

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
RAPID CITY REGIONAL HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
353 FAIRMONT BLVD PO BOX 6000

City or town, state or province, country, and ZIP or foreign postal code
RAPID CITY, SD 577096000

D Employer identification number
46-0319070

E Telephone number
(605) 755-9130

G Gross receipts \$ 746,228,456

F Name and address of principal officer
PAULETTE DAVIDSON
353 FAIRMONT BLVD PO BOX 6000
RAPID CITY, SD 577096000

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 REGIONALHEALTH COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1973 **M** State of legal domicile SD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HELPING PATIENTS AND COMMUNITIES LIVE WELL

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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5,106
6 Total number of volunteers (estimate if necessary)	372
7a Total unrelated business revenue from Part VIII, column (C), line 12	9,672,522
7b Net unrelated business taxable income from Form 990-T, line 34	775,675

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,580,515	2,375,680
9 Program service revenue (Part VIII, line 2g)	648,592,391	704,972,214
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,161,670	37,860,710
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	325,810	236,746
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	687,660,386	745,445,350
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	274,104,003	287,244,751
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,006,086		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	373,459,215	411,789,680
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	647,563,218	699,034,431
19 Revenue less expenses Subtract line 18 from line 12	40,097,168	46,410,919

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	963,416,356	1,131,251,656
21 Total liabilities (Part X, line 26)	271,456,316	408,174,755
22 Net assets or fund balances Subtract line 21 from line 20	691,960,040	723,076,901

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2019-05-14
MARK THOMPSON CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: KIM HUNWARDSEN CPA
Preparer's signature: KIM HUNWARDSEN CPA
Date: 2019-05-09
Check if self-employed PTIN: P00484560
Firm's name: EIDE BAILLY LLP Firm's EIN: 45-0250958
Firm's address: 800 NICOLLET MALL STE 1300 Phone no: (612) 253-6500
MINNEAPOLIS, MN 554027033

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

VISION IT STARTS WITH HEART OUR VISION AT REGIONAL HEALTH IS TO BE ONE TEAM, TO LISTEN, TO BE INCLUSIVE, AND TO SHOW WE CARE TO DO THE RIGHT THING EVERY TIME VALUES TRUST, RESPECT, COMPASSION, COMMUNITY, EXCELLENCEPRIORITIES DELIVER HIGH-QUALITY CARE PROVIDE A CARING EXPERIENCE BE A GREAT PLACE TO WORK IMPACT OUR COMMUNITIES BE HERE FOR GENERATIONS TO COME MISSION MAKE A DIFFERENCE EVERY DAY

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 \$ 396,293,493 including grants of \$) (Revenue \$ 423,671,703)
See Additional Data

4b (Code) (Expenses \$ 22,607,060 including grants of \$) (Revenue \$ 23,152,393)
See Additional Data






















4c (Code) (Expenses \$ 21,979,162 including grants of \$) (Revenue \$ 108,396,331)
See Additional Data

(Code) (Expenses \$ 20,961,308 including grants of \$) (Revenue \$ 140,217,130)
RCH PHARMACY - PROVIDE PHARMACEUTICALS IN SUPPORT OF ACUTE CARE HOSPITAL PATIENTS

4d Other program services (Describe in Schedule O)
(Expenses \$ 20,961,308 including grants of \$) (Revenue \$ 140,217,130)

4e Total program service expenses ▶ 461,841,023

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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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 		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 	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 		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 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 		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 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	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 	Yes	
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 		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 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		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 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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) 		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 	Yes	
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 		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (8), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NC, CA), 18 (Own website, Upon request), 19, 20 (MARK THOMPSON 353 FAIRMONT BLVD PO BOX 6000 RAPID CITY, SD 577096000 (605) 755-9127).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	196,154				
	d Related organizations	1d	24,034				
	e Government grants (contributions)	1e	158,351				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,997,141				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		2,375,680				
Program Service Revenue		Business Code					
	2a IN PATIENT PHARMACY	446110	140,055,009	140,055,009			
	b CARDIAC SERVICES	622110	117,274,737	117,274,737			
	c SURGICAL SERVICES	622110	115,038,552	115,038,552			
	d LABORATORY	621500	111,539,350	111,539,350			
	e MIS CT SCAN	621500	61,716,977	61,716,977			
	f All other program service revenue		159,347,589	149,736,567	9,611,022		
g Total. Add lines 2a-2f		704,972,214					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,760,417			7,760,417	
	4 Income from investment of tax-exempt bond proceeds		1,129,679			1,129,679	
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		528,836					
		b Less rental expenses	437,383				
		c Rental income or (loss)	91,453				
	d Net rental income or (loss)			91,453		91,453	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		28,970,614					
		b Less cost or other basis and sales expenses	0				
		c Gain or (loss)	28,970,614				
	d Net gain or (loss)			28,970,614		28,970,614	
	8a Gross income from fundraising events (not including \$ 196,154 of contributions reported on line 1c) See Part IV, line 18	a	158,636				
		b Less direct expenses	b	151,208			
c Net income or (loss) from fundraising events			7,428			7,428	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	270,880					
	b Less cost of goods sold	b	194,515				
	c Net income or (loss) from sales of inventory		76,365	76,365			
Miscellaneous Revenue	Business Code						
11a UBI FROM PARTNERSHIPS	900099	61,500		61,500			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		61,500					
12 Total revenue. See Instructions		745,445,350	695,437,557	9,672,522	37,959,591		

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.				
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,251,220		4,251,220	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	335,680	335,680		
7 Other salaries and wages.	260,137,629	196,113,063	63,340,389	684,177
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,771,304	3,540,725	1,218,248	12,331
9 Other employee benefits.	371,043	275,346	94,738	959
10 Payroll taxes.	17,377,875	12,209,254	5,124,919	43,702
11 Fees for services (non-employees)				
a Management.				
b Legal.	465,316	18,468	446,848	
c Accounting.	341,481	56,540	284,941	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	60,430,398	36,085,279	24,309,369	35,750
12 Advertising and promotion.	935,375	18,335	888,240	28,800
13 Office expenses.	11,621,137	4,222,765	7,227,191	171,181
14 Information technology.	22,653,348	4,381,262	18,258,315	13,771
15 Royalties.				
16 Occupancy.	16,136,616	7,167,090	8,965,685	3,841
17 Travel.	2,137,153	1,100,388	1,031,175	5,590
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	408,777	55,220	353,557	
20 Interest.	4,677,368	9,810	4,667,558	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	33,496,567	10,495,529	22,995,054	5,984
23 Insurance.	1,862,636	963,995	898,641	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	119,520,922	123,135,455	-3,614,533	
b INTERCO SERV & SUPPL	85,959,627	12,806,038	73,153,589	
c BAD DEBT EXPENSE	48,618,434	48,618,434		
d ALL OTHER EXPENSES	2,524,525	232,347	2,292,178	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	699,034,431	461,841,023	236,187,322	1,006,086
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,955,120	1	8,012,424
	2 Savings and temporary cash investments	2,729,674	2	2,658,134
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	75,237,627	4	83,644,994
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17,071,266	8	17,282,863
	9 Prepaid expenses and deferred charges	8,568,982	9	9,662,027
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	535,320,608		
	b Less accumulated depreciation	202,155,475		
	11 Investments—publicly traded securities	521,106,376	11	588,826,079
	12 Investments—other securities See Part IV, line 11	60,346,239	12	64,271,229
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	3,580,906	14	3,580,906
	15 Other assets See Part IV, line 11	8,856,673	15	20,147,867
16 Total assets. Add lines 1 through 15 (must equal line 34)	963,416,356	16	1,131,251,656	
Liabilities	17 Accounts payable and accrued expenses	50,762,441	17	62,300,320
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	132,708,107	20	292,151,374
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	87,985,768	25	53,723,061
	26 Total liabilities. Add lines 17 through 25	271,456,316	26	408,174,755
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	670,667,836	27	700,627,981
	28 Temporarily restricted net assets	19,629,275	28	20,785,991
	29 Permanently restricted net assets	1,662,929	29	1,662,929
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	691,960,040	33	723,076,901
	34 Total liabilities and net assets/fund balances	963,416,356	34	1,131,251,656

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	745,445,350
2	Total expenses (must equal Part IX, column (A), line 25)	2	699,034,431
3	Revenue less expenses Subtract line 2 from line 1	3	46,410,919
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	691,960,040
5	Net unrealized gains (losses) on investments	5	-9,440,948
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,853,110
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	723,076,901

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 46-0319070

Name: RAPID CITY REGIONAL HOSPITAL INC

Form 990 (2017)

Form 990, Part III, Line 4a:

RAPID CITY REGIONAL HOSPITAL, INC (RCRH) OFFERS BOTH INPATIENT AND OUTPATIENT HEALTH SERVICES. ITS TERTIARY HOSPITAL, RAPID CITY HOSPITAL (RCH), SERVES WESTERN SOUTH DAKOTA. THE NEAREST LARGER HOSPITAL IS IN SIOUX FALLS, SD, MORE THAN 350 MILES AWAY. AS SUCH, THE SERVICES PROVIDED BY RCRH ARE TRULY A HEALTHCARE SAFETY NET FOR WESTERN SOUTH DAKOTA. THE HOSPITAL PROVIDES COMPREHENSIVE CARE, INCLUDING LEVEL II TRAUMA CARE. RCRH IS ALSO THE SINGLE MEMBER OF REGIONAL HEALTH HOME PLUS, LLC.

