH PLAN, INC (A STAFF MODEL HMO), ARE THE SOLE CORPORATE MEMBERS OF THREE TAX-EXEMPT WISCONSIN HOSPITALS - HUDSON HOSPITAL, INC, WESTFIELDS HOSPITAL, INC, AND AMERY REGIONAL MEDICAL CENTER, INC REGIONS, A LEADING FULL-SERVICE HOSPITAL PROVIDING OUTSTANDING MEDICAL AND SURGICAL CARE, HAS SERVED THE TWIN CITIES AND SURROUNDING REGION FOR OVER 140 YEARS THE MISSION OF REGIONS IS TO IMPROVE THE HEALTH OF ITS PATIENTS AND THE COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE, WHICH MEETS THE NEEDS OF ALL PEOPLE REGIONS IS THE SECOND LARGEST PROVIDER OF CHARITY CARE IN MINNESOTA AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE STATE OF MINNESOTA BENEFITS TO PATIENTS AND THE COMMUNITY IN 2018 FINANCIAL ASSISTANCE REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO IN 2018 ALONE, REGIONS PROVIDED \$50.4 MILLION IN CHARITY CARE CHARGES (\$17.8 MILLION IN CHARITY CARE COSTS) TO CARE FOR 53,462 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CARE CHARITY CARE REPRESENTED 2.3 PERCENT OF REGIONS' TOTAL OPERATING EXPENSES OF THE 10,860 PATIENT ACCOUNTS FOR WHICH THERE WAS A WRITE OFF IN 2018, 34,019 WERE PURE SELF-PAY PATIENTS WITH NO COVERAGE AND NO ABILITY TO PAY, OF WHICH 18 PERCENT OF THESE SELF-PAY PATIENTS WERE BETWEEN THE AGES</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>OF 18 AND 24 THE REMAINING 74,588 PATIENTS HAD SOME COVERAGE BUT WERE UNABLE TO PAY THE "PATIENT RESPONSIBILITY" PORTION OF THEIR BILL. REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY A THIRD-PARTY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. REGIONS IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS. FOR EXAMPLE, IN 2018, REGIONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERVICES TO SELF-PAY PATIENTS TOTALING \$54.7 MILLION IN CHARGES. APPROXIMATELY \$17.8 MILLION OF THESE CHARGES WERE WRITTEN OFF BY REGIONS AT A NET LOSS. REGIONS PAID \$15.2 MILLION IN 2018 IN MINNESOTA HEALTH CARE TAXES EQUAL TO 2.1 PERCENT OF ITS NET REVENUE FROM PATIENT CARE SERVICES. THE FUNDS RAISED BY THIS TAX ARE EARMARKED BY THE STATE OF MINNESOTA TO INCREASE HEALTH CARE ACCESS FOR MINNESOTANS WHO ARE OTHERWISE UNABLE TO FULLY PAY FOR HEALTH CARE SERVICES. GOVERNMENT-SPONSORED MEANS-TESTED HEALTH CARE: REGIONS PROVIDES INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY DEPARTMENT SERVICES, TO A LARGE NUMBER OF MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PATIENTS. IN 2018, PATIENTS FROM GOVERNMENT PROGRAMS FOR SENIORS CONSTITUTED 41.7 PERCENT OF REGIONS' CHARGES, PATIENTS FROM GOVERNMENT PROGRAMS FOR THE POOR CONSTITUTED 21.7 PERCENT OF REGIONS' CHARGES, AND CHARITY CASES WERE 2.3 PERCENT OF CHARGES. ONLY 34.3 PERCENT OF CHARGES WERE FOR COMMERCIAL PATIENTS. ALTHOUGH MOST OF REGIONS' REIMBURSEMENT COMES FROM GOVERNMENT PROGRAMS, THESE PROGRAMS OFTEN DO NOT COMPENSATE HOSPITALS FOR THE FULL COST OF PROVIDING CARE. COMMUNITY BENEFIT SERVICES: EQUITABLE CARE. HEALTHPARTNERS AND REGIONS SYSTEMATICALLY COLLECT DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY. IN 2018, REGIONS' CAPTURE RATE FOR RACE WAS 97.01 PERCENT AND FOR LANGUAGE 98.69 PERCENT. DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE IN ORDER TO ADDRESS IDENTIFIED HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>RESPONSIBILITY FOR MONITORING DISPARITY DATA LIES WITH THE INTERDISCIPLINARY REGIONS HEALTH EQUITY COMMITTEE. IN 2018, THE COMMITTEE FOCUSED ON:</p> <ul style="list-style-type: none"> <li>1. INCORPORATING HEALTH EQUITY INTO THE HOSPITAL'S STRATEGIC PLAN ACROSS ALL FOUR DIMENSIONS OF PEOPLE, HEALTH, EXPERIENCE, AND STEWARDSHIP.</li> <li>2. CONTINUING TO DEVELOP OUR ORGANIZATION'S ABILITY TO USE HOSPITAL DASHBOARDS TO IDENTIFY DISPARITIES AND MEASURE PROGRESS.</li> <li>3. ADDRESSING AN IDENTIFIED DISPARITY IN LENGTH OF STAY FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY IN OUR MENTAL HEALTH UNITS.</li> <li>4. DEFINING AND KICKING OFF EFFORTS TO EMBED EQUITY INTO OUR PATIENT EXPERIENCE AND NEW BIRTH CENTER PLANNING WORK.