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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

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:

HEIDI CONRAD

640 JACKSON STREET

ST PAUL, MN 55101

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.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)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

17

11

6,406

653

0

0

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

5,469,668

7,477,028

798,578,631

811,375,727

1,284,895

16,118,242

25,000

25,000

805,358,194

834,995,997

749,037

939,815

0

0

469,467,424

487,013,643

0

0

308,621,563

306,472,115

778,838,024

794,425,573

26,520,170

40,570,424

Beginning of Current Year

End of Year

919,719,473

984,406,424

359,333,021

364,572,277

560,386,452

619,834,147

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

HEIDI CONRAD CFO

Type or print name and title

2020-11-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01413237

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

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

Phone no. (612) 305-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service 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.

4a	(Code:)	(Expenses \$ 752,399,436	including grants of \$ 939,815) (Revenue \$ 811,375,727)
	See Additional Data				

4b	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
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4c	(Code:)	(Expenses \$	including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$	including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶	752,399,436			
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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

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

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

[illegible]

Part VII

(A)
Name and title

Lb Sub-Total

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 ▶ 500

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Section B. Independent Contractors

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 57

Part VIII

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	1,519,708			
	e	Government grants (contributions)	1e	5,957,320			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f ▶			7,477,028			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	623990	766,257,218	766,257,218		
	b	CONTRACT REVENUE	900099	36,162,638	36,162,638		
	c	CAFETERIA	722210	3,502,561	3,502,561		
	d	OTHER REVENUE	900099	2,781,116	2,781,116		
	e	PARKING	812930	1,616,034	1,616,034		
	f All other program service revenue.			1,056,160	1,056,160		
	9 Total. Add lines 2a-2f. ▶		811,375,727				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			16,118,242			16,118,242
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a	Gross rents	25,000				
	b	Less: rental expenses	0				
	c	Rental income or (loss)	25,000				
	d Net rental income or (loss) ▶			25,000			25,000
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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	8a				
	b	Less: direct expenses	8b				
	c Net income or (loss) from fundraising events . . . ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c Net income or (loss) from gaming activities . . . ▶						
	10a	Gross sales of inventory, less returns and allowances . . .	10a				
b	Less: cost of goods sold . . .	10b					
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			834,995,997	811,375,727	0	16,143,242	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	939,815	939,815		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,081,508		2,081,508	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	382,170,168	359,629,611	22,540,557	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,497,426	15,749,632	747,794	
9 Other employee benefits	62,629,774	59,790,895	2,838,879	
10 Payroll taxes	23,634,767	22,563,452	1,071,315	
11 Fees for services (non-employees):				
a Management				
b Legal	251,634	73,090	178,544	
c Accounting	14,883		14,883	
d Lobbying	51,465		51,465	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,896,509	27,319,243	1,577,266	
12 Advertising and promotion	1,099,208	312,668	786,540	
13 Office expenses	3,744,023	3,026,550	717,473	
14 Information technology	1,198,311	700,650	497,661	
15 Royalties				
16 Occupancy	14,419,592	14,038,099	381,493	
17 Travel	683,972	629,133	54,839	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	313,175	295,473	17,702	
20 Interest	6,877,749	6,877,749		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,597,270	39,815,270	1,782,000	
23 Insurance	1,867,456	1,867,456		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL AND OTHER SUPPL	152,022,334	151,991,217	31,117	
b TAXES & ASSESSMENTS	23,616,846	23,616,846		
c MAINTENANCE AND REPAIRE	20,828,250	15,228,640	5,599,610	
d MISCELLANEOUS EXPENSE	7,510,115	6,887,311	622,804	
e All other expenses	1,479,323	1,046,636	432,687	
25 Total functional expenses. Add lines 1 through 24e	794,425,573	752,399,436	42,026,137	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		210,180,751	1	184,144,234	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		88,446,872	4	93,158,028	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		9,701,692	8	11,275,767	
	9	Prepaid expenses and deferred charges		3,586,773	9	4,170,667	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	894,836,922			
	b	Less: accumulated depreciation	10b	560,498,014	302,109,020	10c	334,338,908
	11	Investments—publicly traded securities		279,876,422	11	310,805,312	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		25,817,943	15	46,513,508	
16	Total assets. Add lines 1 through 15 (must equal line 34)		919,719,473	16	984,406,424		
Liabilities	17	Accounts payable and accrued expenses		100,187,528	17	94,671,758	
	18	Grants payable			18		
	19	Deferred revenue		9,898,137	19	9,318,617	
	20	Tax-exempt bond liabilities		215,416,475	20	207,633,833	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		33,830,881	25	52,948,069	
	26	Total liabilities. Add lines 17 through 25		359,333,021	26	364,572,277	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		536,352,452	27	596,193,147	
	28	Net assets with donor restrictions		24,034,000	28	23,641,000	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		560,386,452	32	619,834,147	
33	Total liabilities and net assets/fund balances		919,719,473	33	984,406,424		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	834,995,997
2	Total expenses (must equal Part IX, column (A), line 25)	2	794,425,573
3	Revenue less expenses. Subtract line 2 from line 1	3	40,570,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	560,386,452
5	Net unrealized gains (losses) on investments	5	17,577,511
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,195,257
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-895,496
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	619,834,147

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

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

Additional Data

Software ID:

Software Version:

EIN: 41-0956618

Name: REGIONS HOSPITAL

Form 990 (2019)

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			
ARMANDO CAMACHO DIRECTOR	0.43 0.00	X						0	0	0
ACOOA ELLIS DIRECTOR	0.16 0.00	X						0	0	0
ANGELA DILLOW DIRECTOR	0.83 0.00	X						0	0	0
JENNIFER REEDY CHAIR & DIRECTOR	0.42 0.00	X		X				0	0	0
JAN HALVERSON DIRECTOR	0.36 0.00	X						0	0	0
KENT LARSON DIRECTOR	0.30 0.00	X						0	0	0
LAURA LIU DIRECTOR & TREASURER & VICE CHAIR	0.63 0.00	X		X				0	0	0
JIM MCDONOUGH COMMISSIONER DIRECTOR	0.36 0.00	X						0	0	0
SUSAN TRUMAN MD DIRECTOR	0.64 0.00	X						0	0	0
TIM KEENAN DIRECTOR	0.61 0.00	X						0	0	0

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			
MICHAEL VALE DIRECTOR	0.10 0.00	X						0	0	0
LANCE WHITACRE DIRECTOR	0.32 0.00	X						0	0	0
JEROME C SIY MD DIRECTOR	0.50 49.50	X						0	416,178	79,104
STEVE CONNELLY MD DIRECTOR	0.50 64.50	X						0	874,457	154,114
JENNIFER HINES MD DIRECTOR	0.50 35.50	X						0	306,221	46,474
BRIAN H RANK MD DIRECTOR	0.50 64.50	X						0	1,023,330	128,165
MEGAN M REMARK DIRECTOR, PRESIDENT & CEO	46.50 3.50	X		X				0	746,520	202,431
ANDREA WALSH DIRECTOR	0.50 54.50	X						0	1,912,669	531,759
TODD HOFHEINS DIRECTOR	0.50 54.50	X						0	1,093,011	225,830
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	49.50 0.50			X				365,165	0	52,924