Form 990, Part III, Line 4b:

REGIONAL HEALTH HOME PLUS, LLC SPECIALTY PHARMACY OFFERS HIGH-COST, HIGH-TOUCH MEDICATION THERAPY FOR PATIENTS WITH COMPLEX DISEASES THESE INCLUDE CANCER, MULTIPLE SCLEROSIS, CROHN'S DISEASE, HEPATITIS C, PSORIASIS, RHEUMATOID ARTHRITIS AND RARE GENETIC CONDITIONS THE MEDICATIONS OFTEN REQUIRE SPECIAL STORAGE, HANDLING, AND/OR ADMINISTRATION

Form 990, Part III, Line 4c:

RCH SURGICAL SERVICES - PROVIDE IN AND OUT-PATIENT SURGICAL SERVICES TO ACUTE CARE PATIENTS

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			
JACK LYNASS CHAIRMAN	0 87 0 00	X		X				0	0	0
LISA SEAMAN VICE CHAIRMAN	1 07 0 00	X		X				0	0	0
DIEDRE BUDAHL BOARD MEMBER	0 84 0 00	X						0	0	0
SANDRA BURNS BOARD MEMBER	0 63 0 00	X						0	0	0
TIMOTHY FROST MD BOARD MEMBER	0 63 0 00	X						0	0	0
SRI GANGINENI MD BOARD MEMBER / EMPLOYED PHYSICIAN	40 89 0 00	X						509,899	0	68,701
LIA GREEN BOARD MEMBER	2 14 0 02	X						0	0	0
RICH KINZLEY BOARD MEMBER	0 69 0 01	X						0	0	0
KELLY MANNING MD BOARD MEMBER	0 84 0 00	X						0	0	0
ROBERT MUDGE BOARD MEMBER	0 46 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			
TROY NESBIT MD BOARD MEMBER	0 77 0 00	X						28,850	0	0
DENNIS POPP BOARD MEMBER	0 73 0 00	X						0	0	0
BRENT PHILLIPS PRESIDENT & CEO	48 43 11 57	X		X				0	1,448,075	197,188
MARK A THOMPSON CFO/TREASURER	44 39 10 61			X				536,474	0	101,169
TERESA BURROFF GENERAL COUNSEL/SECRETARY	44 39 10 61			X				440,874	0	59,154
PAULETTE R DAVIDSON CHIEF OPERATING OFFICER	44 39 10 61				X			555,940	0	99,695
TRESHA MORELAND VP HUMAN RESOURCES	44 39 10 61				X			262,689	0	38,373
RICHARD S LATUCHIE VP INFO TECHNOLOGY CIO UNTIL 02/2018	44 39 10 61				X			427,314	0	35,168
STEPHANIE LAHR VP INFO TECHNOLOGY CIO	44 39 10 61				X			373,121	0	71,740
MARY MASTEN GENERAL COUNSEL, EMERITUS	44 39 10 61				X			337,833	0	52,994

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
PAUL W CLEMMENTS FORMER VP PROF SERVICES UNTIL 04/18	55 00 0 00						X	230,687	0	36,879	
MICHAEL E LATOUR FORMER VP RAPID CITY MARKET	55 00 0 00						X	213,801	0	34,130	

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
RAPID CITY REGIONAL HOSPITAL INC

Employer identification number

46-0319070

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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 ►
- b 33 1/3% support test—2016.** 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 ►
- 17a 10%-facts-and-circumstances test—2017.** 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 ►
- b 10%-facts-and-circumstances test—2016.** 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 ►
- 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 ►

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 46-0319070

Name: RAPID CITY REGIONAL HOSPITAL INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization RAPID CITY REGIONAL HOSPITAL INC	Employer identification number 46-0319070
--	--

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		56,610
j Total Add lines 1c through 1i			56,610
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	SCHEDULE C, PART II-B, LINE 1I ANNUAL DUES ARE PAID TO THE SOUTH DAKOTA ASSOCIATION OF HEALTHCARE ORGANIZATIONS A PORTION OF THE DUES ARE APPLICABLE TO LOBBYING ACTIVITIES FOR CALENDAR YEAR 2018 DUES, WHICH WERE PAID IN FISCAL YEAR 2018, IN THE AMOUNT OF \$214,724, 10 87% WAS USED FOR LOBBYING PURPOSES ANNUAL DUES WERE PAID TO THE AMERICAN HOSPITAL ASSOCIATION, A PORTION OF WHICH IS APPLICABLE TO LOBBYING ACTIVITIES FOR CALENDAR YEAR 2018 DUES, WHICH WERE PAID IN FISCAL YEAR 2018, IN THE AMOUNT OF \$63,186, 22 98% WAS USED FOR LOBBYING PURPOSES ANNUAL DUES WERE PAID TO THE AMERICAN MEDICAL REHAB PROVIDERS ASSOCIATION, A PORTION OF WHICH IS APPLICABLE TO LOBBYING ACTIVITIES FOR CALENDAR YEAR 2018 DUES, WHICH WERE PAID IN FISCAL YEAR 2018, IN THE AMOUNT OF \$10,712, 35 00% WAS USED FOR LOBBYING PURPOSES IN FISCAL YEAR 2018, \$15,000 OF CONSULTING EXPENSE WAS INCURRED IN REGARD TO LOBBYING

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
RAPID CITY REGIONAL HOSPITAL INC

Employer identification number
46-0319070

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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	1,662,929	1,662,929	1,662,929	1,662,929	1,662,929
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	1,662,929	1,662,929	1,662,929	1,662,929	1,662,929

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,346,017		8,346,017
b Buildings		266,347,650	102,329,373	164,018,277
c Leasehold improvements		10,186,635	3,236,309	6,950,326
d Equipment		169,625,235	96,589,793	73,035,442
e Other		80,815,071		80,815,071
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				333,165,133

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) MORTGAGE-BACKED SECURITIES	240,916	F
(B) INVESTMENT IN WEST DAKOTA HEALTH CARE/REGIONAL HEALTH NETWORK	43,000,231	F
(C) INVESTMENT IN PRIVATELY HELD COMPANIES	21,030,082	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	64,271,229	

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) Federal income taxes	
PAYABLE UNDER INTEREST RATE SWAP	5,246,063
OTHER LONG TERM LIABILITIES	19,353,456
ACCRUED PENSION LIABILITY	29,123,542
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	53,723,061

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	

Additional Data

Software ID:

Software Version:

EIN: 46-0319070

Name: RAPID CITY REGIONAL HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWED FUNDS ARE HELD IN AN INTEREST BEARING ACCOUNT SUBJECT TO THE TERMS AS SPECIFIED BY THE DONOR AND BOARD OF DIRECTORS THE EARNINGS ON THE ENDOWMENT FUNDS BECOME TEMPORARILY RESTRICTED FUNDS AND THEREFORE ARE NOT PART OF THE ENDOWMENT BALANCE OF THE \$1,662,929 ENDOWMENT FUNDS, \$692,332 ARE RESTRICTED TO BE USED FOR GRANTS/SCHOLARSHIPS TO STUDENTS IN A HEALTHCARE PROGRAM, \$512,197 IS RESTRICTED FOR USE IN THE PEDIATRICS UNIT, \$100,000 FOR PROMOTION OF A HEALTHY COMMUNITY, \$197,400 FOR CARDIAC SERVICES, \$100,000 FOR HOSPICE PATIENTS, \$36,000 FOR PLANTS IN PUBLIC AREAS AND \$25,000 FOR CANCER CARE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	REFERENCES TO "REGIONAL HEALTH" APPLY TO ALL ENTITIES CONTROLLED BY REGIONAL HEALTH, INC AND ITS SUBSIDIARIES THIS INCLUDES THE REPORTING ENTITY REGIONAL HEALTH IS ORGANIZED AS A GROUP OF NONPROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND EACH IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE CERTAIN CONSOLIDATED SUBSIDIARIES, INCLUDING REGIONAL HEALTH HOME PLUS, LLC ARE NOT TAX-EXEMPT ENTITIES AND ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES EACH REGIONAL HEALTH ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, EACH REGIONAL HEALTH ENTITY IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE (FORM 990T) REGIONAL HEALTH BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS REGIONAL HEALTH WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization RAPID CITY REGIONAL HOSPITAL INC

Employer identification number 46-0319070

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DUCK RACE (event type)	TOUGH ENOUGH TO WEAR PINK (event type)	5 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	106,263	105,267	143,260	354,790
2	Less Contributions	90,887	105,267		196,154
3	Gross income (line 1 minus line 2)	15,376		143,260	158,636
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	52,965	43,212	55,031	151,208
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				151,208
11	Net income summary Subtract line 10 from line 3, column (d) ▶				7,428

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 RAPID CITY REGIONAL HOSPITAL INC