</li> </ul> <p>THE DETAILS OF REGIONS HEALTH EQUITY WORK CAN BE FOUND IN THE 2018 CHNA UPDATE ON THE REGIONS WEBSITE. FINANCIAL COUNSELING TO SECURE ACCESS TO ONGOING MEDICAL CARE, AND TO MITIGATE CHARITY CARE WRITE-OFFS, REGIONS ESTABLISHED A FINANCIAL COUNSELING PROGRAM IN 1995. SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT REGIONS, TO INCLUDE THE EMERGENCY DEPARTMENT AND REGIONS-BASED OUTPATIENT CLINICS. ELEVEN PATIENT FINANCIAL COUNSELORS (PFC), 18 REGISTRATION FINANCIAL SPECIALISTS (RFS) AND A RAMSEY COUNTRY WORKER ARE DEDICATED TO HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF COVERAGE. SPECIFICALLY, THE PFCs AND RFSs ARE ABLE TO SCREEN PATIENTS FOR ELIGIBILITY FOR AVAILABLE PROGRAMS AND OFFER ASSISTANCE COMPLETING APPLICATIONS WITH MINNESOTA HEALTH CARE PROGRAMS, REGIONS MEDICAL ASSISTANCE/CHARITY CARE APPLICATIONS, AND SETTING UP PAYMENT PLANS. THE REGIONS EMERGENCY DEPARTMENT PROVIDES FINANCIAL COUNSELING 24 HOURS A DAY, 7 DAYS A WEEK, WHILE THE INPATIENT UNITS DEPARTMENTS PROVIDE COUNSELING SEVEN DAYS A WEEK DURING NORMAL BUSINESS HOURS. CLINIC-BASED FINANCIAL COUNSELING IS ALSO AVAILABLE DURING NORMAL BUSINESS HOURS. IN 2017, PFCs AND RFSs WERE ALSO ENROLLED AS CERTIFIED APPLICATION SPECIALISTS WITH THE MINNESOTA INSURANCE EXCHANGE, ALLOWING THEM THE ABILITY TO FURTHER ASSIST IN ENROLLING IN MINNESOTA MA, MINNESOTACARE AND QUALIFIED HEALTH PLANS VIA THE STATE INSURANCE EXCHANGE. IN 2018 WE HAVE MAINTAINED THE CERTIFIED APPLICATION SPECIALIST STATUS WITH ALL STAFF AND CONTINUE TO ONBOARD NEW PFCs AND RFSs WITH THIS CERTIFICATION. IN LATE 2016 REGIONS ALSO STARTED PARTICIPATING AS A MEDICAID PRESUMPTIVE ELIGIBILITY PROVIDER. THIS MEANT THE REGISTRATION AND FINANCIAL COUNSELING STAFF COMPLETED ADDITIONAL TRAINING ON SCREENING INDIVIDUALS FOR PRESUMPTIVE ELIGIBILITY. IN 2018 REGIONS COMPLETED 833 PRESUMPTIVE ELIGIBILITY APPLICATIONS FOR PATIENTS WITH NO HEALTH INSURANCE COVERAGE. IN 2018, PFCs AND RFSs COMPLETED 2,380 APPLICATIONS, SUCCESSFULLY ENROLLING 1,258 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS. THIS PROVIDED APPROXIMATELY \$8.9 MILLION TO REGIONS FOR CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE. FOR 2018, THE MINNESOTA HEALTH CARE PROGRAMS APPLICATION BREAKDOWN WAS AS FOLLOWS: IN THE EMERGENCY DEPARTMENT AND OUTPATIENT CLINICS, 485 APPLICATIONS WERE SUBMITTED.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CESSFULLY OPENED, FOR INPATIENTS, 773 APPLICATIONS WERE SUCCESSFULLY OPENED EMERGENCY PR EPAREDNESS REGIONS IS A LEADER IN EMERGENCY MANAGEMENT FOR THE EAST METRO REGIONS STAFF ARE PREPARED FOR ANY SITUATION THAT MAY ARISE AND COLLABORATE WITH OTHER HOSPITALS AND PUBLIC SAFETY OFFICIALS TO ENSURE THAT PLANNING AND RESPONSE PLANS ARE INTEGRATED REGIONS' PARTICIPATION IN AN INSPECTION CONDUCTED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES RECEIVED HIGH MARKS FOR EMERGENCY MANAGEMENT AND OVERALL PLAN OF SUSTAINABILITY REGIONS ALSO HAS THE ONLY MASS (NON- MILITARY) DECONTAMINATION SITE IN RAMSEY COUNTY THAT STANDS READY TO HANDLE ANY MAJOR EVENT REGIONS CAN TREAT UP TO 10 PEOPLE PER HOUR IN THE EVENT OF BIOLOGICAL, CHEMICAL OR NUCLEAR INCIDENTS AND IS COMPLETELY COMPLIANT WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION THIS SYSTEM IS TESTED ANNUALLY IN CONJUNCTION WITH A MASS CASUALTY DRILL THAT INVOLVES OUR COMMUNITY PARTNERS AND PUBLIC SAFETY AGENCIES REGIONS IS A MEMBER OF THE METROPOLITAN HOSPITAL COMPACT, ALONG WITH 30 OTHER TWIN CITIES HOSPITALS REGIONS HAS PLAYED A VITAL ROLE IN THE DEVELOPMENT OF COMMUNITY WIDE PLANNING TO IMPROVE EMERGENCY MANAGEMENT THROUGHOUT HEALTH CARE AND ESTABLISH INTERFACING WITH PUBLIC SAFETY, INCLUDING CITY AND COUNTY EMERGENCY MANAGERS ADDITIONALLY, REGIONS COLLABORATES WITH CITY, COUNTY AND STATE PUBLIC HEALTH OFFICIALS TO PLAN APPROPRIATELY FOR PANDEMIC EVENTS REGIONS IS A DESIGNATED CLOSED POD DISPENSING (CPD) SITE A CPD IS AN ANTIBIOTIC DISPENSING SITE FOR ANTHRAX PROPHYLAXIS WHEN THERE IS AN IMMEDIATE THREAT OR KNOWN EXPOSURE TO THE PUBLIC MULTILINGUAL HEALTH RESOURCES EXCHANGE THE MULTILINGUAL HEALTH RESOURCES EXCHANGE (EXCHANGE) IS A