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			
HEIDI G CONRAD VP,CHIEF FINANCIAL OFFICER	52.50 2.50			X				0	471,274	174,325
KIMBERLY EGAN VP HUMAN RESOURCES	10.00 40.00			X				0	333,692	62,011
ALICIA GILBERT VP HUMAN RESOURCES	50.00 0.00			X				210,728	0	52,424
BRET C HAAKE VP - MEDICAL AFFAIRS	0.50 59.50			X				0	612,496	88,993
THOMAS BOROWSKI VP -REGIONS & PRES-HUDSON HOSPITAL	1.00 59.00			X				316,394	0	61,631
STEVEN MASSEY VP -REGIONS & PRES-WESTFIELDS	49.35 1.00			X				324,232	0	55,776
DEBRA RUDQUIST VP -REGIONS & AMERY	0.50 39.50			X				329,096	0	61,861
TYLER R SCHMITZ VP ANCILLARY SERVICE	49.00 1.00			X				350,076	0	56,358
KEEVAN KOSIDOWSKI VP REGIONS FOUNDATION	0.00 52.00			X				278,143	0	55,164
MARYJO MORRISON VP QUALITY	40.00 0.00			X				322,909	0	61,734

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			
DEBRA KELLY MEDICAL EXECUTIVE DIRECTOR	45.00 0.00			X				235,266	0	41,811
NANCY EVERT SECRETARY, HPI GENERAL COUNCIL	0.50 54.50			X				0	401,500	108,606
JUSTIN ANDERSON NURSE ANESTHESIST	40.00 0.00					X		296,171	0	45,670
DONNA SCHUMACHER NURSE ANESTHESIST	40.00 0.00					X		300,173	0	12,592
KARI B BECERRA NURSE ANESTHESIST	40.00 0.00					X		290,041	0	61,153
REBECCA ARMBRUSTER NURSE ANESTHESIST	40.00 0.00					X		286,636	0	55,103
JOHN CHAUSS NURSE ANESTHESIST	40.00 0.00					X		282,426	0	60,880
MICHAEL F MCAVOY FORMER VP - SPECIALTY SERVICES	0.00 0.00						X	0	325,153	27,530

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

REGIONS HOSPITAL

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

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

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

Part II

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

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

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 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 for instructions and the latest information.

OMB No. 1545-0047

2019

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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	Employer identification number 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

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

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

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

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

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

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

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

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		51,465
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			51,465
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	REGIONS HOSPITAL 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 \$31,541 LOBBYING DUES 1,924 ADMINISTRATIVE COST 18,000 ----- TOTAL \$51,465

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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?

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
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

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

b

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

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	540,735,944	329,900,713	210,835,231
c	Leasehold improvements	8,487,085	5,512,757	2,974,328
d	Equipment	257,371,341	204,849,492	52,521,849
e	Other	81,221,542	20,235,052	60,986,490
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			334,338,908

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	52,948,069

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 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, 2019 OR 2018 FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			27,146,881	2,004,483	25,142,398	3.160 %
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			27,146,881	2,004,483	25,142,398	3.160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			14,897,107	3,406,028	11,491,079	1.450 %
f Health professions education (from Worksheet 5)			24,561,093	12,441,054	12,120,039	1.530 %
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			39,458,200	15,847,082	23,611,118	2.980 %
k Total. Add lines 7d and 7j			66,605,081	17,851,565	48,753,516	6.140 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,185,601	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	221,052,908	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	225,369,390	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,316,482	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

	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										

Section B. Facility Policies and Practices

REGIONS HOSPITAL

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

1

Schedule H (Form 990) 2019

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

REGIONS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>2000.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance 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): <u>HTTPS://WWW.HEALTHPARTNERS.COM/HOSPITALS/REGIONS/PATIENT-GUEST-SUPPORT</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.HEALTHPARTNERS.COM/HOSPITALS/REGIONS/PATIENT-GUEST-SUPPORT/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.HEALTHPARTNERS.COM/HOSPITALS/REGIONS/PATIENT-GUEST-SUPPORT/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

REGIONS HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

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
23		No
24		No

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

[illegible]