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 46-0319070

OMB No 1545-0047
2017
Open to Public Inspection

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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	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)			12,429,104		12,429,104	1 910 %
b Medicaid (from Worksheet 3, column a)			54,101,428	37,556,787	16,544,641	2 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			66,530,532	37,556,787	28,973,745	4 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	2,733	1,173,447	4,117	1,169,330	0 180 %
f Health professions education (from Worksheet 5)	3	242	6,215,661	3,760,473	2,455,188	0 380 %
g Subsidized health services (from Worksheet 6)			18,596,543	6,598,293	11,998,250	1 840 %
h Research (from Worksheet 7)			1,799,996	1,732,325	67,671	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6	300	405,858		405,858	0 060 %
j Total. Other Benefits	21	3,275	28,191,505	12,095,208	16,096,297	2 470 %
k Total. Add lines 7d and 7j	21	3,275	94,722,037	49,651,995	45,070,042	6 920 %

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		7,571		7,571	0 %
2 Economic development	1		6,418		6,418	0 %
3 Community support	1	260	2,973		2,973	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	400	893		893	0 %
7 Community health improvement advocacy	1	35				
8 Workforce development	1	25	12,534		12,534	0 %
9 Other						
10 Total	7	720	30,389		30,389	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 48,618,434	
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.	3 508,134	
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).	5 167,653,511
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 164,791,323
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 2,862,188
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 BLACK HILLS MEDICAL OFFICE BD LLC	OFFICE BUILDING	67.930 %		32.070 %
2 2 MEDICAL & DENTAL BUILDING	OFFICE BUILDING	71.450 %		28.550 %
3 3 THE IMAGING CENTER LLC	MEDICAL IMAGING	50.000 %		50.000 %
4 4 SAME DAY SURGERY CENTER	SPECIALTY AND AMBULATORY SRVCS	40.000 %		60.000 %
5 5 WESTERN PROVIDERS INC	PHO	50.000 %		50.000 %
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?

2

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

RAPID CITY REGIONAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</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**

RAPID CITY REGIONAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
	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)

RAPID CITY REGIONAL HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 SAME DAY SURGERY CENTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 2

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SAME DAY SURGERY CENTER

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>250 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</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**

SAME DAY SURGERY CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	No
a	<input checked="" 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)

SAME DAY SURGERY CENTER

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 1 - REGIONAL HEALTH HOME HOSPICE HOUSE 224 ELK ST RAPID CTIY, SD 57701	END OF LIFE CARE
2 2 - RAPID CITY REGIONAL HOSPICE HOUSE 224 ELK ST RAPID CTIY, SD 57701	END OF LIFE CARE
3 3 - REGIONAL HEALTH DERMATOLOGY 717 MEADE STREET 100 RAPID CTIY, SD 57701	CLINIC
4 4 - REGIONAL DIALYSIS CENTER - SPEARFISH 132 YANKEE ST SPEARFISH, SD 57783	DIALYSIS CENTER
5 5 - REGIONAL HEALTH HOMEHOSPICE-SPEARFISH 1440 NORTH MAIN STREET SPEARFISH, SD 57783	END OF LIFE CARE
6 6 - REGIONAL HEALTH MEDICAL CLINIC 112 7TH AVE WALL, SD 57790	CLINIC
7 7 - PINE RIDGE REGIONAL MEDICAL CLINIC EAST HIGHWAY 18 PINE RIDGE, SD 57702	CLINIC
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	REFERENCES TO "REGIONAL HEALTH" APPLY TO ALL ENTITIES CONTROLLED BY REGIONAL HEALTH, INC AND ITS SUBSIDIARIES THIS INCLUDES THE REPORTING ENTITY PART I, LINE 3C FINANCIAL ASSISTANCE DEBT REDUCTION WRITE-OFFS FOR FREE OR DISCOUNTED CARE ARE BASED ON AN INCOME MATRIX UTILIZING THE CURRENT FEDERAL POVERTY LEVEL (FPL) INCOME GUIDELINES AFTER SATISFYING APPLICABLE CO-PAY REQUIREMENTS THE INCOME MATRIX MAY BE UPDATED ANNUALLY AS THE FPL INCOME GUIDELINES ARE RELEASED
PART I, LINE 6A	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT CAN BE FOUND ON ITS WEBSITE AT HTTPS //REGIONALHEALTH COM/ABOUT-US/ANNUAL-REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	RATIO OF PATIENT CARE COST TO CHARGES IS USED FOR THE CALCULATION OF COST OF SERVICES PROVIDED FOR LINES 7A, 7B, AND 7G ACTUAL COSTS ARE USED FOR THE CALCULATION OF COSTS OF SERVICES PROVIDED FOR LINES 7E, 7F, 7H, AND 7I
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS \$ 48,618,434

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	REGIONAL HEALTH PROVIDES NUMEROUS COMMUNITY BENEFIT HEALTH EVENTS AND SCREENINGS THROUGHOUT THE BLACK HILLS REGION REGIONAL HEALTH ALSO PROVIDES FINANCIAL SUPPORT TO OTHER NONPROFIT ORGANIZATIONS TO HELP SUPPORT COMMUNITY HEALTH OUTREACH ADDITIONALLY, REGIONAL HEALTH PROVIDES IN-KIND SUPPORT AND EMPLOYEE VOLUNTEERS TO HELP SUPPORT COMMUNITY HEATH EVENTS AND ACTIVITIES
PART III, LINE 2	THE BAD DEBT REPORTED ON LINE 2 IS AT CHARGES AS REPORTED ON THE FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	THE ESTIMATED AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IS DETERMINED THROUGH A REVIEW OF THE BAD DEBT RECORDS TO IDENTIFY PATIENT ACCOUNTS THAT WOULD BE ELIGIBLE FOR A DISCOUNT UNDER THE FINANCIAL ASSISTANCE POLICY THE ORGANIZATION FOLLOWS HFMA STATEMENT 15, HOWEVER THE AMOUNT REPORTED ON PART III, LINE 3 REFLECTS AMOUNTS NOT PREVIOUSLY DETERMINED TO BE CHARITY CARE IN PRIOR YEARS, HOWEVER WERE DETERMINED IN THE CURRENT YEAR TO BE CHARITY CARE AMOUNTS
PART III, LINE 4	THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE FOUND ON PAGE NINE AND TEN OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE PAYMENTS ARE COMPARED TO THE ACTUAL COST OF PROVIDING THE SERVICE AS ARRIVED AT THROUGH THE MEDICARE COST REPORTS MEDICAL SERVICES ARE PROVIDED TO PATIENTS WITH MEDICARE COVERAGE REGARDLESS OF WHETHER OR NOT A SURPLUS OR DEFICIT IS REALIZED PROVIDING MEDICARE SERVICES PROMOTES ACCESS TO HEALTHCARE SERVICES WHICH ARE VITALLY NEEDED BY OUR COMMUNITIES
PART III, LINE 9B	THE COLLECTION POLICY REQUIRES INVOKING OF THE FINANCIAL ASSISTANCE POLICY (FAP) AT ANY TIME A PATIENT EXPRESSES FINANCIAL DIFFICULTY IN MEETING THEIR DEBT OBLIGATION UPON INVOKING THE FAP, ALL COLLECTION ACTIVITY IS SUSPENDED IF THE PATIENT IS APPROVED FOR CHARITY, THEN THE ACCOUNT IS CLOSED OUT OF THE COLLECTION PROCESS AND CLASSIFIED AS CHARITY IF A PATIENT EXPRESSES FINANCIAL CONCERN BUT FAILS TO COMPLETE THE APPLICATION PROCESS, ADDITIONAL NOTIFICATION IS SENT TO THE PATIENT PRIOR TO RE-INSTITUTING COLLECTION ACTIVITY WE ARE FOLLOWING THE 501(R) FINAL REGULATIONS TIMELINES FOR NOTIFICATIONS AND COLLECTIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	WE GATHER ADDITIONAL DATA ON NEEDED SERVICES FROM PATIENT SURVEYS, ADVISORY COUNCILS AND PATIENT AND FAMILY ADVISORY COUNCILS
PART VI, LINE 3	FINANCIAL ASSISTANCE PROGRAM BROCHURES EXPLAINING THE POLICY, A COPY OF THE POLICY AND FINANCIAL ASSISTANCE APPLICATIONS ARE AVAILABLE AT EACH POINT OF ENTRY SIGNS ALERTING PATIENTS TO THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE PROMINENTLY DISPLAYED AND A PLAIN LANGUAGE SUMMARY DESCRIBING THE FINANCIAL ASSISTANCE PROGRAM ACCOMPANIES ONE BILLING STATEMENT FOR HOSPITAL SERVICES SENT TO THE PATIENT THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND FINANCIAL ASSISTANCE APPLICATION ARE PROVIDED FREE UPON REQUEST AND ARE ALSO AVAILABLE ON THE HOSPITAL WEBSITE AT WWW REGIONALHEALTH COM REGIONAL HEALTH CONTRACTS WITH MIDLAND MEDICAL GROUP (AN UNRELATED ENTITY) TO MEET WITH UNINSURED PATIENTS TO ASSIST THEM WITH FINDING A FUNDING SOURCE OR APPLYING FOR FINANCIAL ASSISTANCE, AND OUR SELF-PAY OUTSOURCE PARTNER ALSO COMMUNICATES ANY FUNDING AND FINANCIAL ASSISTANCE OPPORTUNITIES WITH OUR PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	REGIONAL HEALTH AND ITS AFFILIATES PROVIDE HEALTH CARE SERVICES TO THE 380,000 PEOPLE WHO LIVE IN THE BLACK HILLS OF SOUTH DAKOTA AND THE SURROUNDING REGION, AS WELL AS THOUSANDS OF VISITORS EACH YEAR REGIONAL HEALTH SERVES A 38-COUNTY REGION COMPRISED OF WESTERN SOUTH DAKOTA, SOUTHEASTERN MONTANA, NORTHEASTERN WYOMING, SOUTHWESTERN NORTH DAKOTA AND NORTHWESTERN NEBRASKA
PART VI, LINE 5	REGIONAL HEALTH COLLABORATES WITH AGENCIES AND COMMUNITY-WIDE COALITIONS TO ADDRESS PRIORITIZED HEALTH NEEDS WITHIN THE COMMUNITIES WE SERVE REGIONAL HEALTH ADDRESSES ITS COMMUNITY'S HEALTH NEEDS BY 1) COMMUNITY MEMBERS SERVE ON GOVERNING BOARDS, ADVISORY COUNCILS AND FAMILY MEMBER COUNCILS, 2) DEVELOPING NEW PROGRAMS AND INITIATIVES TO ADDRESS IDENTIFIED HEALTH NEEDS AND 3) PROMOTING AN UNDERSTANDING OF THESE HEALTH NEEDS AMONG OTHER COMMUNITY ORGANIZATIONS AND WITHIN THE PUBLIC ITSELF REGIONAL HEALTH ALSO PROVIDES FINANCIAL SUPPORT TO OTHER NONPROFIT ORGANIZATIONS TO HELP SUPPORT COMMUNITY HEALTH OUTREACH ADDITIONALLY, REGIONAL HEALTH PROVIDES IN-KIND SUPPORT AND EMPLOYEE VOLUNTEERS TO HELP SUPPORT COMMUNITY HEALTH EVENTS AND ACTIVITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	REGIONAL HEALTH IS COMMITTED TO PARTNERING WITH THE COMMUNITIES IT SERVES TO MEET THE NEEDS OF EACH RESPECTIVE COMMUNITY REGIONAL HEALTH, INC IS THE PARENT ORGANIZATION OF RAPID CITY REGIONAL HOSPITAL, INC , REGIONAL HEALTH NETWORK, INC , AND REGIONAL HEALTH PHYSICIANS, INC THESE CORPORATIONS WORK TOGETHER TO MEET THE HEALTH CARE NEEDS OF THE REGION

