

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](http://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: REGIONAL HEALTH NETWORK INC  
Doing business as:  
Number and street (or P O box if mail is not delivered to street address): PO BOX 6000 Room/suite:  
City or town, state or province, country, and ZIP or foreign postal code: RAPID CITY, SD 577096000

**D** Employer identification number: 46-0360899  
**E** Telephone number: (605) 755-9130  
**G** Gross receipts \$ 156,080,241

**F** Name and address of principal officer: PAULETTE DAVIDSON, 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: 1981 **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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	7
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,405
<b>6</b> Total number of volunteers (estimate if necessary)	186
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	993,945
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-404,317

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	914,625	526,521
<b>9</b> Program service revenue (Part VIII, line 2g)	154,546,086	155,509,558
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,685	-79,226
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,877	32,943
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	155,583,273	155,989,796
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,551,812	87,306,692
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	74,394,900	78,645,007
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	159,946,712	165,951,699
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-4,363,439	-9,961,903

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	81,174,246	120,880,142
<b>21</b> Total liabilities (Part X, line 26)	14,247,152	62,164,847
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	66,927,094	58,715,295

### 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: [Signature] Date: 2019-05-14  
Type or print name and title: MARK THOMPSON CFO

**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 \$ 98,998,694 including grants of \$ ) (Revenue \$ 110,246,079 )  
See Additional Data

**4b** (Code ) (Expenses \$ 8,140,196 including grants of \$ ) (Revenue \$ 31,876,400 )  
See Additional Data

**4c** (Code ) (Expenses \$ 6,655,601 including grants of \$ ) (Revenue \$ 7,336,323 )  
See Additional Data

(Code ) (Expenses \$ 5,275,804 including grants of \$ ) (Revenue \$ 5,056,811 )

SPEARFISH REGIONAL HOSPITAL'S ORTHOPEDIC CLINIC IS A HOSPITAL OUTPATIENT DEPARTMENT PROVIDING ORTHOPEDIC CARE IT HAS A TOTAL OF 16 48 FULL TIME EQUIVALENTS THAT INCLUDES ORTHOPEDIC SURGEONS (3 00) AND ADVANCED PRACTICE PROVIDERS (4 82) THIS HOSPITAL OUTPATIENT DEPARTMENT EXPERIENCED 12,432 ENCOUNTERS DURING THE YEAR

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 5,275,804 including grants of \$ ) (Revenue \$ 5,056,811 )

**4e Total program service expenses** ▶ 119,070,295

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (7); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARK THOMPSON PO BOX 6000 RAPID CITY, SD 577096000 (605) 755-9127

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total . . . . .</b>			
<b>1c Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>1d Total (add lines 1b and 1c) . . . . .</b>		3,923,324	1,442,016

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 82

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SCULL CONSTRUCTION SERVICE INC 803 INDUSTRIAL AVE RAPID CITY, SD 57702	CONSTRUCTION SERVICES	7,328,041
JOURNEY GROUP COMPANIES 345 INDUSTRIAL DR SPEARFISH, SD 57783	CONSTRUCTION SERVICES	3,698,700
MEDEFIS 10826 OLD MILL RD 101 OMAHA, NE 68105	TEMPORARY MEDICAL STAFF COVERAGE	2,095,007
ATHENA HEALTH INC 311 ARSENAL ST WATERTOWN, MA 02472	COMPUTER SOFTWARE-PRACTICE MANAGEMENT BI	2,002,052
ZIMMER US INC 2700 MINNEHAHA AVE MINNEAPOLIS, MN 55406	MEDICAL SUPPLIES	671,760