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	REGIONS HOSPITAL 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. REGIONS HOSPITAL APPLIES THE MN AG OR THE 501R DISCOUNT, WHICHEVER IS GREATER.
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 HOSPITAL 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.O AND 1.Q, ON PAGES 13 & 14 OF THE ATTACHED CONSOLIDATED FINANCIAL STATEMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	REGIONS HOSPITAL 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 PRACTICESREGIONS HOSPITAL 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 2018, A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND SIX OF ITS HOSPITALS INCLUDING REGIONS, LAKEVIEW HOSPITAL, HUDSON HOSPITAL & CLINIC, WESTFIELDS HOSPITAL & CLINIC, AMERY HOSPITAL & CLINIC, AND PARK NICOLLET METHODIST HOSPITAL) BY THE IMPROVEGROUP 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: DAKOTA COUNTY HENNEPIN COUNTY RAMSEY COUNTY WASHINGTON COUNTY METHODOLOGY IN 2018, HEALTHPARTNERS AND REGIONS CONTRACTED WITH THE IMPROVE GROUP TO ANALYZE AND REPORT ON THE DATA DESCRIBING THE COMMUNITIES WE SERVE. HEALTHPARTNERS PROVIDED THE IMPROVE GROUP WITH THE DEFINITION OF REGIONS SERVICE AREA, THE INDICATORS TO STUDY FOR THE HEALTH AND DEMOGRAPHIC DATA SUMMARIES AND DATA COLLECTED DURING COMMUNITY CONVERSATIONS. COMMUNITY INPUT WAS COLLECTED IN PARTNERSHIP WITH HEALTHPARTNERS AND PARTNER ORGANIZATIONS THROUGH COMMUNITY CONVERSATIONS AND MULTIPLE SURVEYS. THE IMPROVE GROUP THEN GATHERED SECONDARY DATA FROM PUBLIC SOURCES, ANALYZED COMMUNITY INPUT DATA AND DEVELOPED SUMMARY REPORTS TO GUIDE A PRIORITIZATION PROCESS. PRIORITIZED NEEDS THE HEALTHPARTNERS CHNA TEAM INCLUDED REPRESENTATIVES FROM SIX HEALTHPARTNERS HOSPITALS AND HEALTHPARTNERS LEADERSHIP. ON SEPTEMBER 14, 2018, THE CHNA TEAM MET TO REVIEW THE DATA AND PRIORITIZE THE COMMUNITY HEALTH NEEDS ACROSS THE SYSTEM. HEALTHPARTNERS COLLECTIVELY PRIORITIZED COMMUNITY HEALTH NEEDS USING A PROCESS INFORMED BY A MODIFIED HANLON METHOD AND OTHER COMMONLY USED PRIORITIZATION METHODS. EACH HOSPITAL SHARED ITS 4-5 PRIORITY TOPIC AREAS AND RATIONALE FOR EACH TOPIC AREA BASED ON: SIZE: NUMBER OF PERSONS AFFECTED, TAKING INTO ACCOUNT VARIANCE FROM BENCHMARK DATA AND TARGETS; SERIOUSNESS: THE DEGREE TO WHICH THE PROBLEM LEADS TO DEATH, DISABILITY AND IMPAIRMENT OF ONE'S QUALITY OF LIFE (MORTALITY AND MORBIDITY); EQUITY: DEGREE TO WHICH SPECIFIC GROUPS ARE AFFECTED BY THE PROBLEM; VALUE: THE IMPORTANCE OF THE PROBLEM TO THE COMMUNITY; AND CHANGE: WHAT IS THE SAME AND WHAT IS DIFFERENT FROM YOUR PREVIOUS CHNA? HEALTHPARTNERS HOSPITALS WORKED IN A THOROUGH, FACILITATED LARGE AND SMALL GROUP PROCESS TO REACH CONSENSUS ON TOP PRIORITIES. THE CHNA TEAM CONSIDERED THE CRITERIA DESCRIBED ABOVE AS WELL AS COMMUNITY INPUT DATA IN THESE DISCUSSIONS. THE FIVE PRIORITIES ARE OF EQUAL IMPORTANCE AND ARE PRESENTED IN ALPHABETICAL ORDER. THE FIVE PRIORITY AREAS ARE: ACCESS TO CARE, ACCESS TO CARE REFERS TO HAVING EQUITABLE ACCESS TO APPROPRIATE, CONVENIENT AND AFFORDABLE HEALTH CARE. THIS INCLUDES FACTORS SUCH AS PROXIMITY TO CARE, ACCESS TO PROVIDERS, COST, INSURANCE COVERAGE, MEDICAL TRANSPORTATION, CARE COORDINATION WITHIN THE HEALTH CARE SYSTEM AND CULTURAL SENSITIVITY AND RESPONSIVENESS. ACCESS TO HEALTH ACCESS TO HEALTH REFERS TO THE SOCIAL AND ENVIRONMENTAL CONDITIONS THAT DIRECTLY AND INDIRECTLY AFFECT PEOPLE'S HEALTH SUCH AS HOUSING, INCOME, EMPLOYMENT, EDUCATION AND MORE. THESE FACTORS, ALSO REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, DISPROPORTIONATELY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. MENTAL HEALTH AND WELL-BEING, MENTAL HEALTH AND WELL-BEING REFERS TO THE INTERCONNECTION BETWEEN MENTAL ILLNESS, MENTAL HEALTH, MENTAL WELL-BEING AND THE ASSOCIATED STIGMA. POOR MENTAL HEALTH IS ASSOCIATED WITH POOR QUALITY OF LIFE, HIGHER RATES OF CHRONIC DISEASE AND A SHORTER LIFESPAN. NUTRITION AND PHYSICAL ACTIVITY, NUTRITION AND PHYSICAL ACTIVITY REFERS TO EQUITABLE ACCESS TO NUTRITION, PHYSICAL ACTIVITY AND FOOD AND FEEDING CHOICES. POOR NUTRITION AND PHYSICAL INACTIVITY ARE MAJOR CONTRIBUTORS TO OBESITY AND CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE AND STROKE, WHICH DISPROPORTIONATELY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. SUBSTANCE ABUSE, SUBSTANCE ABUSE AND ADDICTION ARE THE EXCESSIVE USE OF SUBSTANCES INCLUDING ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, OPIOIDS AND OTHER DRUGS IN A MANNER THAT IS HARMFUL TO HEALTH AND WELL-BEING. PRIORITIES NOT SELECTED: HEALTHPARTNERS DISCUSSED AND CONSIDERED ADDITIONAL OR ALTERNATIVE PRIORITIES DURING THE PRIORITIZATION PROCESS, INCLUDING CULTURALLY COMPETENT CARE AND SENSITIVITY AND COORDINATION OF SERVICES. THESE NEEDS WERE NOT SELECTED AS ONE OF THE TOP FIVE PRIORITIES BUT WILL BE CONSIDERED IN THE IMPLEMENTATION PLANS FOR THE SELECTED PRIORITY AREAS.</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 2019 REGIONS PROVIDED APPROXIMATELY \$20.0 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:	<p>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 2018, REGIONS PROVIDED CARE TO PATIENTS FROM ALL 87 COUNTIES IN THE STATE, AND ADMITTED PATIENTS FROM 49 STATES. 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 28,196 2019 CASES, 32% OF PATIENTS WERE OF COLOR. FOR THESE SAME ADMISSIONS, 2,491 PATIENTS REPORTED ANOTHER LANGUAGE AS THEIR PRIMARY PREFERENCE.</p>
PART VI, LINE 5:	<p>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.</p>

990 Schedule H, Supplemental Information

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

Section A. Hospital Facilities		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
(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											
1	REGIONS HOSPITAL 640 JACKSON STREET ST PAUL, MN 55101 WWW.REGIONSHOSPITAL.COM 361114	X	X		X			X			

Form 990 Part V 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: THE WAYS WE BRING THE MISSION TO LIFE IS TO WORK WITH COMMUNITY PARTNERS TO BETTER UNDERSTAND WHAT CONTRIBUTES TO AND STANDS IN THE WAY OF GOOD HEALTH AND HOW WE CAN WORK TOGETHER TO IMPROVE HEALTH OUTCOMES. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS IS AN OPPORTUNITY FOR US TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF OUR COMMUNITY AND THE MEASURES AND RESOURCES REQUIRED TO ADDRESS THOSE NEEDS. HEALTHPARTNERS WORKED WITH LOCAL HEALTH DEPARTMENTS, LOCAL COALITIONS, THE CENTER FOR COMMUNITY HEALTH (CCH) AND COMMUNITY PARTNERS TO CONDUCT A COMPREHENSIVE CHNA. IN ADDITION, EACH HEALTHPARTNER'S HOSPITALS ENGAGED WITH LOCAL PUBLIC HEALTH PARTNERS AND OTHER LOCAL HEALTH CARE ORGANIZATIONS ON THE CHNA PROCESS THROUGH PARTICIPATION IN TWO LOCAL COLLABORATIVES: THE CENTER FOR COMMUNITY HEALTH EAST METRO CHA (COMMUNITY HEALTH ASSESSMENT)/CHNA COLLABORATIVE AND THE WEST METRO CHNA COLLABORATION. COMMUNITY INPUT: AS PART OF ITS CHNA PROCESS, REGIONS HOSPITAL PARTNERED WITH PARK NICOLLET HEALTH SERVICES, LAKEVIEW HOSPITAL AND LOCAL PUBLIC HEALTH PARTNERS TO CONDUCT COMMUNITY INPUT ACTIVITIES ACROSS DAKOTA, HENNEPIN, RAMSEY AND WASHINGTON COUNTIES TO UNDERSTAND COMMUNITY MEMBER AND HEALTH CARE PROVIDERS' TOP COMMUNITY HEALTH PRIORITIES. REGIONS ALSO SOLICITED COMMUNITY FEEDBACK AND COMMENTS ON ITS 2015 CHNA. REGIONS DID NOT RECEIVE ANY COMMUNITY COMMENTS. IN 2018, REGIONS HOSPITAL HOSTED AND/OR PARTNERED WITH OTHERS INCLUDING PARK NICOLLET HEALTH SERVICES, LAKEVIEW HOSPITAL, AND LOCAL PUBLIC HEALTH PARTNERS TO HOST COMMUNITY CONVERSATIONS TO UNDERSTAND PRIORITY HEALTH ISSUES FACING VARIOUS POPULATIONS. THE GROUPS INCLUDED: ADULT HEALTHPARTNERS MEMBERS WHO ARE EXPERIENCING HOMELESSNESS DIAMONDHEAD SCHOOL-BASED HEALTH RESOURCE CENTER ADVISORY COMMITTEE AFRICAN-AMERICAN COMMUNITY MEMBERS THROUGH AFRICAN AMERICAN LEADERSHIP COUNCIL MEMBERS OF WEST AFRICAN, AFRICAN AMERICAN, SOUTHEAST ASIAN, LATINO AND EUROPEAN AMERICAN COMMUNITIES (CONDUCTED BY THE NORTHWEST HENNEPIN FAMILY SERVICES COLLABORATIVE) SENIORS AND PROVIDERS OF SENIOR SERVICES IN ST. LOUIS PARK MEMBERS OF THE NORTHWEST HENNEPIN HEALTHY COMMUNITY PARTNERSHIP THE PARK NICOLLET FOUNDATION BOARD OF DIRECTORSSTAFF AND CONTRACTED INTERPRETERS SERVING METHODIST AND REGIONS HOSPITALS REGIONS CARE MANAGERS AND SOCIAL WORKERS MARNITA'S TABLE COMMUNITY INPUT SESSION IN SCOTT COUNTY COMMUNITY HEALTH ACTION TEAM (CHAT) LAKEVIEW HEALTH AND WELLNESS ADVISORY COMMITTEE (HWA)PROVIDER SURVEY: IN 2018, REGIONS AND PARK NICOLLET HEALTH SERVICES SURVEYED HEALTHPARTNERS PROVIDERS WHO PRACTICE IN THE MINNEAPOLIS-ST. PAUL METROPOLITAN AREA TO UNDERSTAND THEIR PERCEPTIONS OF LEADING HEALTH NEEDS AND COMMUNITY RESOURCES AVAILABLE TO HELP THEIR PATIENTS. THE SURVEY ALSO ASKED PROVIDERS TO IDENTIFY BARRIERS THEY OR THEIR PATIENTS FACE IN ADDRESSING HEALTH NEEDS AND PROVIDING RESOURCES. ONE HUNDRED AND ONE HEALTH CARE PROVIDERS COMPLETED THE SURVEY.
REGIONS HOSPITAL	PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES INCLUDED IN THE 2018 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.