COLLABORATION AMONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS, PUBLIC HEALTH AGENCIES AND COMMUNITY GROUPS) TO SHARE TRANSLATED HEALTH MATERIALS AND INFORMATION TO MEET THE HEALTH EDUCATION AND INFORMATION NEEDS OF PEOPLE WITH LIMITED ENGLISH PROFICIENCY REGIONS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 MEMBERS OF THE EXCHANGE CONTRIBUTE MATERIALS TRANSLATED BY THEIR ORGANIZATION TO THE EXCHANGE WEBSITE (WWW.HEALTH-EXCHANGE.NET), WHERE ALL PARTNER ORGANIZATIONS CAN DOWNLOAD THEM FOR USE WITH THEIR CLIENTS AND PATIENTS THIS GREATLY INCREASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTICIPATING ORGANIZATIONS PATRICIA D LUNDBORG CANCER LIBRARY THE LUNDBORG CANCER LIBRARY PROVIDES CANCER-RELATED CONSUMER HEALTH INFORMATION TO PATIENTS, THEIR FAMILIES AND FRIENDS, STAFF AND MEMBERS OF THE COMMUNITY THE LIBRARY COLLECTION CONSISTS OF OVER 1,000 CANCER-RELATED BOOKS AND VIDEOS AVAILABLE FOR CHECK OUT THE LIBRARY ALSO OFFERS BROCHURES FROM THE AMERICAN CANCER SOCIETY, THE NATIONAL CANCER INSTITUTE, THE LEUKEMIA AND LYMPHOMA SOCIETY, CANCERCARE, LIVES TRONG AND MANY OTHER ORGANIZATIONS THE LIBRARY PROVIDES INFORMATION IN SEVERAL LANGUAGES, INCLUDING SPANISH, CHINESE, R</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>USSIAN, VIETNAMESE, HMONG AND THAI THE ENTIRE COLLECTION, INCLUDING BROCHURES AND ONLINE RESOURCES, IS ORGANIZED BY A SIMPLIFIED SET OF CATEGORIES THAT ALLOWS PEOPLE TO QUICKLY LOCATE MATERIAL, REGARDLESS OF THE FORMAT YOGA SESSIONS WERE ALSO OFFERED TO CANCER PATIENTS IN CONJUNCTION WITH THE LUNDBORG CANCER LIBRARY HEALTH PROFESSION EDUCATION REGIONS IS A MAJOR TEACHING HOSPITAL IN THE STATE OF MINNESOTA, TRAINING FELLOW AND RESIDENT PHYSICIANS AS WELL AS MEDICAL AND ADVANCED PRACTICE STUDENTS FROM ACROSS THE STATE IN PARTNERSHIP WITH THE HEALTHPARTNERS INSTITUTE, THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL AND HENNEP IN HEALTHCARE, REGIONS TRAINS MORE THAN 600 RESIDENT PHYSICIANS (160 FTES) FROM 30 DIFFERENT TRAINING PROGRAMS ANNUALLY AREAS OF RESIDENCY AND FELLOWSHIP TRAINING INCLUDED ANESTHESIA, EMERGENCY MEDICAL SERVICES, EMERGENCY MEDICINE, FAMILY MEDICINE, FOOT &amp; ANKLE SURGERY, HAND SURGERY, INTERNAL MEDICINE AND MEDICAL SUBSPECIALTIES (SUCH AS GASTROENTEROLOGY, CARDIOLOGY, ETC.), NEUROLOGY, OBSTETRICS &amp; GYNECOLOGY, OCCUPATIONAL MEDICINE, ORTHOPEDICS, OTOLARYNGOLOGY, PEDIATRIC EMERGENCY MEDICINE, PLASTIC SURGERY, SURGERY AND UROLOGY IN ADDITION, THE FACULTY FROM REGIONS AND HEALTHPARTNERS CLINICS TEACH AND SUPPORT 300+ MEDICAL STUDENT CLINICAL ROTATIONS AND 200+ NURSE PRACTITIONER AND PHYSICIAN ASSISTANT STUDENT CLINICAL ROTATIONS RESIDENT PHYSICIANS AND STUDENTS PROVIDED CARE IN MANY HIGH-INTENSITY AREAS OF REGIONS, INCLUDING THE EMERGENCY DEPARTMENT, INTENSIVE CARE, SURGICAL SUITES AND MEDICAL PATIENT UNITS THEY PROVIDE CARE FOR PATIENTS FROM UNDERSERVED AND DISADVANTAGED COMMUNITIES RESIDENTS AND STUDENTS CONTRIBUTED TO MEDICAL RESEARCH, QUALITY AND PATIENT SAFETY INITIATIVES, AND THE ACADEMIC ENVIRONMENT THAT SUSTAINS REGIONS AND HEALTHPARTNERS' CUTTING-EDGE APPROACH TO CARE THE OFFICE OF HEALTH PROFESSIONAL EDUCATION (OHPE) AT REGIONS, A BRANCH OF THE HEALTHPARTNERS INSTITUTE, MANAGES ALL MEDICAL AND ADVANCED PRACTICE STUDENT AND GRADUATE MEDICAL EDUCATIONAL ACTIVITIES ACROSS THE HEALTHPARTNERS SYSTEM, INCLUDING MANAGING TRAINING CONTRACTS AND INSTITUTIONAL AFFILIATION AGREEMENTS, AND FACILITATING CLINICAL ROTATIONS AND OBSERVATIONS FOR MANY PROSPECTIVE AND CURRENT STUDENTS IN MEDICAL EDUCATION PROGRAMS OHPE ALSO OVERSEES AND ENSURES COMPLIANCE WITH INSTITUTIONAL AND PROGRAM REQUIREMENTS OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND COUNCIL OF PODIATRIC MEDICAL EDUCATION (CPME) OHPE FURTHER ENSURES COMPLIANCE WITH POLICIES AND PROCEDURES AND MANAGES ALL OPERATIONAL ASPECTS OF THE UNDERGRADUATE AND GME TRAINING ACTIVITIES AT THE VARIOUS CLINICS AND HOSPITALS IN THE HEALTHPARTNERS SYSTEM</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>EMERGENCY MEDICAL SERVICES (EMS) REGIONS EMS DELIVERS 24-HOUR MEDICAL