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 40



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	152,414				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	374,107				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			526,521			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> ACUTE CARE HOSPITAL IP AND OP		623000	92,003,864	92,003,864		
	<b>b</b> PHYSICIAN CLINICS		621110	44,592,379	44,592,379		
	<b>c</b> LONG TERM CARE FACILITIES		623000	9,409,350	9,409,350		
	<b>d</b> ASSISTED LIVING FACILITIES		623000	529,168	529,168		
	<b>e</b> _____						
	<b>f</b> All other program service revenue			8,974,797	7,980,852	993,945	
<b>g Total.</b> Add lines 2a-2f . . . . .			155,509,558				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			-375		-375	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			44,537				
		<b>b</b> Less rental expenses		11,594			
		<b>c</b> Rental income or (loss)		32,943			
	<b>d</b> Net rental income or (loss) . . . . .			32,943		32,943	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses			78,851		
		<b>c</b> Gain or (loss)			-78,851		
	<b>d</b> Net gain or (loss) . . . . .			-78,851		-78,851	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .			155,989,796	154,515,613	993,945	-46,283	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,259,731	393,660	866,071	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	11,711	11,711		
<b>7</b> Other salaries and wages.	68,751,142	60,025,264	8,725,878	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,332,923	1,150,334	182,589	
<b>9</b> Other employee benefits.	11,470,482	8,779,665	2,690,817	
<b>10</b> Payroll taxes.	4,480,703	3,859,580	621,123	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	86,043	217	85,826	
<b>c</b> Accounting.	60,330		60,330	
<b>d</b> Lobbying.	16,263		16,263	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,991,594	5,655,943	1,335,651	
<b>12</b> Advertising and promotion.	77,112	1,098	76,014	
<b>13</b> Office expenses.	3,013,173	1,527,559	1,485,614	
<b>14</b> Information technology.	1,770,978	1,135,827	635,151	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,526,612	2,035,326	2,491,286	
<b>17</b> Travel.	411,638	355,540	56,098	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	5,848	4,066	1,782	
<b>20</b> Interest.	511	503	8	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	5,595,738	2,824,351	2,771,387	
<b>23</b> Insurance.	653,853	391,610	262,243	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> INTERCOMPANY CHARGES	29,821,461	5,420,993	24,400,468	
<b>b</b> MEDICAL SUPPLIES	13,788,379	13,723,106	65,273	
<b>c</b> BAD DEBT EXPENSE	10,001,890	10,001,890		
<b>d</b> MISCELLANEOUS	1,823,584	1,772,052	51,532	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	165,951,699	119,070,295	46,881,404	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	312,969	<b>1</b>	18,797,335
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	19,534,170	<b>4</b>	24,400,546
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	2,049,191	<b>8</b>	2,336,717
	<b>9</b> Prepaid expenses and deferred charges . . . . .	546,365	<b>9</b>	609,029
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	120,568,906		
	<b>b</b> Less accumulated depreciation	48,006,286		
		55,968,850	<b>10c</b>	72,562,620
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	309,284	<b>13</b>	314,571
	<b>14</b> Intangible assets . . . . .	54,656	<b>14</b>	54,656
<b>15</b> Other assets See Part IV, line 11 . . . . .	2,398,761	<b>15</b>	1,804,668	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	81,174,246	<b>16</b>	120,880,142	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,077,435	<b>17</b>	11,215,073
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	8,169,717	<b>25</b>	50,949,774
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	14,247,152	<b>26</b>	62,164,847
<b>Net Assets or Fund Balances</b>	<b>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.</b> Unrestricted net assets	65,080,538	<b>27</b>	58,281,753
	<b>28</b> Temporarily restricted net assets . . . . .	1,746,556	<b>28</b>	333,542
	<b>29</b> Permanently restricted net assets	100,000	<b>29</b>	100,000
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	66,927,094	<b>33</b>	58,715,295
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	81,174,246	<b>34</b>	120,880,142

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	155,989,796
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	165,951,699
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-9,961,903
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	66,927,094
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,114
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,753,218
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	58,715,295

**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><b>1</b> 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><b>2a</b> 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>	<b>2a</b>		No
<p><b>b</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>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-0360899

**Name:** REGIONAL HEALTH NETWORK INC

Form 990 (2017)

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

REGIONAL HEALTH NETWORK OWNS THE FOLLOWING ACUTE CARE HOSPITALS (INCLUDING PHYSICIAN CLINICS) AND SENIOR CARE FACILITIES, CUSTER REGIONAL HOSPITAL (CAH)/ CUSTER REGIONAL SENIOR CARE, LEAD-DEADWOOD REGIONAL HOSPITAL (CAH), SPEARFISH REGIONAL HOSPITAL (PPS SCH) AND STURGIS REGIONAL HOSPITAL (CAH) / STURGIS REGIONAL SENIOR CARE THE HEALTH NETWORK ALSO OWNS, LEASES AND OPERATES PROVIDER BASED PHYSICIAN CLINICS IN BELLE FOURCHE, SPEARFISH, LEAD, STURGIS & CUSTER IN ADDITION, THE NETWORK OPERATES THE FOLLOWING FREE STANDING CLINICS IN HOT SPRINGS, BUFFALO, AND NEWCASTLE & UPTON, WYOMING TOGETHER, THESE FACILITIES PROVIDE COMMON ACCESS TO COMPASSIONATE, QUALITY, ADVANCED HEALTH CARE THROUGH ITS NUMEROUS HEALING ENVIRONMENTS TO THE GREATER BLACK HILLS REGION