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 11: KEY HIGHLIGHTS OF THE 2019 ACTIVITIES:PRIORITY 1: ACCESS TO CARE: DURING 2019, THE COMMUNITY PARAMEDICINE (CP) PROGRAM SERVED 368 UNIQUE PATIENTS AND COMPLETED 1176 HOME VISITS. PATIENTS WERE ENROLLED AT OUR EMERGENCY DEPARTMENT WHEN A NEXT-DAY COMMUNITY PARAMEDIC HOME VISIT COULD BE UTILIZED IN PLACE OF AN OBSERVATION ADMISSION. IN ADDITION, PATIENTS WITH CARDIO-PULMONARY CONDITIONS WHO WERE ADMITTED TO THE HOSPITAL WERE ENROLLED FOR POST-DISCHARGE HOME VISITS. IN BOTH INSTANCES, PATIENTS RECEIVE 1-2 HOME VISITS PER WEEK FOR UP TO 6 WEEKS. THE CP PROGRAM GROWTH WAS SUBSTANTIAL IN 2019, AS WE FAR EXCEEDED THE NUMBER OF PATIENTS SERVED (66) AND HOME VISITS COMPLETED (370) FROM 2018.PRIORITY 2: ACCESS TO HEALTH: REGIONS REPRESENTATIVES PRESENTED AT THE HMONG STROKE EDUCATION TRANSLATION PROJECT (8 STROKE TOPICS CULTURALLY ADAPTED AND TRANSLATED) AND MADE COPIES AVAILABLE TO MINNESOTA DEPARTMENT OF HEALTH STROKE COORDINATOR GROUP, HMONG HEALTHCARE PROFESSIONAL COALITION, AND HEALTHPARTNERS CARE MANAGEMENT AND CARE COORDINATOR STAFF. REGIONS COLLABORATED WITH THE AMERICAN HEART ASSOCIATION FOR BLOOD PRESSURE KIOSK PLACEMENT AND GRAND OPENING/RIBBON CUTTING AT THE HMONG VILLAGE MARKET.PRIORITY 3: MENTAL HEALTH AND WELL-BEING: REGIONS COMPLETED ITS FIRST FULL YEAR OF OPERATION AT AFTON PLACE, AN INTENSIVE RESIDENTIAL TREATMENT SERVICES PROGRAM SERVING THOSE WHO EXPERIENCE SERIOUS AND PERSISTENT MENTAL ILLNESS. 89 INDIVIDUALS PARTICIPATED IN THE PROGRAM IN 2019. DAYBRIDGE PARTIAL HOSPITALIZATION PROGRAM EXPANDED THEIR CAPACITY IN LATE 2018/EARLY 2019 TO ALLOW FOR UP TO 24 CLIENTS TO BE SCHEDULED PER DAY.PRIORITY 4: NUTRITION AND PHYSICAL ACTIVITY: IN 2019, REGIONS TESTED A MODEL WORKING WITH THE COMMUNITY ON FOOD INSECURITY, A VERY COMPLEX PROBLEM THAT AFFECTS THE POPULATION HEALTH OF OUR COMMUNITY AND QUALITY OF LIFE. IN DECEMBER OF 2019, AFTER MANY HOURS OF EMPATHY RESEARCH, REGIONS HELD A HUMAN-CENTERED DESIGN EVENT WITH COMMUNITY MEMBERS FOR THE FIRST TIME SINCE STARTING HUMAN-CENTERED DESIGN AT REGIONS. THE RESULTS FROM THE DESIGN EVENT WILL INFORM THE 2020-21 PLANS TO REDUCE FOOD INSECURITY IN THE COMMUNITY.PRIORITY 5: SUBSTANCE ABUSE: REGIONS J IMBEDDED A PAIN MANAGEMENT TEAM INTO A PRIMARY CARE CLINIC TO TEST IF WE COULD TEACH TACTICS TO PRIMARY CARE TO REDUCE OPIOID USE IN THEIR PATIENTS. OUR RESULTS WERE THAT 1/3 OF PATIENTS PREVIOUSLY ON OPIOIDS STOPPED USING THEM ALL TOGETHER AND THE VAST MAJORITY OF THE REMAINING PATIENTS REDUCED THE NUMBER OF PILLS THEY TOOK ON AVERAGE.
PART V, SECTION B, LINE 13	REGIONS FINANCIAL ASSISTANCE POLICY (FAP) EXPLAINS THE ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE AS FOLLOWS: FEDERAL POVERTY GUIDELINES (FPG) FAMILY INCOME LIMIT FOR ELIGIBILITY FOR FREE CARE AT 200%; AND UNLIMITED FPG FAMILY INCOME FOR ELIGIBILITY FOR DISCOUNTED CARE.

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
PART V, SECTION B, LINE 3E	REGIONS ADDRESSES THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY THROUGH OUR CHNA.

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 for the latest information.

OMB No. 1545-0047

2019

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 7

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)	256,600				PROGRAM SUPPORT
PROGRAM FOR AND TO VICTIMS OF SEXUAL ASSAULT 32 E 1ST ST SUITE 200 DULUTH, MN 55802	41-1350021	501(C)(3)	7,682				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)	623,000				PROGRAM SUPPORT
BOY SCOUTS NORTHERN STAR COUNCIL 6202 BLOOMINGTON ROAD FORT SNELLING, MN 55111	20-3000282	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
COMMONBOND COMMUNITIES 1080 MONTREAL AVE ST PAUL, MN 55116	41-1260469	501(C)(3)	5,000				PROGRAM SUPPORT
SAINT PAUL CHAMBER ORCHESTRA SOCIETY 408 SAINT PETER ST FL HAM SAINT PAUL, MN 55102	41-0829498	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
THE ORDWAY CENTER FOR THE PERFORMING ARTS 345 WASHINGTON STREET ST PAUL, MN 55102	41-1428998	501(C)(3)	10,000				PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization REGIONS HOSPITAL		Employer identification number 41-0956618