DIRECTION AND CONSULTATION TO A DIVERSE GROUP OF PRE-HOSPITAL PROVIDERS IN MINNESOTA AND WESTERN WISCONSIN. ONE UNIQUE WAY IS BY PROVIDING A CUSTOMIZED RESOURCE DIRECTORY. THIS DIRECTORY INCLUDES BEST PRACTICE GUIDELINES AND STATE REGULATIONS, ALONG WITH A CUSTOMIZED MEDICAL DIRECTION PLAN FOR EACH ORGANIZATION BASED ON ITS LOCAL RESOURCES AND ENVIRONMENT. THE DEPARTMENT CURRENTLY REPRESENTS 28 SERVICES WITH 1,500 PROVIDERS, INCLUDING RURAL VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS, URBAN PARAMEDICS AND SUBURBAN PUBLIC SAFETY PERSONNEL. COMMUNITY PARAMEDIC REGIONS HAS A GROWING COMMUNITY PARAMEDICINE PROGRAM TO SUPPORT PATIENTS IN THEIR HOME AFTER A VISIT TO THE EMERGENCY DEPARTMENT OR A HOSPITAL ADMISSION. THE INITIAL IMPLEMENTATION FOCUSED ON PATIENTS WITH CONGESTIVE HEART FAILURE, BASED ON THAT EXPERIENCE THE PROGRAM WAS BROADENED TO INCLUDE OTHER CONDITIONS SUCH AS COPD, STROKE AND PNEUMONIA. THE COMMUNITY PARAMEDIC, UNDER THE ORDERS OF A PHYSICIAN, WILL MAKE ONE OR MORE HOME VISITS TO SUPPORT CLINICAL STABILIZATION, PROVIDE PATIENT EDUCATION, AND PREVENT UNNECESSARY HOSPITAL READMISSIONS AND EMERGENCY DEPARTMENT RETURN VISITS. THESE HOME VISITS INCLUDE PHYSICAL ASSESSMENTS, MEDICATION RECONCILIATION, EDUCATION, HOME SAFETY ASSESSMENT AND CONNECTIONS TO COMMUNITY AND HEALTH CARE RESOURCES. DURING 2018, THE COMMUNITY PARAMEDICINE PROGRAM SERVED 96 PATIENTS AND COMPLETED 411 HOME VISITS. LIFE LINK III REGIONS IS A CORPORATE MEMBER (ALONG WITH NINE OTHER LOCAL AND/OR REGIONAL HEALTH SYSTEMS) OF LIFE LINK III, A CRITICAL CARE TRANSPORT SERVICE THAT PROVIDES HELICOPTER AND AIRPLANE OPTIONS TO THE MOST SEVERELY ILL AND INJURED TRAUMA PATIENTS. BY COLLABORATING ACROSS THE COMMUNITY AND GREATER REGION, THESE AREA HEALTH CARE SYSTEMS AVOID DUPLICATION OF EXPENSIVE AIR TRANSPORT SERVICES, THEREBY REDUCING THE COST OF HEALTH CARE. MEDICAL RESOURCE CONTROL CENTER (MRCC) MRCC SERVES AS THE ONLINE TRIAGE LIAISON BETWEEN EMERGENCY MEDICAL SERVICES (EMS) AMBULANCE CREWS AND DESTINATION HOSPITALS. MRCC PROVIDES MEDICAL CONTROL COMMUNICATIONS TO AMBULANCE SERVICES AND PRE-HOSPITAL EMERGENCY CARE PROVIDERS IN THE EAST METRO COUNTIES OF DA KOTA, RAMSEY AND WASHINGTON IN MINNESOTA AND AREAS OF WESTERN WISCONSIN. MRCC IS IN CONTACT WITH METRO AREA EMERGENCY DEPARTMENTS. THE COMMUNICATIONS CENTER ITSELF IS LOCATED IN REGIONS EMERGENCY CENTER. MRCC STAFF PROVIDES AMBULANCE PERSONNEL WITH A SINGLE CONTACT POINT FOR RELAYING PATIENT INFORMATION, AN EMS GUIDELINE RESOURCE, HOSPITAL DIVERSION INFORMATION, MEDICAL RESOURCE ACCESS, COORDINATION OF MASS CASUALTIES, EMS COMMUNICATION EDUCATION AND CONTINUOUS QUALITY IMPROVEMENT (CQI) AND EMS CALL DATA COLLECTION. THE MRCC OPERATES ITS SECONDARY, OFF-SITE BACKUP CENTER AND OCCASIONALLY OCCUPIES ITS HOSPITAL LOCATION TO TEST AND ASSURE CONTINGENCY OPERATIONS. BURN AND TRAUMA SERVICES. REGIONS IS THE ONLY EAST METRO LEVEL I ADULT AND LEVEL</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>I PEDIATRIC TRAUMA CENTER, AND ONE OF JUST TWO VERIFIED BURN PROGRAMS IN THE STATE THE TR AUMA PROGRAM TRACKS BURN AND TRAUMA-RELATED INJURIES FOR EACH SPECIFIC REGISTRY USED FOR P ERFORMANCE IMPROVEMENT, QUALITY ASSURANCE AND PUBLIC HEALTH REPORTING THE BURN CENTER AND THE TRAUMA CENTER ARE EACH VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS, AS A LEVEL I ADU LT TRAUMA CENTER AND A LEVEL I PEDIATRIC TRAUMA CENTER AND THE AMERICAN BURN ASSOCIATION A S A VERIFIED BURN CENTER REGIONS BURN CENTER PROVIDES REGIONAL BURN CARE IN THE UPPER MID WEST IT HAS PROVEN SUCCESS WITH ITS TELEMEDICINE PROGRAM AVAILABLE FOR INITIAL AND ON-GOI NG CARE THIS SERVICE IMMEDIATELY ASSISTS RURAL PHYSICIANS MANAGING AN UNCOMMON EMERGENCY - THE CRITICALLY INJURED BURN PATIENT - PRIOR TO TRANSFERRING THE PATIENT TO THE BURN CENT ER WHEN THE PATIENT RETURNS TO THEIR COMMUNITY, SOMETIMES FOLLOW-UP CARE CAN BE MANAGED V IA TELEMEDICINE IN COLLABORATION WITH THE PATIENT'S PRIMARY CARE PROVIDER THIS LEADS TO A REDUCTION IN TIME, EXPENSE AND ANXIETY FOR THE PATIENT AND THEIR FAMILY MINNESOTA