Schedule H (Form 990) 2017

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
RAPID CITY REGIONAL HOSPITAL, INC	PART V, SECTION B, LINE 5 AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, AN ONLINE KEY INFORMANT SURVEY WAS CONDUCTED THAT SOLICITED INPUT FROM INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION A TOTAL OF 294 COMMUNITY STAKEHOLDERS COMPRISED OF PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS COMPLETED THE KEY INFORMANT SURVEY FOR THE REGIONAL HEALTH SERVICE AREA

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
SAME DAY SURGERY CENTER	PART V, SECTION B, LINE 5 AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, AN ONLINE KEY INFORMANT SURVEY WAS CONDUCTED THAT SOLICITED INPUT FROM INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION A TOTAL OF 294 COMMUNITY STAKEHOLDERS COMPRISED OF PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS COMPLETED THE KEY INFORMANT SURVEY FOR THE REGIONAL HEALTH SERVICE AREA

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
RAPID CITY REGIONAL HOSPITAL, INC	PART V, SECTION B, LINE 6A THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS UNDERTAKEN BY REGIONAL HEALTH, INCLUDING RAPID CITY REGIONAL HOSPITAL, SAME DAY SURGERY CENTER, AND REGIONAL HEALTH NETWORK (SPEARFISH REGIONAL HOSPITAL, STURGIS REGIONAL HOSPITAL, LEAD-DEADWOOD REGIONAL HOSPITAL, AND CUSTER REGIONAL HOSPITAL) UNDER A MANAGEMENT CONTRACT WITH REGIONAL HEALTH, HANS P PETERSON MEMORIAL HOSPITAL IN PHILIP, SD, ALSO COLLABORATED ON THE PROJECT HANS P PETERSON MEMORIAL HOSPITAL PROVIDED FUNDING FOR THEIR PORTION OF THE ASSESSMENT

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

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

Form and Line Reference	Explanation
SAME DAY SURGERY CENTER	PART V, SECTION B, LINE 6A THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS UNDERTAKEN BY REGIONAL HEALTH, INCLUDING RAPID CITY REGIONAL HOSPITAL, SAME DAY SURGERY CENTER, AND REGIONAL HEALTH NETWORK (SPEARFISH REGIONAL HOSPITAL, STURGIS REGIONAL HOSPITAL, LEAD-DEADWOOD REGIONAL HOSPITAL, AND CUSTER REGIONAL HOSPITAL) UNDER A MANAGEMENT CONTRACT WITH REGIONAL HEALTH, HANS P PETERSON MEMORIAL HOSPITAL IN PHILIP, SD, ALSO COLLABORATED ON THE PROJECT HANS P PETERSON MEMORIAL HOSPITAL PROVIDED FUNDING FOR THEIR PORTION OF THE ASSESSMENT

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

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

Form and Line Reference	Explanation
RAPID CITY REGIONAL HOSPITAL, INC	PART V, SECTION B, LINE 7D HTTP //WWW REGIONALHEALTH COM/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT

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

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

Form and Line Reference	Explanation
SAME DAY SURGERY CENTER	PART V, SECTION B, LINE 7D HTTP //WWW SAMEDAYSURGERYCENTER ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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
RAPID CITY REGIONAL HOSPITAL, INC	<p>PART V, SECTION B, LINE 11 IN REVIEW OF THE NEEDS IDENTIFIED IN THE 2015 CHNA, RAPID CITY REGIONAL HOSPITAL HAS IDENTIFIED THE AREAS BELOW THAT WILL NOT BE ADDRESSED DUE TO PRIORITIZATION OF HEALTH NEEDS 1) CANCER THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE ACCESS TO HEALTHCARE SERVICES PRIORITY AWARENESS ACTIVITIES THROUGH THE AMERICAN CANCER SOCIETY ALSO CURRENTLY EXIST IN THE COMMUNITY AND SURROUNDING AREA 2) DEMENTIA, INCLUDING ALZHEIMER'S DISEASE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE MENTAL HEALTH PRIORITY IN ADDITION, THERE ARE LOCAL LICENSED SKILLED NURSING FACILITIES PROVIDING SERVICES TO THE ELDERLY OF THE COMMUNITY 3) DIABETES THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE NUTRITION, PHYSICAL ACTIVITY AND WEIGHT PRIORITY 4) HEART DISEASE & STROKE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE NUTRITION, PHYSICAL ACTIVITY AND WEIGHT PRIORITY 5) INFANT HEALTH AND FAMILY PLANNING DATA FROM THE CHNA REVEALED THAT INFANT MORTALITY AND TEEN BIRTHS WERE OF GREATEST CONCERN IN THIS AREA IN THE COMMUNITY HOWEVER, LIMITED RESOURCES EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 6) INJURY & VIOLENCE RCRH HAS PARTNERED WITH KOHL'S CARES, SAFE & SOUND SOUTH DAKOTA, FARM BUREAU OF SOUTH DAKOTA, AND COMMUNITY ORGANIZED RESOURCES IN EDUCATING YOUTH IN ORDER TO ADDRESS THIS AREA OF OPPORTUNITY WITH THESE PARTNERSHIPS, RAPID CITY REGIONAL HOSPITAL DETERMINED THAT PROGRESS IS BEING MADE IN THIS AREA AND THAT OTHER AREAS OF OPPORTUNITY REQUIRED MORE IMMEDIATE AND FOCUSED ATTENTION 7) ORAL HEALTH RCRH HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH AND ACCESS TO ORAL HEALTH INSURANCE OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED LIMITED RESOURCES EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 8) RESPIRATORY DISEASES RCRH BELIEVES THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF OTHER COMMUNITY RESOURCES, INCLUDING OUTPATIENT CLINICAL SETTINGS 9) SEXUALLY TRANSMITTED DISEASES THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE ACCESS TO HEALTHCARE SERVICES PRIORITY 10) SUBSTANCE ABUSE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE MENTAL HEALTH PRIORITY 11) TOBACCO USE RAPID CITY REGIONAL HOSPITAL IS A TOBACCO-FREE FACILITY THE FACILITY PROVIDES SMOKING CESSATION SCREENING TO PATIENTS AND PROVIDES REFERENCE TO THE SOUTH DAKOTA QUIT LINE AS APPLICABLE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION DURING FY18, REGIONAL HEALTH HOSPITALS, ALONG WITH SAME DAY SURGERY CENTER, FOCUSED ON THE FOLLOWING THREE PRIORITY AREAS IDENTIFIED THROUGH THE MOST RECENT CHNA ACCESS TO HEALTHCARE SERVICES, MENTAL HEALTH, AND WELLNESS (PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT) TEAMS COMPOSED OF REPRESENTATIVES FROM</p>