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

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	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 \$ 163,674 STEVEN CONNELLY, MD \$ 74,283 HEIDI G. CONRAD \$ 33,397 MEGAN M. REMARK \$ 30,909 TODD HOFHEINS \$ 99,136 NANCY EVERT \$ 14,244
PART I, LINE 6	REGIONS HOSPITAL (REGIONS) OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EMPLOYED BY REGIONS OR BY GROUP HEALTH PLAN, INC. (GHI) OR PARK NICOLLET HEALTH SERVICES (PNHS), BOTH RELATED ORGANIZATIONS. COMPENSATION REPORTED IN FORM 990, PART VII INCLUDES ANY COMPENSATION DERIVED FROM EITHER REGIONS' PNHS 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 (OPERATING INCOME), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. AN OPERATING INCOME THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT.
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 \$ 89,690 STEVE CONNELLY, MD \$ 76,913 BRIAN H. RANK, MD \$ 155,468 MEGAN M. REMARK \$ 22,795 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				
1JEROME C SIY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	386,963	23,300	5,915	57,082	22,022	495,282	0
1STEVE CONNELLY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	609,143	175,269	90,045	100,132	53,982	1,028,571	76,913
2JENNIFER HINES MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	226,240	0	79,981	26,069	20,405	352,695	0
3BRIAN H RANK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	645,182	186,755	191,393	84,210	43,955	1,151,495	155,468
4MEGAN M REMARK DIRECTOR, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	540,290	157,646	48,584	163,375	39,056	948,951	22,795
5ANDREA WALSH DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,229,401	568,848	114,420	475,794	55,965	2,444,428	89,690
6TODD HOFHEINS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	785,309	300,750	6,952	181,750	44,080	1,318,841	0
7CHRISTINE M BOESE VP, PATIENT CARE SERVICE	(i)	291,718	63,295	10,152	30,600	22,324	418,089	0
	(ii)	0	0	0	0	0	0	0
8HEIDI G CONRAD VP, CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	381,604	82,472	7,198	137,410	36,915	645,599	0
9KIMBERLY EGAN VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	260,065	57,760	15,867	23,597	38,414	395,703	0
10ALICIA GILBERT VP HUMAN RESOURCES	(i)	173,438	26,264	11,026	23,438	28,986	263,152	0
	(ii)	0	0	0	0	0	0	0
11BRET C HAAKE VP - MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	487,185	109,061	16,250	51,880	37,113	701,489	0
12THOMAS BOROWSKI VP -REGIONS & PRES- HUDSON HOSPITAL	(i)	254,412	51,993	9,989	30,600	31,031	378,025	0
	(ii)	0	0	0	0	0	0	0
13STEVEN MASSEY VP -REGIONS & PRES- WESTFIELDS	(i)	265,426	50,239	8,567	24,600	31,176	380,008	0
	(ii)	0	0	0	0	0	0	0
14DEBRA RUDQUIST VP -REGIONS & AMERY	(i)	270,025	49,041	10,030	30,600	31,261	390,957	0
	(ii)	0	0	0	0	0	0	0
15TYLER R SCHMITZ VP ANCILLARY SERVICE	(i)	278,886	61,732	9,458	24,600	31,758	406,434	0
	(ii)	0	0	0	0	0	0	0
16KEEVAN KOSIDOWSKI VP REGIONS FOUNDATION	(i)	222,819	47,142	8,182	24,600	30,564	333,307	0
	(ii)	0	0	0	0	0	0	0
17MARYJO MORRISON VP QUALITY	(i)	257,227	56,116	9,566	30,600	31,134	384,643	0
	(ii)	0	0	0	0	0	0	0
18DEBRA KELLY MEDICAL EXECUTIVE DIRECTOR	(i)	191,749	36,736	6,781	29,685	12,126	277,077	0
	(ii)	0	0	0	0	0	0	0
19NANCY EVERT SECRETARY, HPI GENERAL COUNCIL	(i)	0	0	0	0	0	0	0
	(ii)	340,220	55,965	5,315	85,833	22,773	510,106	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				
21JUSTIN ANDERSON NURSE ANESTHESIST	(i)	166,133	20,533	109,505	24,600	21,070	341,841	0
	(ii)	0	0	0	0	0	0	0
1DONNA SCHUMACHER NURSE ANESTHESIST	(i)	230,774	66,668	2,731	0	12,592	312,765	0
	(ii)	0	0	0	0	0	0	0
2KARI B BECERRA NURSE ANESTHESIST	(i)	172,397	33,490	84,154	30,600	30,553	351,194	0
	(ii)	0	0	0	0	0	0	0
3REBECCA ARMBRUSTER NURSE ANESTHESIST	(i)	154,216	27,825	104,595	24,600	30,503	341,739	0
	(ii)	0	0	0	0	0	0	0
4JOHN CHAUSS NURSE ANESTHESIST	(i)	148,900	20,100	113,426	30,600	30,280	343,306	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL F MCAVOY FORMER VP - SPECIALTY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	85,093	62,853	177,207	8,002	19,528	352,683	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 for instructions and the latest information.

OMB No. 1545-0047

2019

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	9,405,000		650,000		650,000			
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		2020			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		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
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .	X		X		X			
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		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	WRITTEN PROCEDURES HAVE BEEN IN PLACE SINCE 2011.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TEGAN HUMPHREY	DAUGHTER OF JAMES MCDONOUGH, MD A DIRECTOR AT REGIONS HOSPITAL	78,774	EMPLOYMENT		No
(2) MIKI A PARRILLO	DAUGHTER OF BRIAN RANK, MD A DIRECTOR AT REGIONS HOSPITAL	77,511	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493320017670
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization 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>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE REGIONS HOSPITAL (REGIONS) IS A MINNESOTA NONPROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AND IS PART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS ("HEALTH PARTNERS"). FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY. HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY. HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY. HEALTHPARTNERS, INC. (HPI) IS A MINNESOTA NONPROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) AND IS THE PARENT ENTITY OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS. HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS. HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS. HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 1.8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 125 PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN SERVING MORE THAN 1.2 MILLION PATIENTS. HEALTHPARTNERS HEALTH PLANS CONTRACT WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS TO SERVE PLAN MEMBERS. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. HEALTHPARTNERS 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 2019 ARE TOTAL COST OF CARE MEASUREMENTS (A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>MENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT). A COMPLETE LISTING OF ALL OR GANIZATIONS WITHIN HEALTHPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHE DULE 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 9 90 RETURN FOR THAT ORGANIZATION. HEALTHPARTNERS, INC. (HPI) IS THE SOLE CORPORATE MEMBER O F HPI-RAMSEY. HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF THE FOLLOWING NON-PROFIT CORPORAT IONS 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 C ENTER, 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 PROVID ING OUTSTANDING MEDICAL AND SURGICAL CARE, HAS SERVED THE TWIN CITIES AND SURROUNDING REGI ON 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 FO UR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE STATE OF MINNESOTA. BENEFIT S TO PATIENTS AND THE COMMUNITY IN 2019 FINANCIAL ASSISTANCE: REGIONS IS THE PRIMARY "SAFE TY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO. IN 20 19 ALONE, REGIONS PROVIDED \$57.9 MILLION IN CHARITY CARE CHARGES (\$20.0 MILLION IN CHARITY CARE COSTS) TO CARE FOR 56,354 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CA RE. CHARITY CARE REPRESENTED 2.5 PERCENT OF REGIONS' TOTAL OPERATING EXPENSES. OF THE 114, 014 TOTAL PATIENT ACCOUNTS WRITTEN OFF IN 2019, 38,510 WERE PURE SELF-PAY PATIENTS WITH NO COVERAGE AND NO ABILITY TO PAY. APPROXIMATELY 17 PERCENT OF THESE SELF-PAY PATIENTS WERE BETWEEN THE AGES OF 18 AND 24. THE REMAINING 75,504 PATIENTS HAD SOME COVERAGE BUT WERE UN ABLE TO PAY THE "PATIENT RESPONSIBILITY" PORTION OF THEIR BILL. REGIONS DEFINES CHARITY CA RE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE S 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 PAY ER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPEC IAL CONSIDERATION. REGIONS IS</p>