STATE TRAUMA SYSTEM REGIONS IS ACTIVE IN THE MINNESOTA STATE TRAUMA SYSTEM (STAC) DR AARON BU RNETT, REGIONS EMS MEDICAL DIRECTOR AND APPOINTED STATE EMS MEDICAL DIRECTOR, IS A MEMBER OF STAC REGIONS STAFF PARTICIPATED IN SUBCOMMITTEES ASSOCIATED WITH STAC, INCLUDING THE I NJURY PREVENTION AND DATA ELEMENTS TRAUMA LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSP ITALS IN MINNESOTA BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICA TION SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST IN ADDITION, M EDICAL DIRECTOR OF TRAUMA SERVICES, DIRECTOR OF TRAUMA AND BURN PROGRAMS, AND PEDIATRIC TR AUMA PROGRAM MANAGER CONDUCT STATE TRAUMA SYSTEM HOSPITAL SITE VISITS FOR TRAUMA DESIGNATI ON ADDITIONALLY, REGIONS PROVIDED LEADERSHIP FOR THE DEVELOPMENT OF THE MINNESOTA - METRO REGION TRAUMA ADVISORY COMMITTEE THAT REPORTS TO STAC DR MICHAEL MCGONIGAL, REGIONS MED ICAL DIRECTOR OF TRAUMA SERVICES, IS THE PAST COMMITTEE CHAIR MINNESOTA - METRO REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REGIONS PROVIDED LEADERSHIP TO ESTABLISH AND LEAD THIS R TAC THE SYSTEM COORDINATES WITH THE METRO AREAS ONLY ADULT AND PEDIATRIC TRAUMA CENTERS T O TREAT SEVERE TRAUMA PATIENTS FROM WASHINGTON, SCOTT, DAKOTA, HENNEPIN, WRIGHT, CARVER AN D ANOKA COUNTIES IN MINNESOTA THE TRAUMA MEDICAL DIRECTOR PROVIDES A LEADERSHIP ROLE TO T HE RTAC BY HELPING THEM IMPROVE CARE AND QUALITY PLANS WISCONSIN REGIONAL TRAUMA ADVISORY COMMITTEE - REGION 1 SUBCOMMITTEE REGIONS IS ALSO AN ACTIVE MEMBER OF THE WISCONSIN REGI ONAL TRAUMA ADVISORY COMMITTEE (RTAC), WHICH WAS CREATED TO SERVE AS THE REGIONAL TRAUMA S YSTEM FOR A PORTION OF THE WESTERN WISCONSIN REGION THE SYSTEM COORDINATES WITH REGIONS A S THE AREA'S ONLY LEVEL I ADULT AND LEVEL I PEDIATRIC TRAUMA CENTERS TO TREAT SEVERE TRAUM A PATIENTS FROM PIERCE, POLK AND ST CROIX COUNTIES IN WISCONSIN REGIONS CRITICAL CARE OU TREACH COORDINATOR ACTS AS THE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CHAIR PERSON FOR THE REGION 1 SUBCOMMITTEE IN ADDITION, TRAUMA MEDICAL LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITALS IN WISCONSIN BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATION SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST ADDITIONALLY, REGIONS STAFF PARTICIPATED IN TRAUMA AND EMERGENCY CONFERENCES SUCH AS LOCAL AND REGIONAL EMERGENCY NURSING ASSOCIATION CONFERENCES, EMS AND TRAUMA EDUCATION SEVERAL COMMUNITY GRAND ROUND EDUCATIONAL EVENTS ARE PROVIDED BY PROFESSIONAL STAFF SEXUAL ASSAULT NURSE EXAMINER THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM HAS COLLABORATED WITH SEXUAL OFFENSE SERVICES OF RAMSEY COUNTY TO PROVIDE COMPREHENSIVE, COMPASSIONATE CARE TO SEXUAL ASSAULT VICTIMS, AGE 13 AND OLDER, SINCE 2002 THE REGISTERED NURSES WITHIN THE SANE PROGRAM ARE SPECIALLY TRAINED TO PROVIDE FOR THE UNIQUE NEEDS OF SEXUAL ASSAULT VICTIMS FROM BOTH A MEDICAL AND A FORENSIC PERSPECTIVE ON DECEMBER 1, 2011, REGION'S SANE PROGRAM BEGAN PROVIDING SANE SERVICES TO LAKEVIEW HOSPITAL PATIENTS ON JULY 1, 2013, REGIONS BEGAN OFFERING SANE SERVICES TO THE THREE HEALTHCARE FACILITIES (WOODWINDS, ST JOSEPH'S AND ST JOHN'S HOSPITAL) CANVAS HEALTH PROVIDES THE ADVOCACY SERVICES TO OUR TWO WASHINGTON COUNTY SITES (LAKEVIEW HOSPITAL AND WOODWINDS HOSPITAL) REGIONS' SANE PROGRAM RESPONDED TO 349 PATIENTS IN 2018 REGIONS' SANE PROGRAM STAFF ACTIVELY PARTICIPATED IN EDUCATIONAL PROGRAMS IN THE COMMUNITY, INCLUDING PRESENTING TO STAFF AND FACULTY AT NORTHWESTERN UNIVERSITY, METRO STATE, AUGSBURG COLLEGE, AND FAMILY TREE CLINIC SANE PROGRAM STAFF TAUGHT THREE 40-HOUR SANE COURSES IN MINNESOTA IN 2018 REGIONS SANE PROGRAM PRESENTED THREE TWO-DAY SKILLS LABS WHICH PROVIDED HANDS-ON EXPERIENCE PROVIDING EXAMS WITH LIVE MODELS FOR NURSES ACROSS THE COUNTRY TWO SANE PROGRAM STAFF MEMBERS HOLD BOARD OF DIRECTORS POSITIONS FOR THE MINNESOTA INTERNATIONAL ASSOCIATION OF FORENSIC NURSES (MN IAFN), THE STATE CHAPTER OF OUR PROFESSIONAL ORGANIZATION MN IAFN, WHICH INCLUDES MANY REGIONS SANE PROGRAM STAFF, PROVIDES EDUCATION TO LOCAL SANES TO