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

Form and Line Reference	Explanation
RAPID CITY REGIONAL HOSPITAL, INC	<p>M RAPID CITY REGIONAL HOSPITAL, REGIONAL HEALTH NETWORK (SPEARFISH REGIONAL HOSPITAL, STURGIS REGIONAL HOSPITAL, LEAD-DEADWOOD REGIONAL HOSPITAL, AND CUSTER REGIONAL HOSPITAL), SAM E DAY SURGERY CENTER AND THE COMMUNITY CAME TOGETHER TO WORK ON STRATEGIES OUTLINED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), INCLUDING OBJECTIVES FOR EACH PRIORITY AREA. FY 18 UPDATES ACCESS TO HEALTHCARE SERVICES IN JUNE 2018, A PILOT OF A 24/7 CALL OPTION WAS ROLLED OUT FOR PRIMARY CARE PATIENTS IN A CLINIC LOCATION IN RAPID CITY AS PART OF THE PILOT, SIMPLIFIED SCHEDULING RULES AND DECISION TREES WERE CREATED IN THE ELECTRONIC HEALTH RECORD SYSTEM. DIRECT SCHEDULING BECAME AVAILABLE FOR ORTHOPEDICS AND GENERAL SURGERY. THIS ALLOWS PATIENTS TO LEAVE ONE LOCATION WITH AN ALREADY SCHEDULED APPOINTMENT AT A DIFFERENT LOCATION WITHOUT HAVING TO TAKE ANY ADDITIONAL STEPS. THE TEAM IS CURRENTLY WORKING ON EXPANDING THIS PROJECT TO OTHER SPECIALTIES. WORK BEGAN ON A POPULATION HEALTH INITIATIVE FOR DIABETES WITH A GOAL TO SYSTEMIZE DIABETES CARE, INCLUDING PROCESSES AND EDUCATION, ACROSS ALL REGIONAL HEALTH LOCATIONS. DEVELOPMENT CONTINUED FOR COMMUNITY CASE MANAGEMENT IN THE OUTPATIENT CLINICS. THE SYSTEM NOW HAS FIVE PATIENT CARE COORDINATORS SERVING THE COMMUNITIES OF RAPID CITY, SPEARFISH, LEAD, DEADWOOD, STURGIS, CUSTER, HOT SPRINGS, AND HILL CITY. PART OF THE ROLE OF THE PATIENT CARE COORDINATOR IS TO CONNECT PATIENTS WITH NEEDED COMMUNITY RESOURCES. A NEW PATIENT PORTAL, MYCHART, WENT LIVE IN JANUARY, 2018. THE PORTAL ALLOWS PATIENTS TO BETTER ACCESS THEIR HEALTH INFORMATION INCLUDING TEST RESULTS AND APPOINTMENT INFORMATION. PATIENTS CAN ALSO USE MYCHART TO DIRECTLY COMMUNICATE WITH THEIR PHYSICIANS AND OTHER PROVIDERS. THE ACCESS WORKGROUP WORKED TO DEVELOP A PROCESS FOR IDENTIFYING AND REACHING OUT TO PATIENTS THAT WOULD QUALIFY FOR THE ALL WOMEN COUNT PROGRAM. A PROCESS WAS CREATED TO MAIL AN OUTREACH LETTER TO QUALIFYING INDIVIDUALS TO ENCOURAGE THEM TO SIGN UP FOR THE ALL WOMEN COUNT PROGRAM. MENTAL HEALTH REGIONAL HEALTH PROVIDED IN-KIND PRINTING OF 2,000 HELPING HAND RESOURCE GUIDES FOR DISTRIBUTION IN THE COMMUNITY. IN FY18, REGIONAL HEALTH CONTRIBUTED \$2,500 TO 211 HELPLINE CENTER IN SUPPORT OF OPERATIONS. FROM 2016 TO 2017, 211 HELPLINE CENTER CALLS FOR MENTAL HEALTH AND ADDICTION NEEDS ROSE FROM 9.29% TO 11.5% AND THE NUMBER OF SUICIDE-RELATED CONTACTS INCREASED BY 28%. IN MAY 2018, REGIONAL HEALTH AND SAME DAY SURGERY CENTER HOSTED A MEETING THAT WAS ATTENDED BY 25 COMMUNITY ORGANIZATIONS TO DISCUSS THE ISSUE OF SUICIDE PREVENTION FOR THE BLACK HILLS REGION. A SECOND MEETING IS PLANNED TO TAKE PLACE IN FY19 TO FURTHER DEVELOP A COMMUNITY-WIDE APPROACH FOR SUICIDE PREVENTION. WELLNESS (PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT) REGIONAL HEALTH RECEIVED A GRANT FROM THE SOUTH DAKOTA DEPARTMENT OF HEALTH (SDDOH) TO CONDUCT A PREDIABETES MARKETING AND OUTREACH CAMPAIGN. FUNDS WERE USED TO RAISE AWARENESS OF PREDIABETES AND ENCOURAGE PEOPLE AT RISK TO ENROLL IN</p>

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

Form and Line Reference	Explanation
RAPID CITY REGIONAL HOSPITAL, INC	<p>IN THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) THE CAMPAIGN INCLUDED DIGITAL BILLBOARD S, RADIO ADS, AND PRINT ADS THAT TOTALED AN ESTIMATED REACH OF MORE THAN 400,000 IMPRESSIO NS REGIONAL HEALTH DIABETES EDUCATORS ALSO WENT OUT TO SIX LOCAL EVENTS AS PART OF THE CA MPAIGN AT THESE EVENTS, 161 PEOPLE COMPLETED THE PREDIABETES RISK TEST AND THE 61 WHO WER E FOUND TO BE HIGH-RISK WERE PROVIDED ADDITIONAL INFORMATION/EDUCATION ON DPP AND OTHER DI ABETES RESOURCES REGIONAL HEALTH RECEIVED A KOHL'S CARES GRANT TO IMPLEMENT AN EVIDENCE-B ASED PROGRAM CALLED KIDSHAPE 2 0 THE PROGRAM STRIVES TO INCREASE THE KNOWLEDGE OF HEALTHY BEHAVIORS RELATED TO NUTRITION, PHYSICAL ACTIVITY, AND HEALTH EFFICACY AMONG COMMUNITY YO UTH AND FAMILIES KIDSHAPE IS DESIGNED FOR CHILDREN AGES 6 TO 12 WHO ARE OVERWEIGHT OR WIS H TO MAINTAIN A HEALTHY LIFESTYLE THREE KIDSHAPE WORKSHOPS WERE HELD IN FY18 IN COLLABORA TION WITH LIVE WELL BLACK HILLS, MEMBERS OF REGIONAL'S WELL-BEING TEAM REACHED OUT TO BUSI NESSES IN THE RAPID CITY AREA TO PROVIDE THE WORKSITE TOOLKIT AND OFFER ASSISTANCE IN STAR TING A WORKSITE WELLNESS PROGRAM</p>

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

Form and Line Reference	Explanation
SAME DAY SURGERY CENTER	<p>PART V, SECTION B, LINE 11 IN REVIEW OF THE NEEDS IDENTIFIED IN THE 2015 CHNA, SAME DAY SURGERY CENTER (SDSC) IDENTIFIED THE AREAS BELOW THAT WILL NOT BE ADDRESSED DUE TO PRIORITIZATION OF HEALTH NEEDS 1) CANCER THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE ACCESS TO HEALTHCARE SERVICES PRIORITY AWARENESS ACTIVITIES THROUGH THE AMERICAN CANCER SOCIETY ALSO CURRENTLY EXIST IN THE COMMUNITY AND SURROUNDING AREA 2) DEMENTIA, INCLUDING ALZHEIMER'S DISEASE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE MENTAL HEALTH PRIORITY IN ADDITION, THERE ARE LOCAL LICENSED SKILLED NURSING FACILITIES PROVIDING SERVICES TO THE ELDERLY OF THE COMMUNITY 3) DIABETES THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE NUTRITION, PHYSICAL ACTIVITY AND WEIGHT PRIORITY 4) HEART DISEASE & STROKE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE NUTRITION, PHYSICAL ACTIVITY AND WEIGHT PRIORITY 5) INFANT HEALTH AND FAMILY PLANNING DATA FROM THE CHNA REVEALED THAT INFANT MORTALITY AND TEEN BIRTHS WERE OF GREATEST CONCERN IN THIS AREA IN THE COMMUNITY HOWEVER, LIMITED RESOURCES AND A LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 6) INJURY & VIOLENCE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 7) ORAL HEALTH SDSC HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH AND ACCESS TO ORAL HEALTH INSURANCE OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED LIMITED RESOURCES EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 8) RESPIRATORY DISEASES SDSC BELIEVES THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF OTHER COMMUNITY RESOURCES, INCLUDING OUTPATIENT CLINICAL SETTINGS 9) SEXUALLY TRANSMITTED DISEASES THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE ACCESS TO HEALTHCARE SERVICES PRIORITY 10) SUBSTANCE ABUSE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THROUGH THE MENTAL HEALTH PRIORITY 11) TOBACCO USE SDSC IS A TOBACCO-FREE FACILITY THE FACILITY PROVIDES SMOKING CESSATION SCREENING TO PATIENTS AND PROVIDES REFERENCE TO SOUTH DAKOTA QUIT LINE AS APPLICABLE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION DURING FY18, REGIONAL HEALTH HOSPITALS, ALONG WITH SAME DAY SURGERY CENTER, FOCUSED ON THE FOLLOWING THREE PRIORITY AREAS IDENTIFIED THROUGH THE MOST RECENT CHNA ACCESS TO HEALTHCARE SERVICES, MENTAL HEALTH, AND WELLNESS (PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT) TEAMS COMPRISED OF REPRESENTATIVES FROM RAPID CITY REGIONAL HOSPITAL, REGIONAL HEALTH NETWORK (SPEARFISH REGIONAL HOSPITAL, STURGIS REGIONAL HOSPITAL, LEAD-DEADWOOD REGIONAL HOSPITAL, AND CUSTER REGIONAL HOSPITAL), SAME DAY SURGERY CENTER AND THE COMMUNITY CAME TOGETHER TO WORK ON STRATEGIES OUTLINED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP</p>