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FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS. FOR EXAMPLE, IN 2019, REG IONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERVICES TO SELF-PAY PATIENTS TOTALING \$4 9.8 MILLION IN CHARGES. APPROXIMATELY \$16.0 MILLION OF THESE CHARGES WERE WRITTEN OFF BY R EGIONS AT A NET LOSS. REGIONS PAID \$14.3 MILLION IN 2019 IN MINNESOTA HEALTH CARE TAXES EQ UAL TO 1.9 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 MINNESOTAN S WHO ARE OTHERWISE UNABLE TO FULLY PAY FOR HEALTH CARE SERVICES. GOVERNMENT SPONSORED MEA NS 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 2019, PATIENTS FROM GOVERNMENT PROGRAMS FOR SENIORS CONSTITUTED 41.6 PERCENT OF REGIONS' CHARGES, PATIENTS FROM GOVERNMENT PROGRAMS FOR THE POOR CONSTITUTED 21.6 PERC ENT OF REGIONS' CHARGES, AND CHARITY CASES WERE 2.7 PERCENT OF CHARGES. ONLY 34.0 PERCENT OF CHARGES WERE FOR COMMERCIAL PATIENTS. ALTHOUGH MOST OF REGIONS' REIMBURSEMENT COMES FRO M GOVERNMENT PROGRAMS, THESE PROGRAMS OFTEN DO NOT COMPENSATE HOSPITALS FOR THE FULL COST OF PROVIDING CARE. COMMUNITY BENEFIT SERVICES EQUITABLE CARE: HEALTHPARTNERS AND REGIONS S YSTEMATICALLY COLLECT DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIE NTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY. IN 2019 REGIONS' CAPTURE RATE FOR RACE WAS 98.52 PERCENT AND FOR LANGUAGE 99.78 PERCENT. DATA IS USED TO CONTINUALLY MO NITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE IN ORDER T O ADDRESS IDENTIFIED HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE. RESPONSIBILITY FOR MONITORING DISPARITY DATA LIES WITH THE INTERDISCIPLINARY REGIONS HEALTH EQUITY COMMI TTEE AS WELL AS WITH LEADERS IN OUR QUALITY AND EXPERIENCE DEPARTMENTS. IN 2019, THE COMMI TTEE FOCUSED ON: 1. ADDRESSING DISPARITIES BY RACE IN PATIENT EXPERIENCE. 2. MAKING HEALTH EQUITY A STRATEGIC PRIORITY IN THE PLANNING FOR OUR NEW FAMILY BIRTH CENTER. 3. ACTIVELY ADDRESSING FOOD INSECURITY IN OUR COMMUNITY AS PART OF OUR COMMUNITY HEALTH NEEDS ASSESSME NT IMPLEMENTATION PLAN. 4. REDUCING THE NUMBER OF AFRICAN AMERICAN DUAL ELIGIBLE READMISSI ONS BY ONE THIRD. 5. INTEGRATING MEDICAL RESIDENTS INTO REGIONS' STRATEGY TO ELIMINATE HEA LTH CARE DISPARITIES.</p>

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FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>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. THIRTEEN PATIENT FINANCIAL COUNSELORS (PFC), 17 REGISTRATION FINANCIAL SPECIALISTS (RFS), ONE FINANCIAL COUNSELING TEAM LEAD AND A RAMSEY COUNTY WORKER ARE DEDICATED TO HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF COVERAGE. SPECIFICALLY, THE PFC'S AND RFS'S 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, PFC'S AND RFS'S WERE ALSO ENROLLED AS CERTIFIED APPLICATION SPECIALISTS WITH THE MNsure 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 2019 WE HAVE MAINTAINED THE CERTIFIED APPLICATION SPECIALIST STATUS WITH A LL STAFF AND CONTINUE TO ONBOARD NEW PFC'S AND RFS'S 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 2019 REGIONS COMPLETED 430 PRESUMPTIVE ELIGIBILITY APPLICATIONS FOR PATIENTS WITH NO HEALTH INSURANCE COVERAGE. IN 2019, PFC'S AND RFS'S COMPLETED 3,052 APPLICATIONS, SUCCESSFULLY ENROLLING 2,495 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS. THIS PROVIDED APPROXIMATELY \$17.0 MILLION TO REGIONS FOR CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE. FOR 2019, THE MINNESOTA HEALTH CARE PROGRAMS APPLICATION BREAKDOWN WAS AS FOLLOWS: IN THE EMERGENCY DEPARTMENT AND OUTPATIENT CLINICS, 1,683 APPLICATIONS WERE SUCCESSFULLY OPENED; FOR INPATIENTS, 812 APPLICATIONS WERE SUCCESSFULLY OPENED. EMERGENCY PREPAREDNESS: 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</p>

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<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>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. REGION S IS A MEMBER OF THE METROPOLITAN HOSPITAL COMPACT, ALONG WITH 31 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 CHECKOUT. 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, RUSSIAN, 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. HEALTH PROFESSION EDUCATION: REGIONS IS A MAJOR TEACHING HOSPITAL IN MINNESOTA, TRAINING FELLOW AND RESIDENT PHYSICIANS AND ADVANCED PRACTICE CLINICIANS, 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 HENNEPIN HEALTHCARE, REGIONS HOSPITAL TRAINS MORE THAN 600 RESIDENT PHYSICIANS (160 FTES) FROM 30 DIFFERENT TRAINING PROGRAMS ANNUALLY. AREAS OF RESIDENCY AND FELLOWSHIP TRAIN</p>

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FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>ING INCLUDED: ANESTHESIA, EMERGENCY MEDICAL SERVICES, EMERGENCY MEDICINE, FAMILY MEDICINE, FOOT & ANKLE SURGERY, HAND SURGERY, INTERNAL MEDICINE AND MEDICAL SUBSPECIALTIES (SUCH AS GASTROENTEROLOGY, CARDIOLOGY, ETC.), NEUROLOGY, OBSTETRICS & 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 NURSE TRAINING ACTIVITIES AT THE VARIOUS CLINICS AND HOSPITALS IN THE HEALTHPARTNERS SYSTEM.</p> <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.</p>

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<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>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. IN 2019, THE COMMUNITY PARAMEDICINE PROGRAM SERVED 375 PATIENTS AND COMPLETED 1,200 VISITS TO PATIENTS' HOMES. PARTICIPANTS HAD AN ESTIMATED 600 FEWER HOSPITAL DAYS WHEN COMPARED TO A MATCHED GROUP WITHIN THE SYSTEM. ALL PARTICIPANTS SURVEYED SAID THEY WERE "EXTREMELY SATISFIED" WITH THEIR CARE. 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 AIR PLANE 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 DAKOTA, 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 I PEDIATRIC TRAUMA CENTER, AND ONE OF TWO VERIFIED BURN PROGRAMS IN THE STATE. THE TRAUMA PROGRAM TRACKS BURN AND TRAUMA-RELATED INJURIES FOR EACH SPECIFIC REGISTRY USED FOR PERFORMANCE 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 ADULT TRAUMA CENTER AND A LEVEL I PEDIATRIC TRAUMA CENTER AND THE AMERICAN BUR</p>