IMPROVE OUR RESPONSE AND CARE TO VICTIMS OF SEXUAL ASSAULT REGIONS' SANE PROGRAM PROVIDED EDUCATION FOR MINNESOTA SANES AND ADVOCATES FROM SEXUAL OFFENSE SERVICES OF RAMSEY COUNTY THREE REGIONS SANES WERE ACCEPTED BY THE IAFN TO SPEAK AT THE ANNUAL CONFERENCE IN RENO, NEVADA IN 2018 ELLEN JOHNSON, SANE PROGRAM SUPERVISOR, IS AN IAFN CERTIFICATION BOARD MEMBER IN 2018 THE SANE PROGRAM OFFERED HOUR-LONG PRESENTATIONS ON HUMAN TRAFFICKING TWO TIMES AT REGIONS HOSPITAL REGIONS SANE PROGRAM NURSES ARE MEMBERS OF THE RAMSEY COUNTY SEXUAL ASSAULT PROTOCOL TEAM AND SERVE ON ADVISORY COMMITTEES FOR THE MINNESOTA COALITION AGAINST SEXUAL ASSAULT (MNCASA)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM PERSONNEL ARE A RESOURCE FOR THE MNCASA AND PROVIDE INPUT INTO INITIATIVES THAT SERVE VICTIMS AND VICTIM SERVICE PROVIDERS ELLEN JOHNSON, IN COLLABORATION WITH THE INTERPRETER SERVICES DEPARTMENT, OFFERED TWO FOUR-HOUR CONTINUING EDUCATION SESSIONS ON SIGN LANGUAGE INTERPRETATION FOR THE SEXUAL ASSAULT EXAM. MENTAL HEALTH SERVICES' BEHAVIORAL HEALTH DEPARTMENT IS THE LEADING PROVIDER OF COMPREHENSIVE MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES IN THE TWIN CITIES EAST METRO AREA AND WESTERN WISCONSIN. REGIONS OPERATES A 100-BED, ALL PRIVATE ROOM, ACUTE ADULT INPATIENT PSYCHIATRIC FACILITY, ALONG WITH RELATED SUPPORT SERVICES IN THE COMMUNITY. REGIONS ALSO OPERATES A PARTIAL HOSPITALIZATION PROGRAM FOR UP TO 18 CLIENTS ON A DAILY BASIS, AS WELL AS AN INTENSIVE OUTPATIENT PROGRAM FOR UP TO 12 CLIENTS THREE DAYS PER WEEK, TO HELP SHORTEN OR EVEN AVOID THE NEED FOR INPATIENT HOSPITALIZATION. IN ADDITION, REGIONS SUPPORTS AND COORDINATES WITH A RELATED ENTITY, RHSC, INC., IN RHSC'S PROVISION OF CRISIS STABILIZATION AND INTENSIVE REHABILITATION SERVICES. HOVANDER HOUSE OPENED IN 2003 AS A SHORT-TERM CRISIS STABILIZATION RESIDENTIAL FACILITY, HOVANDER HOUSE IS DESIGNED TO HELP INDIVIDUALS WHO EXPERIENCE MODERATE TO SEVERE MENTAL ILLNESS. HOVANDER HOUSE, OPERATED BY RHSC, IS STAFFED BY MENTAL HEALTH PROFESSIONALS AND PRACTITIONERS AND CAN ACCOMMODATE UP TO NINE ADULTS AT ONE TIME. IN 2018, HOVANDER HOUSE SERVED 232 ADULTS WITH AN AVERAGE LENGTH OF STAY OF 7.2 DAYS. APPROXIMATELY 19 PERCENT OF PATIENTS REFERRED TO HOVANDER HOUSE DID NOT HAVE INSURANCE. IN ADDITION TO HELPING PATIENTS TRANSITION INTO THE COMMUNITY, HOVANDER HOUSE SAVED AN ESTIMATED 1,918 INPATIENT HOSPITAL DAYS IN 2018. AFTON PLACE. IN 2017 THE REGIONS BOARD APPROVED THE PURCHASE AND RENOVATION OF A BUILDING IN MAPLEWOOD, MN, TO EXPAND THE AVAILABILITY OF INTENSIVE RESIDENTIAL TREATMENT SERVICES. AFTON PLACE, OPERATED BY RHSC, OPENED AND BEGAN SERVING PATIENTS IN APRIL 2018. THIS STATE-OF-THE-ART 16-BED FACILITY HAS SINGLE ROOMS, EACH WITH ITS OWN BATHROOM. AN ELEVATOR WAS ADDED TO MAKE THE FACILITY ADA COMPLIANT, AS WAS THE ADDITION OF AN ADA HANDICAP-ASSESSABLE ROOM. THE FACILITY FEATURES TWO SPACIOUS GROUP ROOMS, A SENSORY INTEGRATION ROOM, AND A LARGE OPEN DINING AREA WITH ITS OWN COMMERCIAL KITCHEN. AFTON PLACE ADMITTED AND SERVED 61 INDIVIDUALS FOR AN AVERAGE LENGTH OF STAY OF 54 DAYS IN 2018. OF THOSE ADMITTED TO AFTON PLACE, 48 CAME FROM THE REGIONS INPATIENT BEHAVIORAL HEALTH UNIT, THUS ALLOWING AN ADDITIONAL 77 PATIENTS TO BE ADMITTED TO THAT PROGRAM. SAFE HOUSE. SAFE HOUSE IS A LICENSED INTENSIVE RESIDENTIAL TREATMENT PROGRAM, OPERATED BY RHSC, THAT PROVIDES SUPPORTIVE AND TREATMENT SERVICES FOR UP TO 90 DAYS TO APPROXIMATELY 60 ADULTS PER YEAR WHO EXPERIENCE MENTAL HEALTH AND SUBSTANCE USE PROBLEMS. SAFE ALTERNATIVES. THE PROGRAM ASSISTS CLIENTS WITH FINDING SAFE AND AFFORDABLE HOUSING AND PROVIDES LONG-TERM SUPPORT TO MAINTAIN HOUSING FOR OVER</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>160 ADULTS WHO EXPERIENCE MENTAL HEALTH AND SUBSTANCE USE PROBLEMS EACH YEAR. PORTICO HEALTHNET REGIONS BELIEVES THAT ACCESS TO HEALTH CARE COVERAGE IS A MAJOR FACTOR IN AVERTING MORE EXPENSIVE EMERGENCY ROOM VISITS. PORTICO HEALTHNET (PORTICO) IS A NONPROFIT ORGANIZATION THAT HELPED ABOUT 350 PEOPLE PER MONTH ENROLL IN