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

Form and Line Reference	Explanation
SAME DAY SURGERY CENTER	<p>), INCLUDING OBJECTIVES FOR EACH PRIORITY AREA ACCESS TO HEALTHCARE SERVICES A NEW PATIENT PORTAL, MYCHART, WENT LIVE IN JANUARY, 2018 THE PORTAL ALLOWS PATIENTS TO BETTER ACCESS THEIR HEALTH INFORMATION INCLUDING TEST RESULTS AND APPOINTMENT INFORMATION PATIENTS CAN ALSO USE MYCHART TO DIRECTLY COMMUNICATE WITH THEIR PHYSICIANS AND OTHER PROVIDERS MENTAL HEALTH IN MAY 2018, REGIONAL HEALTH AND SAME DAY SURGERY CENTER HOSTED A MEETING THAT WAS ATTENDED BY 25 COMMUNITY ORGANIZATIONS TO DISCUSS THE ISSUE OF SUICIDE PREVENTION FOR THE BLACK HILLS REGION A SECOND MEETING IS PLANNED TO TAKE PLACE IN FY19 TO FURTHER DEVELOP A COMMUNITY-WIDE APPROACH FOR SUICIDE PREVENTION WELLNESS (PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT) REGIONAL HEALTH RECEIVED A GRANT FROM THE SOUTH DAKOTA DEPARTMENT OF HEALTH (SDDOH) TO CONDUCT A PREDIABETES MARKETING AND OUTREACH CAMPAIGN FUNDS WERE USED TO RAISE AWARENESS OF PREDIABETES AND ENCOURAGE PEOPLE AT RISK TO ENROLL IN THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) THE CAMPAIGN INCLUDED DIGITAL BILLBOARDS, RADIO ADS, AND PRINT ADS THAT TOTALLED AN ESTIMATED REACH OF MORE THAN 400,000 IMPRESSIONS REGIONAL HEALTH EDUCATORS ALSO WENT OUT TO SIX LOCAL EVENTS AS PART OF THE CAMPAIGN AT THESE EVENTS, 161 PEOPLE COMPLETED THE PREDIABETES RISK TEST AND THE 61 WHO WERE FOUND TO BE HIGH-RISK WERE PROVIDED ADDITIONAL INFORMATION/EDUCATION ON DPP AND OTHER DIABETES RESOURCES REGIONAL HEALTH RECEIVED A KOHL'S CARES GRANT TO IMPLEMENT AN EVIDENCE-BASED PROGRAM CALLED KIDSHAPE 2.0 THE PROGRAM STRIVES TO INCREASE THE KNOWLEDGE OF HEALTHY BEHAVIORS RELATED TO NUTRITION, PHYSICAL ACTIVITY, AND HEALTH EFFICACY AMONG COMMUNITY YOUTH AND FAMILIES KIDSHAPE IS DESIGNED FOR CHILDREN AGES 6 TO 12 WHO ARE OVERWEIGHT OR WISH TO MAINTAIN A HEALTHY LIFESTYLE THREE KIDSHAPE WORKSHOPS WERE HELD IN FY18 IN COLLABORATION WITH LIVE WELL BLACK HILLS, MEMBERS OF THE WELLBEING WORKGROUP TEAM REACHED OUT TO BUSINESSES IN THE RAPID CITY AREA TO PROVIDE THE WORKSITE TOOLKIT AND OFFER ASSISTANCE IN STARTING A WORKSITE WELLNESS PROGRAM</p>

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

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

Form and Line Reference	Explanation
RAPID CITY REGIONAL HOSPITAL, INC	PART V, SECTION B, LINE 13H MUST RESIDE WITHIN 200 MILE RADIUS OF THE LOCATION WHERE THE SERVICE WAS RECEIVED PRESUMPTIVE ELIGIBILITY MAY BE USED

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
SAME DAY SURGERY CENTER	PART V, SECTION B, LINE 13H MUST RESIDE WITHIN 200 MILE RADIUS OF THE LOCATION WHERE THE SERVICE WAS RECEIVED PRESUMPTIVE ELIGIBILITY MAY BE USED

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Form and Line Reference	Explanation
RAPID CITY REGIONAL HOSPITAL, INC	PART V, SECTION B, LINE 24 THE HOSPITAL FINANCIAL ASSISTANCE POLICY DOES NOT COVER ELECTIVE PROCEDURES THE HOSPITAL MAY HAVE CHARGED FAP ELIGIBLE PATIENTS GROSS CHARGES FOR SERVICES THAT ARE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY

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
SAME DAY SURGERY CENTER	PART V, SECTION B, LINE 24 THE HOSPITAL FINANCIAL ASSISTANCE POLICY DOES NOT COVER ELECTIVE PROCEDURES THE HOSPITAL MAY HAVE CHARGED FAP ELIGIBLE PATIENTS GROSS CHARGES FOR SERVICES THAT ARE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY

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Form and Line Reference	Explanation
PART V, LINES 16A-C RAPID CITY REGIONAL HOSPITAL	THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AT HTTP //WWW REGIONALHEALTH COM/PATIENTS-AND-FAMILIES

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, LINES 16A-C SAME DAY SURGERY CENTER	THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AT HTTP //WWW SAMEDAYSURGERYCENTER ORG/FINANCIAL-ASSISTANCE/

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RAPID CITY REGIONAL HOSPITAL INC

Employer identification number
46-0319070

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>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 in line 1a?</p>	2									
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>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</p>	7	Yes								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE EXECUTIVE COMMITTEE, WHICH IS A COMMITTEE OF THE REGIONAL HEALTH (PARENT) BOARD, REVIEWS AND APPROVES BASE SALARY AND TOTAL COMPENSATION RANGES FOR ALL EXECUTIVES WITHIN THE REGIONAL HEALTH SYSTEM
PART I, LINE 4B	REGIONAL HEALTH PROVIDES A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND A FLEXIBLE BENEFIT PLAN THAT CAN INCLUDE DEFERRED COMPENSATION FOR ITS EXECUTIVES. THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO THE ACCOUNT AS REPORTED IN COLUMN C ON SCHEDULE J: TERESA BURROFF 50,332; PAULETTE DAVIDSON 63,856; STEPHANIE LAHR 30,998; MARY MASTEN 7,400; TRESHA MORELAND 22,037; BRENT PHILLIPS 161,068; JOHN PIERCE 25,941; MARK THOMPSON 60,375; MICHAEL TILLES 25,083; LAURA WIGHTMAN 26,544; THOMAS WORSLEY 24,541; SRI, GANGINENI, MD 20,951; BHASKAR PURUSHOTTAM, MD 51,018; JAMES TAKARA, MD 36,361; JOSEPH TUMA, MD 48,818; AMAD ZINELDINE, MD 31,644. THE FOLLOWING INDIVIDUALS HAD SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AMOUNTS INCLUDED IN SCHEDULE J, COLUMN B(III) THAT WERE PREVIOUSLY REPORTED AS DEFERRED COMPENSATION ON FORM 990. THESE AMOUNTS ARE IDENTIFIED IN SCHEDULE J, COLUMN F: JOHN PIERCE 18,832; MARK THOMPSON 21,372; JAMES TAKARA, MD 28,491; JOSEPH TUMA, MD 41,959; AMAD ZINELDINE, MD 46,654; MAUREEN HENSON 25,740; PAUL CLEMMENTS 8,652.
PART I, LINE 7	EXECUTIVES AND OTHER EMPLOYEES OF SYSTEM ENTITIES WILL BE ELIGIBLE TO RECEIVE ANNUAL INCENTIVE AWARDS THAT ARE COMPETITIVE WITH THE INCENTIVES OFFERED BY THE ORGANIZATIONS IN THE SYSTEM'S PEER GROUP(S) IN ACCORDANCE WITH THE TERMS OF THE REGIONAL HEALTH, INC ANNUAL INCENTIVE PLAN FOR SELECTED EXECUTIVES AND OTHER EMPLOYEES (INCENTIVE PLAN). IN ACCORDANCE WITH THIS PLAN, THE PARENT BOARD'S EXECUTIVE COMMITTEE WILL REVIEW AND APPROVE ALL INCENTIVE COMPENSATION PERFORMANCE MEASURES AND ALL AWARDS, IF ANY.