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

SPEARFISH REGIONAL HOSPITAL'S SURGERY DEPARTMENT OFFERS THE FOLLOWING SURGICAL SPECIALTIES ORTHOPEDICS, OB/GYN, GENERAL SURGERY, ENT, PODIATRY, DERMATOLOGY AND OPHTHALMOLOGY (EYES) IN FY18, A TOTAL OF 2,026 SURGERIES WERE COMPLETED AT THE MAIN CAMPUS

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

SPEARFISH REGIONAL HOSPITAL'S QUEEN CITY MEDICAL CLINIC IS A HOSPITAL OUTPATIENT DEPARTMENT PROVIDING PRIMARY CARE. IT HAS A TOTAL OF 42.60 FULL TIME EQUIVALENTS THAT INCLUDES PHYSICIANS (9.93) AND ADVANCED PRACTICE PROVIDERS (4.00). THIS HOSPITAL OUTPATIENT DEPARTMENT HAD 31,709 ENCOUNTERS THROUGHOUT THE YEAR.

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**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			
RICHARD TYSDAL CHAIRMAN	1 48 ..... 0 03	X		X				0	0	0
DAVID THOM VICE CHAIRMAN	0 49 ..... 0 00	X		X				0	0	0
DUSTY PINSKE BOARD MEMBER	1 19 ..... 0 02	X						0	0	0
ROBERT HAIVALA BOARD MEMBER	0 53 ..... 0 00	X						0	0	0
LEE B BAILEY MD BOARD MEMBER / EMPLOYED PHYSICIAN	40 53 ..... 0 00	X						397,685	0	60,221
PAUL BISSON BOARD MEMBER	0 77 ..... 0 00	X						0	0	0
CHRISTOPHER GASBARRE DO BOARD MEMBER / EMPLOYED PHYSICIAN	41 04 ..... 0 27	X						242,138	334,317	77,510
ROSS LAMPHERE BOARD MEMBER	0 63 ..... 0 00	X						0	0	0
PAT WALKER BOARD MEMBER	0 69 ..... 0 00	X						0	0	0
BRENT PHILLIPS PRESIDENT AND CEO	11 37 ..... 48 63	X		X				0	1,448,075	197,188



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			
MARK A THOMPSON ..... CFO/TREASURER	10 42 ..... 44 58			X				0	536,474	101,169
TERESA BURROFF ..... GENERAL COUNSEL, SECRETARY	10 42 ..... 44 58			X				0	440,874	59,154
MARY MASTEN ..... GENERAL COUNSEL, EMERITUS	10 42 ..... 44 58				X			0	337,833	52,994
PAULETTE DAVIDSON ..... CHIEF OPERATING OFFICER	10 42 ..... 44 58				X			0	555,940	99,695
TRESHA MORELAND ..... VP HUMAN RESOURCES	10 42 ..... 44 58				X			0	262,689	38,373
RICHARD S LATUCHIE ..... VP INFO TECHNOLOGY/CIO RETIRED 02/18	10 42 ..... 44 58				X			0	427,314	35,168
STEPHANIE LAHR ..... VP INFO TECHNOLOGY CIO	10 42 ..... 44 58				X			0	373,121	71,740
LAURA WIGHTMAN ..... CHIEF NURSING OFFICER	10 42 ..... 44 58				X			0	311,717	53,302
KYLE RICHARDS ..... PRESIDENT - HILLS MKT	55 00 ..... 0 00				X			170,153	0	22,045
MARK SCHMIDT ..... PRESIDENT LEAD-DEADWOOD	55 00 ..... 0 00				X			245,971	0	54,781