FREE OR LOW-COST HEALTH COVERAGE PROGRAMS. SINCE 1995, PORTICO OUTREACH WORKERS HAVE PROVIDED ASSISTANCE IN COMPLETING APPLICATIONS FOR PROGRAMS SUCH AS MINNESOTA CARE OR MEDICAL ASSISTANCE. IN ADDITION, PORTICO OFFERED ITS OWN COVERAGE PROGRAM, WHICH PAID FOR PRIMARY AND SPECIALTY CARE CLINIC VISITS, URGENT CARE SERVICES, AND PRESCRIPTION DRUGS, ALONG WITH INTERPRETER AND TRANSPORTATION SERVICES. WHILE THIS PROGRAM OPERATED BY PORTICO CLOSED IN SEPTEMBER 2018, REGIONS PROVIDED \$186,003 TO PORTICO TO IMPROVE ACCESS AND COVER ADMINISTRATIVE COSTS FOR PEOPLE WITHOUT HEALTH INSURANCE. CATHOLIC CHARITIES DOROTHY DAY CENTER CATHOLIC CHARITIES' MISSION IS TO SERVE THOSE MOST IN NEED AND TO ADVOCATE FOR JUSTICE IN THE COMMUNITY. THEY ACCOMPLISH THIS BY WORKING IN AND WITH THE BROADER COMMUNITY IN THE CONSTRUCTION OF THEIR NEW FACILITY IN ST. PAUL, CALLED HIGHER GROUND. THE ORGANIZATION ADVANCED A NEW VISION AND INCLUDED A MEDICAL RESPITE CENTER FOR HOMELESS PATIENTS NEEDING SHELTER WHILE RECOVERING FROM A HOSPITAL STAY. IN 2018, 110 PATIENTS WERE ABLE TO BE DISCHARGED FROM REGIONS SOONER BECAUSE THEY COULD GO TO THE RESPITE CENTER. REGIONS CONTRIBUTED \$246,028 IN 2018 TO THE PROGRAM. COMMUNITY BUILDING ACTIVITIES ENVIRONMENTAL IMPROVEMENTS REGIONS CONTINUES TO BE A LEADER IN RECYCLING, RESOURCE CONSERVATION AND WASTE REDUCTION. REGIONS HAS IMPLEMENTED MANY PROGRAMS AROUND HAZARDOUS WASTE REDUCTION BY RECYCLING LABORATORY SOLVENTS AND PREFERENTIALLY PURCHASING ITEMS THAT ARE SAFE FOR THE ENVIRONMENT. IN 2018, REGIONS DONATED OVER 16 TONS OF EQUIPMENT TO LOCAL NON-PROFIT ORGANIZATIONS AND MISSION GROUPS. IN TOTAL, REGIONS RECYCLED OVER 613 TONS OF MATERIALS IN 2018. REGIONS HAS ALSO PARTNERED WITH XCEL ENERGY TO EVALUATE ALL OF OUR PROGRAMS AND SYSTEMS. THE PARTNERSHIP HAS LED TO IMPROVED SUSTAINABILITY THROUGH SIGNIFICANT ENERGY USE REDUCTIONS OVER THE YEARS. IN 2018, REGIONS SAVED OVER 3.2 MILLION KILOWATT HOURS THROUGH INVESTMENTS IN MORE EFFICIENT EQUIPMENT AS WELL AS THE PROGRAMMING OF DEVICES BY OUR BUILDING AUTOMATION TEAM. ADDITIONALLY, OUR COMMUNITY SOLAR GARDEN SUBSCRIPTION AGREEMENT PRODUCED OVER 6 MILLION KILOWATT HOURS OF CLEAN RENEWABLE ENERGY AND SAVED US \$97,000 ON OUR UTILITY BILLS. REGIONS TAKES ADVANTAGE OF OPPORTUNITIES TO BE MORE SUSTAINABLE WITH RESPECT TO NEW CONSTRUCTION, REMODELS, CHEMICALS AND ENERGY MANAGEMENT. THE REGIONS SUSTAINABILITY TEAM CONTINUES TO ESTABLISH SPECIFIC GOALS AROUND REDUCTIONS IN WASTE, PAPER USAGE, AND ENERGY CONSUMPTION, AS WELL AS EDUCATING AND ENCOURAGING STAFF TO RECYCLE MORE ACROSS THE ORGANIZATION. IN 2018, ALL GOALS WERE MET AND REGIONS RECEIVED A TOP 25 AWARD AND TOP 10 CIRCLE O.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>F EXCELLENCE AWARDS FOR LEADERSHIP, FOOD, GREENING THE OPERATING ROOM, ENERGY EFFICIENCY, CLIMATE ACTION, AND WASTE MINIMIZATION FROM PRACTICE GREEN HEALTH FOR OUR SUSTAINABILITY EFFORTS NATIONAL RECOGNITION REGIONS HAS BEEN REGULARLY RECOGNIZED FOR ITS CARE IN 2018, REGIONS RECEIVED THE FOLLOWING AWARDS AND RECOGNITIONS THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY NAMED REGIONS HOSPITAL FOUNDATION A HIGH PERFORMER BECKER'S HOSPITAL REVIEW PUT REGIONS ON ITS LIST OF THE GREENEST HOSPITALS IN AMERICA CHAIN AWARD FOR EXCELLENCE FOR INFECTION PREVENTION EFFORTS AMERICAN STROKE ASSOCIATION/AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS TARGET STROKE ELITE PLUS AWARD MINNESOTA HOSPITAL ASSOCIATION'S EXCELLENCE IN DONATION AWARD PRACTICE GREENHEALTH'S TOP 25 ENVIRONMENTAL EXCELLENCE AWARD AND CIRCLE OF EXCELLENCE AWARDS FOR GREENING THE OR AND ENERGY EFFICIENCY HEALTHGRADES NAMED REGIONS ONE OF AMERICA'S 50 BEST HOSPITALS, THE ONLY HOSPITAL IN MINNESOTA TO RECEIVE THIS AWARD THREE YEARS IN A ROW (2016-2018) HEALTHGRADES ALSO GAVE REGIONS THE DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE INDIVIDUAL LEADERS AND STAFF RECEIVED WITH THE FOLLOWING AWARDS AND RECOGNITION SOCIETY OF HOSPITAL MEDICINE'S AWARD FOR CLINICAL EXCELLENCE FOR PHYSICIANS AND MEREDITH WOLD RECEIVED THE AWARD FOR CLINICAL