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FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>N ASSOCIATION AS A VERIFIED BURN CENTER. REGIONS BURN CENTER PROVIDES REGIONAL BURN CARE I N THE UPPER MIDWEST. IT HAS PROVEN SUCCESS WITH ITS TELEMEDICINE PROGRAM AVAILABLE FOR INI TIAL AND ON-GOING CARE. THIS SERVICE IMMEDIATELY ASSISTS RURAL PHYSICIANS MANAGING AN UNCO MMON EMERGENCY - THE CRITICALLY INJURED BURN PATIENT - PRIOR TO TRANSFERRING THE PATIENT T O THE BURN CENTER. WHEN THE PATIENT RETURNS TO THEIR COMMUNITY, SOMETIMES FOLLOW-UP CARE C AN BE MANAGED VIA 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. M INNESOTA STATE TRAUMA SYSTEM: REGIONS IS REPRESENTED ON THE MINNESOTA STATE TRAUMA ADVISOR Y COUNCIL (STAC). DR. MICHAEL MCGONIGAL, REGIONS MEDICAL DIRECTOR OF TRAUMA SERVICES, IS A N APPOINTED MEMBER ALONG WITH DR. AARON BURNETT, REGIONS EMS MEDICAL DIRECTOR AND THE STAT E EMS MEDICAL DIRECTOR. REGIONS STAFF PARTICIPATED IN SUBCOMMITTEES ASSOCIATED WITH STAC, INCLUDING THE INJURY PREVENTION AND DATA ELEMENTS. TRAUMA LEADERSHIP PROVIDES A CONSULTATI VE ROLE TO HOSPITALS IN MINNESOTA BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HO SPITAL VERIFICATION SITE REVIEWS. THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST. IN ADDITION, THE MEDICAL DIRECTOR OF TRAUMA SERVICES, DIRECTOR OF TRAUMA AND BURN PROGRAM S, AND PEDIATRIC TRAUMA PROGRAM MANAGER CONDUCT STATE TRAUMA SYSTEM HOSPITAL SITE VISITS F OR TRAUMA DESIGNATION. ADDITIONALLY, REGIONS PROVIDES REPRESENTATION ON THE MINNESOTA - ME TRO REGION TRAUMA ADVISORY COMMITTEE THAT REPORTS TO STAC. MINNESOTA - METRO REGIONAL TRAU MA ADVISORY COMMITTEE (RTAC): THE MN-METRO RTAC SYSTEM COORDINATES WITH THE METRO AREAS AD ULT AND PEDIATRIC TRAUMA CENTERS TO TREAT SEVERE TRAUMA PATIENTS FROM WASHINGTON, SCOTT, D AKOTA, HENNEPIN, WRIGHT, CARVER AND ANOKA COUNTIES IN MINNESOTA. DR. PATEI IYEGHA, ASSISTA NT TRAUMA MEDICAL DIRECTOR, REGIONS HOSPITAL, IS A MEMBER OF THE RTAC. WISCONSIN REGIONAL TRAUMA ADVISORY COMMITTEE - REGION 1 SUBCOMMITTEE: REGIONS IS ALSO AN ACTIVE MEMBER OF THE WISCONSIN REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC), WHICH WAS CREATED TO SERVE AS THE RE GIONAL TRAUMA SYSTEM FOR A PORTION OF THE WESTERN WISCONSIN REGION. THE SYSTEM COORDINATES WITH REGIONS AS THE AREA'S ONLY LEVEL I ADULT AND LEVEL I PEDIATRIC TRAUMA CENTERS TO TRE AT SEVERE TRAUMA PATIENTS FROM PIERCE, POLK AND ST. CROIX COUNTIES IN WISCONSIN. REGIONS C RITICAL CARE OUTREACH COORDINATOR ACTS AS THE CHAIR PERSON FOR THE REGION 1 SUBCOMMITTEE. IN ADDITION, TRAUMA MEDICAL LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITALS IN WISCON SIN BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATION SITE REVIE WS. THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST. ADDITIONALLY, REGIONS STAFF P ARTICIPATED IN TRAUMA AND EMERGENCY CONFERENCES SUCH AS LOCAL AND REGIONAL EMERGENCY NURSI NG ASSOCIATION CONFERENCES, EMS AND TRAUMA EDUCATION. SEVERAL COMMUNITY GRAND ROUND EDUCAT IONAL EVENTS ARE PROVIDED BY P</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>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, REGIONS SANE PROGRAM BEGAN PROVIDING SANE SERVICES TO LAKEVIEW HOSPITAL PATIENTS. ON JULY 1, 2013, REGIONS BEGAN OFFERING SANE SERVICES TO THE THREE HEALTHEAST FACILITIES: WOODWINDS, ST. JOSEPH'S AND ST. JOHN'S HOSPITAL (NOW M HEALTH FAIRVIEW). CANVAS HEALTH PROVIDES THE ADVOCACY SERVICES TO OUR TWO WASHINGTON COUNTY SITES (LAKEVIEW HOSPITAL AND WOODWINDS HOSPITAL). REGIONS' SANE PROGRAM RESPONDED TO 449 PATIENTS IN 2019. REGIONS SANE PROGRAM STAFF ACTIVELY PARTICIPATED IN EDUCATIONAL PROGRAMS IN THE COMMUNITY, INCLUDING PRESENTING TO STAFF AND FACULTY AT NORTHWESTERN UNIVERSITY, METRO STATE, AND THE UNIVERSITY OF MINNESOTA. SANE PROGRAM STAFF TAUGHT TWO 40-HOUR SANE COURSES IN MINNESOTA IN 2019. REGIONS SANE PROGRAM PRESENTED FIVE TWO-DAY SKILLS LABS, WHICH PROVIDED HANDS-ON EXPERIENCE PROVIDING EXAMS WITH LIVE MODELS FOR NURSES ACROSS THE COUNTRY. TWO SANE PROGRAM STAFF MEMBERS HELD BOARD OF DIRECTORS POSITIONS FOR THE MINNESOTA INTERNATIONAL ASSOCIATION OF FORENSIC NURSES (MN IAFN) IN 2019, THE STATE CHAPTER OF OUR PROFESSIONAL ORGANIZATION. THREE REGIONS HOSPITAL SANES WERE ACCEPTED BY THE IAFN TO SPEAK AT THE ANNUAL CONFERENCE IN NEW ORLEANS, LOUISIANA IN 2019. ELLEN JOHNSON, SANE PROGRAM SUPERVISOR, IS AN IAFN CERTIFICATION BOARD MEMBER. IN 2019 THE SANE PROGRAM PARTNERED WITH THE ST. PAUL POLICE DEPARTMENT (SPPD) IN PROVIDING EDUCATION REGARDING THE ROLE OF THE SANE AND THE IMPORTANCE OF BEING TRAUMA-INFORMED WHEN INTERACTING WITH VICTIMS AND OTHER TRAUMATIZED INDIVIDUALS DURING THE SPPD ANNUAL TRAINING FOR ALL OFFICERS. REGIONS SANE PROGRAM NURSES ARE MEMBERS OF THE RAMSEY COUNTY SEXUAL ASSAULT PROTOCOL TEAM WHICH IS A COUNTY WIDE TEAM OF PROFESSIONALS FROM AGENCIES WHICH RESPOND TO VICTIMS OF SEXUAL ASSAULT. MENTAL HEALTH SERVICES: REGIONS' 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>IN ADDITION, REGIONS WORKS WITH: 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 IS STAFFED BY MENTAL HEALTH PROFESSIONALS AND PRACTITIONERS AND CAN ACCOMMODATE UP TO NINE ADULTS AT ONE TIME. IN 2019, HOVANDER HOUSE SERVED 208 ADULTS WITH AN AVERAGE LENGTH OF STAY OF 8.7 DAYS. APPROXIMATELY 22 