**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			
VERONICA SCHMIDT ..... PRESIDENT - CUSTER	55 00 ..... 0 00				X			209,374	0	19,236
MARK SCHULTE ..... PRESIDENT - STURGIS	55 00 ..... 0 00				X			221,369	0	51,830
LARRY VEITZ ..... PRESIDENT - SPEARFISH	55 00 ..... 0 00				X			314,685	0	55,335
CHRISTOPHER FROMMMD ..... PHYSICIAN - EMERGENCY SERV	40 00 ..... 0 00					X		342,206	0	62,252
MATTHEW FINKEMD ..... PHYSICIAN - EMERGENCY SERV	40 00 ..... 0 00					X		330,089	0	65,398
KIPP GOULD MD ..... PHYSICIAN - ORTHOPEDIC SURGERY	39 74 ..... 0 26					X		403,011	455,487	94,723
RAY JENSEN MD ..... PHYSICIAN - ORTHOPEDIC SURGERY	39 74 ..... 0 26					X		706,310	418,863	80,128
RICHARD LITTLE MD ..... PHYSICIAN - ORTHOPEDIC SURGERY	39 74 ..... 0 26					X		340,333	448,276	89,066
MAUREEN HENSON ..... VP HUMAN RESOURCES RETIRED 04/17	10 42 ..... 44 58						X	0	106,769	708

**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](http://www.irs.gov/form990).

Name of the organization  
REGIONAL HEALTH NETWORK INC

Employer identification number

46-0360899

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> 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
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

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

- 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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> 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			
<b>6</b> 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			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-0360899

**Name:** REGIONAL HEALTH NETWORK 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](http://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 REGIONAL HEALTH NETWORK INC	Employer identification number 46-0360899
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

**Part II-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
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		16,263
<b>j</b> Total Add lines 1c through 1i			16,263
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	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 \$64,733, 10 30% WAS USED FOR LOBBYING PURPOSES IN ADDITION, 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 \$41,755, 22 98% WAS USED FOR LOBBYING PURPOSES

**SCHEDULE D**  
(Form 990)

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONAL HEALTH NETWORK INC

Employer identification number  
46-0360899

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

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

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	146,585	121,703	120,509	116,730	100,000
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	-3,114	24,882	1,194	3,779	16,730
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	143,471	146,585	121,703	120,509	116,730

- 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 ▶ 69 700 %
  - c** Temporarily restricted endowment ▶ 30 300 %
- 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            |
|--|--------------|---------------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> | No            |
| <b>(ii)</b> related organizations . . . . .  | Yes          | <b>3a(ii)</b> |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>    | No            |
- 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
<b>1a</b> Land . . . . .		9,331,968		9,331,968
<b>b</b> Buildings . . . . .		76,030,090	25,892,655	50,137,435
<b>c</b> Leasehold improvements		1,145,168	747,593	397,575
<b>d</b> Equipment . . . . .		33,174,996	21,366,038	11,808,958
<b>e</b> Other . . . . .		886,684		886,684
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				72,562,620

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
<b>DUE TO RELATED PARTIES</b>	50,949,774
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	50,949,774

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-0360899

**Name:** REGIONAL HEALTH NETWORK INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWED FUNDS ARE PERMANENTLY RESTRICTED FROM USE AND ARE HELD IN AN INTEREST BEARING ACCO UNT THE INTEREST EARNED MAY BE USED BY THE ORGANIZATION AT ITS DISCRETION

**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 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 H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 REGIONAL HEALTH NETWORK 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](http://www.irs.gov/form990).**

**Employer identification number**  
 46-0360899

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</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 _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> 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"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> 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?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			3,518,188		3,518,188	2 260 %
<b>b</b> Medicaid (from Worksheet 3, column a)			15,225,866	10,843,882	4,381,984	2 810 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			18,744,054	10,843,882	7,900,172	5 070 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	10	1,382	2,304,156		2,304,156	1 480 %
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)			5,445,890	4,012,703	1,433,187	0 920 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	1	750	6,813		6,813	0 %
<b>j Total.</b> Other Benefits	11	2,132	7,756,859	4,012,703	3,744,156	2 400 %
<b>k Total.</b> Add lines 7d and 7j	11	2,132	26,500,913	14,856,585	11,644,328	7 470 %