Additional Data

Software ID:

Software Version:

EIN: 46-0319070

Name: RAPID CITY REGIONAL HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SRI GANGINENI MD BOARD MEMBER / EMPLOYED PHYSICIAN	(i)	456,261	53,638	0	29,513	39,188	578,600	0
	(ii)	0	0	0	0	0	0	0
1BRENT PHILLIPS PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	867,435	580,640	0	169,630	27,558	1,645,263	0
2MARK A THOMPSON CFO/TREASURER	(i)	399,584	115,518	21,372	80,003	21,166	637,643	21,372
	(ii)	0	0	0	0	0	0	0
3TERESA BURROFF GENERAL COUNSEL/SECRETARY	(i)	339,972	100,902	0	58,432	722	500,028	0
	(ii)	0	0	0	0	0	0	0
4PAULETTE R DAVIDSON CHIEF OPERATING OFFICER	(i)	419,090	136,850	0	72,183	27,512	655,635	0
	(ii)	0	0	0	0	0	0	0
5TRESHA MORELAND VP HUMAN RESOURCES	(i)	218,956	43,733	0	30,137	8,236	301,062	0
	(ii)	0	0	0	0	0	0	0
6RICHARD S LATUCHIE VP INFO TECHNOLOGY CIO UNTIL 02/2018	(i)	333,934	93,380	0	15,399	19,769	462,482	0
	(ii)	0	0	0	0	0	0	0
7STEPHANIE LAHR VP INFO TECHNOLOGY CIO	(i)	301,821	71,300	0	39,325	32,415	444,861	0
	(ii)	0	0	0	0	0	0	0
8MARY MASTEN GENERAL COUNSEL, EMERITUS	(i)	314,005	23,828	0	32,609	20,385	390,827	0
	(ii)	0	0	0	0	0	0	0
9LAURA C WIGHTMAN CHIEF NURSING OFFICER	(i)	264,017	47,700	0	34,871	18,431	365,019	0
	(ii)	0	0	0	0	0	0	0
10JOHN PIERCE VP RAPID CITY MARKET	(i)	254,732	42,473	18,832	39,938	28,190	384,165	18,832
	(ii)	0	0	0	0	0	0	0
11MICHAEL TILLES PRESIDENT HOME PLUS	(i)	254,046	72,917	0	33,183	23,172	383,318	0
	(ii)	0	0	0	0	0	0	0
12THOMAS S WORSLEY PRESIDENT SPEARFISH MARKET	(i)	238,398	45,080	0	32,868	25,172	341,518	0
	(ii)	0	0	0	0	0	0	0
13 JOHN KARL HEILMAN III MD PHYSICIAN - CARDIOLOGY	(i)	890,586	57,501	0	12,483	22,392	982,962	0
	(ii)	0	0	0	0	0	0	0
14JAMES TAKARA MD PHYSICIAN - CARDIAC SURGERY	(i)	838,924	0	28,491	48,844	30,703	946,962	28,491
	(ii)	0	0	0	0	0	0	0
15 BHASKAR PURUSHOTTAM MD PHYSICIAN - CARDIOLOGY	(i)	1,008,549	57,501	0	59,345	32,559	1,157,954	0
	(ii)	0	0	0	0	0	0	0
16JOSEPH TUMA MD PHYSICIAN - CARDIOLOGY	(i)	1,029,167	57,501	41,959	61,301	34,337	1,224,265	41,959
	(ii)	0	0	0	0	0	0	0
17AMAD ZINELDINE MD PHYSICIAN - ONCOLOGY	(i)	745,532	57,501	46,654	46,945	39,589	936,221	46,654
	(ii)	0	0	0	0	0	0	0
18MAUREEN HENSON VP HUMAN RESOURCES RETIRED 04/17	(i)	81,029	0	25,740	250	458	107,477	25,740
	(ii)	0	0	0	0	0	0	0
19PAUL W CLEMMENTS FORMER VP PROF SERVICES UNTIL 04/18	(i)	188,579	33,456	8,652	11,967	24,912	267,566	8,652
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 MICHAEL E LATOUR FORMER VP RAPID CITY MARKET	(i)	179,643	34,158	0	15,383	18,747	247,931	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 RAPID CITY REGIONAL HOSPITAL INC

Name of the organization
 RAPID CITY REGIONAL HOSPITAL INC

Employer identification number
 46-0319070

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	SD HEALTH & EDUCATIONAL FACILITIES AUTHORITY	46-0315509		01-27-2015	67,210,000	REFUND SERIES 2008 BONDS ISSUED 8/14/08		X		X		X
B	SD HEALTH & EDUCATIONAL FACILITIES AUTHORITY	46-0315509	83755VE26	09-07-2017	238,488,122	REFUND SERIES 2010 AND 2011 BONDS, HOSPITAL BUILDINGS AND EQUIPMENT		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired		9,815,000						
2	Amount of bonds legally defeased								
3	Total proceeds of issue		67,210,000		239,418,060				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		250,000		1,807,893				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				183,088,940				
11	Other spent proceeds		66,960,000		54,521,227				
12	Other unspent proceeds								
13	Year of substantial completion		2015						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				X				
c Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 020 %		0 690 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 030 %		0 860 %					
6 Total of lines 4 and 5	0 050 %		1 550 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b Name of provider	US BANK NA							
c Term of hedge	920 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, BOND B	THE ISSUE PRICE ON PART I, COLUMN (E) IS DIFFERENT THAN THE AMOUNT ON PART II, LINE 3 DUE TO INTEREST EARNED DURING THE CONSTRUCTION PHASE ON THE PROCEEDS OF \$929,938

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RAPID CITY REGIONAL HOSPITAL INC

Employer identification number
46-0319070

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGG RADTKE	FAMILY MEMBER OF DIRECTOR SANDRA BURNS	42,612	EMPLOYMENT EARNINGS, HOSPITAL CENSUS COORD		No
(2) ERIKA L RADTKE	FAMILY MEMBER OF DIRECTOR SANDRA BURNS	85,821	EMPLOYMENT EARNINGS, APPLICATIONS ANALYST		No
(3) NADINE E RADTKE	FAMILY MEMBER OF DIRECTOR SANDRA BURNS	86,081	EMPLOYMENT EARNINGS, APPLICATIONS ANALYST		No
(4) CALEB HANSEN	FAMILY MEMBER OF DIRECTOR LISA SEAMAN	80,500	EMPLOYMENT EARNINGS, REGISTERED NURSE		No
(5) LINDSEY HANSEN	FAMILY MEMBER OF DIRECTOR LISA SEAMAN	40,667	EMPLOYMENT EARNINGS, REGISTERED NURSE		No
(6) PAMELA KIM PHILLIPS MD	SPOUSE OF CEO	714,995	EMPLOYMENT EARNINGS, PHYSICIAN		No

Part V Supplemental Information

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

Return Reference	Explanation
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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RAPID CITY REGIONAL HOSPITAL INC