EXCELLENCE FOR NPS/PAS MARCH OF DIMES MINNESOTA NURSE OF THE YEAR IN THE CARE MANAGEMENT CATEGORY STATE OF MINNESOTA FAMILY READINESS GROUP LEADER ROOKIE OF THE YEAR AWARD AND A BRONZE PRESIDENTIAL VOLUNTEER SERVICE AWARD PHYSICIANS AND ADMINISTRATORS ELECTED TO THE FOLLOWING BOARDS OF DIRECTORS SOCIETY OF HOSPITAL MEDICINE, THE AMERICAN BOARD OF EMERGENCY MEDICINE AND THE AMERICAN BOARD OF PLASTIC SURGEONS OTHER HEALTHGRADES RECOGNITION AMERICA'S 100 BEST HOSPITALS FOR CRITICAL CARE AMERICA'S 100 BEST HOSPITALS FOR GASTROINTESTINAL CARE AMERICA'S 100 BEST HOSPITALS FOR GENERAL SURGERY CRANIAL NEUROSURGERY EXCELLENCE AWARD NEUROSCIENCES EXCELLENCE AWARD PULMONARY CARE EXCELLENCE AWARD STROKE EXCELLENCE CARE AWARD</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	HEALTHPARTNERS INC , ALONG WITH RELATED ORGANIZATIONS, IS JOINTLY LIABLE FOR THE TAX EXEMPT BONDS HELD BY HEALTHPARTNERS INC UNDER A MASTER TRUST AGREEMENT THE MEMBERS OF THE JOINTLY LIABLE GROUP, WHICH IS COLLECTIVELY REFERRED TO AS THE "OBLIGATED GROUP", INCLUDE PARK NICOLLET HEALTH SERVICES, PARK NICOLLET CLINIC, PARK NICOLLET METHODIST HOSPITAL, PNMC HOLDINGS, REGIONS HOSPITAL, AND PARK NICOLLET HEALTH CARE PRODUCTS, GROUP HEALTH PLAN INC, HEALTHPARTNERS ADMINISTRATORS INC , HEALTHPARTNERS INSURANCE COMPANY IN ACCORDANCE WITH REPORTING REQUIREMENTS FOR SCHEDULE K, ALL OUTSTANDING TAX EXEMPT BONDS ARE REPORTED SOLELY ON THE SCHEDULE K OF GROUP HEALTH PLAN INC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HPI RAMSEY IS THE SOLE CORPORATE MEMBER OF REGIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	HPI-RAMSEY, AS THE SOLE CORPORATE MEMBER OF REGIONS, APPOINTS UP TO 12 MEMBERS OF THE UP TO 19 MEMBER BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	HPI RAMSEY, AS THE SOLE CORPORATE MEMBER OF REGIONS, APPROVES ACTIONS AS FOLLOWS AMENDMENT OF ARTICLES OR BYLAWS, ANNUAL OPERATING AND CAPITAL BUDGETS AND LONG-RANGE PLANS, UNBUDGETED SPECIAL PROJECTS IN EXCESS OF \$1,000,000, GUARANTEEING THE DEBT OF ANY OTHER PERSON OR ENTITY IN EXCESS OF \$1,000,000, A LOAN OR OTHER INDEBTEDNESS IN EXCESS OF \$1,000,000, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, DISPOSITION OF SUBSTANTIALLY ALL ASSETS, DISSOLUTION, APPOINTMENT OF THE CHAIR OF THE BOARD AND PRESIDENT

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	REGIONS FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM REGIONS OR HEALTHPARTNERS REGIONS' ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
990, PART VII, SECT A, LN 1A, COL B AVERAGE HOURS - RELATED ORGANIZATIONS	AVERAGE WEEKLY HOURS THE COMPENSATED BOARD MEMBERS AND OFFICERS OF THE HOSPITAL ARE EMPLOYED AND COMPENSATED BY THE HOSPITAL, GHI OR PARK NICOLLET THE COMPENSATED BOARD MEMBERS AND OFFICERS DEVOTE THEIR TIME TO MULTIPLE RELATED ORGANIZATIONS REPORTED AVERAGE HOURS WORKED ARE BASED ON THEIR TOTAL COMPENSATION FROM ALL RELATED ORGANIZATIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 93,638 TRANSFER TO RIHS A RELATED ORGANIZATION -850,000

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONS HOSPITAL

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
REGIONS HOSPITAL

Employer identification number  
41-0956618

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHPARTNERS INC - CLAIMS/HEALTHCARE SERVICES	L	71,279,830	CASH AMOUNT
(2) HEALTHPARTNERS INC - RENT	P	806,000	CASH AMOUNT

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

[illegible]

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

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 41-0956618  
Name: REGIONS HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1) (A)(III)	HEALTHPARTNERS INC		No
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	509(A)(3) TYPE II	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(VI)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No



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

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

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

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