**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	1		856		856	0 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	270	1,319		1,319	0 %
9 Other						
<b>10 Total</b>	<b>2</b>	<b>270</b>	<b>2,175</b>		<b>2,175</b>	<b>0 %</b>

**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	10,001,890
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	37,928
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	41,124,878
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	42,905,328
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,780,450
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

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

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

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

4

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)

	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
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 FACILITY REPORTING GROUP - A

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): \_\_\_\_\_

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



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

FACILITY REPORTING GROUP - A

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			
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C, LINE 16A-C</u>		
<b>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

## FACILITY REPORTING GROUP - A

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

FACILITY REPORTING GROUP - A

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

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

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

**Part V Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

**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? 8

Name and address	Type of Facility (describe)
<b>1</b> 1 - REGIONAL HEALTH CARE CENTER - CUSTER 1065 MONTGOMERY STREET CUSTER, SD 57730	SKILLED LONG TERM NURSING HOME
<b>2</b> 2 - REGIONAL HEALTH CARE CENTER - STURGIS 949 HARMON STREET STURGIS, SD 57785	SKILLED LONG TERM NURSING HOME
<b>3</b> 3 - REGIONAL HEALTH MEDICAL CLINIC 1121 WASHINGTON BLVD NEWCASTLE, WY 82701	CLINIC
<b>4</b> 4 - REGIONAL HEALTH MEDICAL CLINIC 1100 HIGHWAY 71 SOUTH SUITE 101 HOT SPRINGS, SD 57747	CLINIC
<b>5</b> 5 - REGIONAL HEALTH MEDICAL CLINIC 130 NORTH 15TH ST HOT SPRINGS, SD 57747	CLINIC
<b>6</b> 6 - REGIONAL HEALTH ASSISTED LIVING 423 N 10TH STREET CUSTER, SD 57730	ASSISTED LIVING
<b>7</b> 7 - REGIONAL HEALTH MEDICAL CLINIC 209 RAMSLAND STREET BUFFALO, SD 57720	CLINIC
<b>8</b> 8 - REGIONAL HEALTH MEDICAL CLINIC 717 PINE STREET UPTON, WY 82730	CLINIC
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	REFERENCES TO "REGIONAL HEALTH" APPLY TO ALL ENTITIES CONTROLLED BY REGIONAL HEALTH, INC 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 IS UPDATED ANNUALLY AS THE FPL INCOME GUIDELINES ARE RELEASED
PART I, LINE 6A	REGIONAL HEALTH NETWORK IS INCLUDED IN THE COMMUNITY BENEFIT REPORT PREPARED BY REGIONAL HEALTH THIS REPORT IS AVAILABLE ON THE REGIONAL HEALTH WEBSITE

**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 AND 7I
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$10,001,890

**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 FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE IS LOCATED ON PAGE NINE AND TEN OF THE AUDITED FINANCIALS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE DEFICIT IS DERIVED FROM THE ACTUAL PAYMENTS RECEIVED FROM THE MEDICARE PROGRAM FOR SERVICES PROVIDED TO PATIENTS WITH MEDICARE COVERAGE THE PAYMENTS ARE COMPARED TO THE ACTUAL COST OF PROVIDING THE SERVICE AS ARRIVED AT THROUGH THE MEDICARE COST REPORTS THE RESULT IS A DEFICIT WITH COSTS EXCEEDING THE REIMBURSEMENTS 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 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 PATIENT 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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 46-0360899  
**Name:** REGIONAL HEALTH NETWORK INC

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>4</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SPEARFISH REGIONAL HOSPITAL 1440 N MAIN STREET SPEARFISH, SD 57783 WWW REGIONALHEALTH COM 10566	X	X					X		6 PROVIDER-BASED CLINICS	A
2	CUSTER REGIONAL HOSPITAL 1220 MONTGOMERY STREET CUSTER, SD 57730 WWW REGIONALHEALTH COM 47660	X	X			X		X		2 PROVIDER-BASED CLINICS	A
3	STURGIS REGIONAL HOSPITAL 2140 JUNCTION AVENUE STURGIS, SD 57785 WWW REGIONALHEALTH COM 10567	X	X			X		X		1 PROVIDER-BASED CLINIC	A
4	LEAD-DEADWOOD REGIONAL HOSPITAL 61 CHARLES STREET DEADWOOD, SD 57732 WWW REGIONALHEALTH COM 10535	X	X			X		X		1 PROVIDER-BASED CLINIC	A