Employer identification number

46-0319070

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE OF THE CORPORATION SHALL CONSIST OF THE FOLLOWING CHAIR OF THE BOARD OF DIRECTORS, VICE CHAIR OF THE BOARD OF DIRECTORS, TWO OTHER BOARD MEMBERS APPOINTED BY THE CHAIR, AND THE CORPORATION'S PRESIDENT THE CHAIR OF THE BOARD OF DIRECTORS SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE DIRECTORS ON THE EXECUTIVE COMMITTEE SHALL SERVE DURING THE TERM OF OFFICE THEY HOLD WHICH PLACES THEM ON THE EXECUTIVE COMMITTEE, OR, FOR THE TWO CHAIR-APPOINTED MEMBERS, FOR A TERM OF ONE (1) YEAR OR UNTIL THEIR SUCCESSORS ARE APPOINTED THE EXECUTIVE COMMITTEE, WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY A MOTION OR RESOLUTION OF THE BOARD OF DIRECTORS OR THAT IS AUTHORITY RESERVED TO THE MEMBER IT IS INTENDED THAT THE POWERS OF THE EXECUTIVE COMMITTEE TO ACT FOR THE WHOLE BOARD BE CONFINED TO SUCH URGENT MATTERS AS REASONABLY SHOULD NOT BE DEFERRED UNTIL THE NEXT REGULARLY-SCHEDULED MEETING OF THE FULL BOARD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRENT PHILLIPS HAS A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS DUE TO BEING THE CEO OF THE SUPPORTING ORGANIZATION THAT EXERCISES RESERVE POWERS OVER THE SUPPORTED ORGANIZATIONS THAT EMPLOY EACH OF THESE KEY EMPLOYEES TERESA BURROFF, PAULETTE DAVIDSON, MAUREN HENSON, STEPHANIE LAHR, RICHARD LATUCHIE, MARY MASTEN, TRESHA MORELAND, JOHN PIERCE, MICHAEL TILLES, MARK THOMPSON, LAURA WIGHTMAN, AND THOMAS WORSLEY AND EMPLOYED BOARD MEMBER SRI GANGINENI MD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	REGIONAL HEALTH, INC IS THE SOLE MEMBER OF RAPID CITY REGIONAL HOSPITAL, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S SOLE MEMBER AND SUPPORTING ORGANIZATION, REGIONAL HEALTH, INC , APPOINT S THE MEMBERS OF RAPID CITY REGIONAL HOSPITAL'S GOVERNING BODY THE BYLAWS REQUIRE THAT AT LEAST ONE MEMBER OF RAPID CITY REGIONAL HOSPITAL'S BOARD ALSO SERVES AS A VOTING MEMBER O F THE SOLE MEMBER'S BOARD TO BETTER ASSURE THE SOLE MEMBER'S CONTINUED RESPONSIVENESS TO R APID CITY REGIONAL HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	REGIONAL HEALTH, INC PROVIDES COMPLIANCE, GOVERNANCE, FINANCIAL, AND PLANNING SUPPORT TO ITS SUPPORTED ORGANIZATIONS TO BEST ASSURE THE FUNCTIONS AND SERVICES OF THE SUPPORTED ORGANIZATIONS ARE COORDINATED AND SUPPORTED IN A MANNER THAT FURTHERS THE SHARED CHARITABLE MISSION OF THE SUPPORTED ORGANIZATIONS AND RHI, AS A WHOLE (THE SYSTEM) REGIONAL HEALTH, INC HAS FINAL AUTHORITY IN SIGNIFICANT BUSINESS DECISIONS AFFECTING SUPPORTED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM IT IS THEN REVIEWED INTERNALLY BY FINANCE AND LEGAL MANAGEMENT THE FORM 990 IS FURTHER REVIEWED, PRIOR TO FILING, BY THE ORGANIZATION'S BOARD OF DIRECTORS THROUGH A PORTAL TO THE ORGANIZATION'S INTERNAL INFORMATION SYSTEM, TO WHICH EACH BOARD MEMBER HAS ACCESS EDUCATIONAL SESSIONS HAVE BEEN PROVIDED TO BOARD MEMBERS ON HOW TO ACCESS THE PORTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AS PART OF THE ANNUAL DISCLOSURE OF POTENTIAL CONFLICTS PROCESS, ALL BOARD MEMBERS, OFFICERS, AND MANAGEMENT ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT ON FINANCIAL INTERESTS AND CONFLICTING INTERESTS AT BOARD AND BOARD COMMITTEE MEETINGS, THE MEETING AGENDA INCLUDES AN INITIAL ITEM "CONFLICTS OF INTEREST" WHERE THE CHAIR ASKS MEMBERS IF THEY HAVE ANY CONFLICTING INTERESTS OR FINANCIAL INTERESTS RELATED TO AN AGENDA ITEM IF A CONFLICTING OR FINANCIAL INTEREST IS DISCLOSED, IT IS NOTED IN THE MINUTES AND THERE IS DISCUSSION OR DETERMINATION OF WHETHER THE DISCLOSURE REQUIRES THE BOARD OR COMMITTEE MEMBER TO BE EXCUSED FROM DISCUSSION OR ACTION ON THAT AGENDA ITEM BOARD OR COMMITTEE MEMBERS WHOSE DISCLOSURE IS FOUND TO BE A CONFLICT MAY BE INVITED TO SPEAK ON THE MATTER BY THE CHAIR, BUT ARE NOT PERMITTED TO VOTE ON THE MATTER AND MAY BE REQUIRED TO LEAVE THE MEETING DURING DISCUSSION, AFTER THEY HAVE MADE ANY COMMENTS INVITED BY THE CHAIR FAILURE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY CONSTITUTES GROUNDS FOR REMOVAL FROM OFFICE OR MEMBERSHIP ON THE BOARD OR BOARD COMMITTEE AND, IN THE CASE OF ALL EMPLOYEES, TERMINATION OF EMPLOYMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF REGIONAL HEALTH INC (RHI, PARENT) ENGAGED AN INDEPENDENT THIRD PARTY COMPENSATION FIRM TO CONDUCT A REVIEW OF ALL EXECUTIVES, VICE PRESIDENT LEVEL AND ABOVE, TO DETERMINE AN APPROPRIATE COMPENSATION RANGE IN WHICH THEIR COMPENSATION WOULD BE ESTABLISHED THE INDEPENDENT COMPENSATION CONSULTANT PROVIDED PEER GROUP MARKET COMPARATIVE DATA FOR BASE SALARY, TOTAL CASH COMPENSATION, BENEFITS AND TOTAL COMPENSATION FOR EXECUTIVES THE CEO OR HIS DESIGNEE DETERMINES THE ACTUAL BASE SALARY OF THE EXECUTIVES WITHIN THE COMMITTEE-APPROVED BASE SALARY RANGE BASED ON EXPERIENCE AND PERFORMANCE, PROVIDING THE TOTAL COMPENSATION IS WITHIN THE TARGETED MARKET PERCENTILE, E G 50TH PERCENTILE IN MAY 2017, THE INDEPENDENT CONSULTANT MET WITH COMMITTEE MEMBERS AND PRESENTED 2017 DATA UPON WHICH THE COMMITTEE DETERMINED ALL ELEMENTS OF COMPENSATION FOR THE MEMBER'S CEO (BASE SALARY, TOTAL CASH COMPENSATION, BENEFITS AND TOTAL COMPENSATION) AND REAFFIRMED THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY, WHICH INCLUDES THE TARGETED MARKET PERCENTILE FOR ALL OTHER EXECUTIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ARTICLES OF INCORPORATION OF THE ORGANIZATION ARE FILED IN THE OFFICE OF THE SECRETARY OF STATE OF SOUTH DAKOTA AND ARE AVAILABLE TO THE PUBLIC FROM THE OFFICE OF THE SECRETARY OF STATE OTHER DOCUMENTS (BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS) ARE NOT POSTED FOR THE PUBLIC BUT ARE AVAILABLE OR DESCRIBED IN OTHER PUBLIC DOCUMENTS OR SITES SUCH AS OFFERING STATEMENTS IN BOND ISSUES OR MUNICIPAL SECURITIES RULEMAKING BOARD'S ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) DATA PORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJ TO THE FUNDED STATUS OF THE PENSION PLAN -3,495,514 MEDICAL STAFF NET INCOME 98,846 TEMPORARILY RESTRICTED NET ASSET CHANGES -2,029,158 AUXILIARY NET INCOME -55,580 CHANGE IN INTEREST SWAP -130,000 TRANSFERS TO RELATED ORGANIZATIONS -241,704

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 20	THE ISSUE PRICE OF THE BONDS INCLUDES THE FILING ORGANIZATION'S SHARE OF THE ENTIRE BOND ISSUE, WHICH WAS ISSUED TO REGIONAL HEALTH, INC ON BEHALF OF THE REGIONAL HEALTH OBLIGATED GROUP THE REGIONAL HEALTH OBLIGATED GROUP CONSISTS OF REGIONAL HEALTH, INC , RAPID CITY REGIONAL HOSPITAL, INC , REGIONAL HEALTH NETWORK, INC AND REGIONAL HEALTH PHYSICIANS, INC

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
RAPID CITY REGIONAL HOSPITAL INC

Employer identification number

46-0319070

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
(1) REGIONAL HEALTH HOME PLUS LLC 2925 REGIONAL WAY PO BOX 6000 RAPID CITY, SD 57701 36-4841157	HEALTHCARE SERVICES	SD	52,891,379	-10,883,347	RAPID CITY REGIONAL HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) REGIONAL HEALTH INC 353 FAIRMONT BLVD RAPID CITY, SD 57701 20-1487506	HEALTHCARE	SD	501(C)(3)	LINE 12C, III-FI	N/A		No
(2) REGIONAL HEALTH NETWORK INC 353 FAIRMONT BLVD RAPID CITY, SD 57701 46-0360899	HEALTHCARE	SD	501(C)(3)	LINE 3	REGIONAL HEALTH INC		No
(3) REGIONAL HEALTH PHYSICIANS INC 353 FAIRMONT BLVD RAPID CITY, SD 57701 46-0372454	HEALTHCARE	SD	501(C)(3)	LINE 3	REGIONAL HEALTH INC		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	
(1) MEDICAL & DENTAL BUILDING 2805 S 5TH ST RAPID CITY, SD 57701 46-0339629	MEDICAL OFFICE BLDG	SD	RAPID CITY REGIONAL HOSPITAL INC	INVESTMENT	-66,698	949,698		No		Yes		71.450 %
(2) BLACK HILLS MEDICAL OFFICE BD LLC 353 FAIRMONT BLVD RAPID CITY, SD 57701 41-1992146	MEDICAL OFFICE BLDG	SD	RAPID CITY REGIONAL HOSPITAL INC	INVESTMENT	-7,621	1,466,129		No			No	67.930 %
(3) SAME DAY SURGERY CENTER 651 CATHEDRAL DRIVE RAPID CITY, SD 57701 41-1889892	MEDICAL SERVICES	SD	RAPID CITY REGIONAL HOSPITAL INC	RELATED	2,539,366	2,749,852		No		Yes		40.000 %

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAME DAY SURGERY CENTER	F	2,220,000	FMV

Part VII **Supplemental Information**

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