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 1,593 INPATIENT HOSPITAL DAYS IN 2019. AFTON PLACE: IN 2017 THE REGIONS BOARD APPROVED THE EXPANSION OF OUR CURRENT INTENSIVE RESIDENTIAL TREATMENT SERVICES THROUGH THE PURCHASE AND RENOVATION OF A BUILDING IN MAPLEWOOD, MN. AFTON PLACE 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 79 INDIVIDUALS FOR AN AVERAGE LENGTH OF STAY OF 62 DAYS IN 2019. OF THOSE ADMITTED TO AFTON PLACE, 54 CAME FROM THE REGIONS INPATIENT BEHAVIORAL HEALTH UNIT, THUS ALLOWING ADDITIONAL PATIENTS TO BE ADMITTED FOR ACUTE CARE SERVICES. SAFE HOUSE: SAFE HOUSE IS A LICENSED INTENSIVE RESIDENTIAL TREATMENT PROGRAM, PROVIDING SUPPORTIVE AND TREATMENT SERVICES FOR UP TO 90 DAYS TO APPROXIMATELY 60 ADULTS PER YEAR WHO EXPERIENCE MENTAL HEALTH AND SUBSTANCE USE PROBLEMS. 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. CATHOLIC CHARITIES' HIGHER GROUND IN ST. PAUL PROVIDES A MEDICAL RESPITE CENTER FOR THE HOMELESS NEEDING SHELTER WHILE RECOVERING FROM A HOSPITAL STAY. REGIONS CONTRIBUTED \$256,600 IN 2019 TO SUPPORT THIS COMMUNITY SERVICE. DURING 2019, THERE WERE 93 PATIENTS WHO WERE ABLE TO BE DISCHARGED FROM REGIONS SOONER BECAUSE THEY COULD GO TO THE RESPITE CENTER, WHERE THEY STAYED A TOTAL OF 1,274 DAYS. COMMUNITY BUILDING ACTIVITIES ENVIRONMENTAL IMPROVEMENTS: REGIONS CONTINUES TO BE A LEADER IN RECYCLING, RESOURCE CONSERVATION AND WASTE REDUCTION IN ORDER TO BETTER THE LIVES OF OUR PATIENTS, MEMBERS AND STAFF THROUGH SUSTAINABLE PRACTICES. REGIONS HAS IMPLEMENTED MANY PROGRAMS AROUND HAZARDOUS WASTE REDUCTION BY RECYCLING LABORATORY SOLVENTS AND PREFERENTIALLY PURCHASING ITEMS THAT ARE SAFE FOR THE ENVIRONMENT. IN 2019, REGIONS DONATED OVER 10 TONS OF EQUIPMENT TO LOCAL NON-PROFIT ORGANIZATIONS AND MISSION GROUPS. IN TOTAL, REGIONS RECYCLED OVER 598 TONS OF MATERIALS IN 2019. REGIONS ALSO COLLECTED 1,153 POUNDS OF MEDICATIONS FROM OUR COMMUNITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>THROUGH OUR MEDICINE TAKE BACK PROGRAM AND RESPONSIBLY DISPOSED OF IT. ADDITIONALLY, OUR COMMUNITY SOLAR GARDEN SUBSCRIPTION AGREEMENT PRODUCED OVER 7.8 MILLION KILOWATT HOURS OF CLEAN RENEWABLE ENERGY AND SAVED US \$111,500 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 2019, ALL GOALS WERE MET AND REGIONS HAS RECEIVED A TOP 25 AWARD AND TOP 10 CIRCLE OF EXCELLENCE AWARDS FOR LEADERSHIP, FOOD, GREENING THE OPERATING ROOM, ENERGY EFFICIENCY, CLIMATE ACTION, SAFE CHEMICALS, WATER CONSERVATION AND WASTE MINIMIZATION FROM PRACTICE GREEN HEALTH FOR OUR SUSTAINABILITY EFFORTS. NATIONAL RECOGNITION REGIONS HAS BEEN REGULARLY RECOGNIZED FOR ITS CARE. IN 2019, REGIONS RECEIVED THE FOLLOWING AWARDS AND RECOGNITIONS: TOP 50 HOSPITAL AS MEASURED BY HEALTHGRADES FOR 2019 (4TH YEAR IN A ROW). FIVE-STAR RECIPIENT FOR CRANIAL NEUROSURGERY FOR 8 YEARS IN A ROW. FIVE STAR RECIPIENT FOR TREATMENT OF STROKE FOR 9 YEARS IN A ROW. STROKE PROGRAM AGAIN RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S HIGHEST ACHIEVEMENT IN STROKE RECOGNITION, THE GET WITH THE GUIDELINES STROKE GOLD PLUS TARGET STROKE ELITE PLUS 2019 HONOR. RECEIVED A 2019 WOMEN'S CHOICE AWARD FOR AMERICA'S BEST HOSPITALS IN OBSTETRICS. ACHIEVED BRONZE CERTIFICATION OF GERIATRIC EMERGENCY DEPARTMENT FROM THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS. THE HEALTHPARTNERS CANCER CARE CENTERS RECEIVED REACCREDITATION BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER. TOP 25 EXCELLENCE AWARD FROM PRACTICE GREENHEALTH. INNOVATION OF THE YEAR IN PATIENT CARE AWARD FROM MHA FOR HEROES FOR ZEROS PROGRAM. NAMED A BEST REGIONAL HOSPITAL BY U.S. NEWS & WORLD REPORT, FOR BEING RATED "HIGH PERFORMING" IN 10 PROCEDURES/CONDITIONS/SPECIALTIES. SOUTH 7 WON THE GOLD-LEVEL BEACON AWARD FOR EXCELLENCE IN CRITICAL CARE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES. NAMED TOP-PERFORMING HOSPITAL FOR HEART ATTACK, HEART FAILURE, PNEUMONIA AND SURGICAL CARE BY THE JOINT COMMISSION. HEIDI CONRAD NAMED CFO OF THE YEAR BY MPLS. ST. PAUL BUSINESS JOURNAL.</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, PARK NICOLLET HEALTH CARE PRODUCTS, GROUP HEALTH PLAN INC, HEALTHPARTNERS ADMINISTRATORS INC., AND HEALTHPARTNERS INSURANCE COMPANY. IN ADDITION TO THE TAX EXEMPT BONDS LISTED IN THIS SCHEDULE K, THE OTHER OUTSTANDING TAX EXEMPT BONDS OF THE HEALTHPARTNERS OBLIGATED GROUP 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	<p>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.</p>

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), PARK NICOLLET HEALTH SERVICES (PNHS), BOTH OF WHOM ARE RELATED ORGANIZATIONS, OR BY REGIONS. GHI, PNHS 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 CEO AND PRESIDENT OF GHI 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 -393,496. TRANSFER TO RIHS A RELATED ORGANIZATION -502,000.

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As Filed Data -

DLN: 93493320017670

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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	L	96,168,134	CASH AMOUNT
(2)HEALTHPARTNERS INC - RENT	P	830,000	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)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(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
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No