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A



**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
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 SPEARFISH REGIONAL HOSPITAL, - FACILITY 2 CUSTER REGIONAL HOSPITAL, - FACILITY 3 STURGIS REGIONAL HOSPITAL, - FACILITY 4 LEAD-DEADWOOD REGIONAL HOSPITAL

**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
GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL 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
GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL 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, 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
GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL PART V, SECTION B, LINE 7D	<a href="http://REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">HTTP //REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

**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
<p>GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>IN REVIEW OF THE NEEDS IDENTIFIED IN THE 2015 CHNA, SPEARFISH REGIONAL HOSPITAL (SPRH), THE AREAS BELOW 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 &amp; 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 LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 6) INJURY &amp; VIOLENCE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 7) ORAL HEALTH LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH AND ACCESS TO ORAL HEALTH INSURANCE RESULTED IN EXCLUDING THIS AS AN AREA CHOSEN FOR ACTION OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED 8) RESPIRATORY DISEASE 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 DURING FY18, REGIONAL HEALTH HOSPITALS 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, SAME DAY SURGERY CENTER, REGIONAL HEALTH NETWORK, AND THE COMMUNITY WORKED ON OBJECTIVES FOR EACH PRIORITY AREA OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ACCESS TO HEALTHCARE SERVICES 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 LOC</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
<p>GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>ATIONS DEVELOPMENT CONTINUED FOR COMMUNITY CASE MANAGEMENT IN THE OUTPATIENT CLINICS THE SYSTEM NOW HAS FIVE PATIENT CARE COORDINATORS SERVING THE COMMUNITIES OF RAPID CITY, SPEA RFISH, 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 THE GOOD SHEPHERD CLINIC HAS BEEN ADDRESSING THE NORTHERN HILLS (SPEARFISH, LEAD, DEADWOOD AND STURGIS) NEED OF PROVIDING QUALITY MEDICAL CARE TO FINANCIALLY QUALIFIED AREA RESIDENTS (AGES 19-64) WITHOUT HEALTH INSURANCE DUE TO VARIOUS ECONOMIC AND TECHNICAL REASONS SINCE 2009 IN FY18, REGIONAL HEALTH CONTINUED TO PROVIDE BOTH IN-KIND AND VOLUNTEER SUPPORT FOR THE GOOD SHEPHERD CLINIC THERE ARE APPROXIMATELY 16 PHYSICIANS, PHYSICIAN ASSISTANTS, CNAS AND LICENSED NURSE PRACTITIONERS PLUS 140 ROTATING SCHEDULED VOLUNTEERS TRAINED IN VARIOUS CAPACITIES TO MEET THE CLINICAL OPERATIONS AND ADMINISTRATIVE NEEDS OF THE CLINIC 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 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 TOTALED AN ESTIMATED REACH OF MORE THAN 400,000 IMPRESSIONS REGIONAL HEALTH DIABETES 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</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
GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL 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
GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL PART V, SECTION B, LINE 16J	A SUMMARY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS POSTED FOR ALL PATIENTS AT VARIOUS POINTS OF ENTRY, ON THE FACILITY WEBSITE, IN WAITING ROOMS, AND IN THE ADMISSIONS OFFICE THE POLICY IN ITS ENTIRETY IS ALSO AVAILABLE UPON REQUEST THE FAP APPLICATION FORM WAS TRANSLATED INTO THE PRIMARY LANGUAGE SPOKEN BY LEP POPULATIONS THIS IS POSTED ON THE WEBSITE LISTED FOR LINE 16A



**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
GROUP A-FACILITY 1 -- SPEARFISH REGIONAL HOSPITAL 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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL 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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL 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, 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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL PART V, SECTION B, LINE 7D	<a href="http://REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">HTTP //REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

**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
<p>GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>IN REVIEW OF THE NEEDS IDENTIFIED IN THE 2015 CHNA, CUSTER REGIONAL HOSPITAL (CRH), THE AREAS BELOW 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 &amp; 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 LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 6)INJURY &amp; VIOLENCE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 7)ORAL HEALTH LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH AND ACCESS TO ORAL HEALTH INSURANCE RESULTED IN EXCLUDING THIS AS AN AREA CHOSEN FOR ACTION OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED 8) RESPIRATORY DISEASE 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)POTENTIALLY DISABLING CONDITIONS THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT COULD BE IMPACTED THROUGH THE NUTRITION, PHYSICAL ACTIVITY AND WEIGHT AND ACCESS TO HEALTH CARE SERVICES PRIORITIES 12)HEARING &amp; VISION LIMITED RESOURCES EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED DURING FY18, REGIONAL HEALTH HOSPITALS 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, SAME DAY SURGERY CENTER, REGIONAL HEALTH NETWORK, AND THE COMMUNITY WORKED ON OBJECTIVES FOR EACH PRIORITY AREA OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ACCESS TO HEALTHCARE SERVICES WORK BEGAN ON A POPULATION HEALTH INITIATIVE FOR DIABETES WITH A GOAL TO SYST</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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL PART V, SECTION B, LINE 11	<p>EMIZE 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, SPOONSHILL, 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 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 TOTALED AN ESTIMATED REACH OF MORE THAN 400,000 IMPRESSIONS REGIONAL HEALTH DIABETES 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</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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL 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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL PART V, SECTION B, LINE 16J	A SUMMARY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS POSTED FOR ALL PATIENTS AT VARIOUS POINTS OF ENTRY, ON THE FACILITY WEBSITE, IN WAITING ROOMS, AND IN THE ADMISSIONS OFFICE THE POLICY IN ITS ENTIRETY IS ALSO AVAILABLE UPON REQUEST THE FAP APPLICATION FORM WAS TRANSLATED INTO THE PRIMARY LANGUAGE SPOKEN BY LEP POPULATIONS THIS IS POSTED ON THE WEBSITE LISTED FOR LINE 16A



**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
GROUP A-FACILITY 2 -- CUSTER REGIONAL HOSPITAL 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
GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL 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
GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL 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, 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
GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL PART V, SECTION B, LINE 7D	<a href="http://REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">HTTP //REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

**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
<p>GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>IN REVIEW OF THE NEEDS IDENTIFIED IN THE 2015 CHNA, STURGIS REGIONAL HOSPITAL (STRH), THE AREAS BELOW 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 &amp; 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 LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 6)INJURY &amp; VIOLENCE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 7) ORAL HEALTH LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH AND ACCESS TO ORAL HEALTH INSURANCE RESULTED IN EXCLUDING THIS AS AN AREA CHOSEN FOR ACTION OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED 8)RESPIRATORY DISEASE 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 LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION STURGIS REGIONAL HOSPITAL DOES PROVIDE SMOKING/TOBACCO CESSATION INFORMATION TO PATIENTS DURING FY18, REGIONAL HEALTH HOSPITALS 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, SAME DAY SURGERY CENTER, REGIONAL HEALTH NETWORK, AND THE COMMUNITY WORKED ON OBJECTIVES FOR EACH PRIORITY AREA OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ACCESS TO HEALTHCARE SERVICES 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</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
<p>GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>O 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, S PEARFISH, 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 NE W PATIENT PORTAL, MYCHART, WENT LIVE IN JANUARY, 2018 THE PORTAL ALLOWS PATIENTS TO BETTE R ACCESS THEIR HEALTH INFORMATION INCLUDING TEST RESULTS AND APPOINTMENT INFORMATION PATI ENTS CAN ALSO USE MYCHART TO DIRECTLY COMMUNICATE WITH THEIR PHYSICIANS AND OTHER PROVIDER S THE ACCESS WORKGROUP WORKED TO DEVELOP A PROCESS FOR IDENTIFYING AND REACHING OUT TO PA TIENTS THAT WOULD QUALIFY FOR THE ALL WOMEN COUNT PROGRAM A PROCESS WAS CREATED TO MAIL A N OUTREACH LETTER TO QUALIFYING INDIVIDUALS TO ENCOURAGE THEM TO SIGN-UP FOR THE ALL WOMEN COUNT PROGRAM MENTAL HEALTHREGIONAL HEALTH PROVIDED IN-KIND PRINTING OF 2,000 HELPING HA ND 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 C ENTER 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 HOSTED A MEETING THAT WAS ATTENDED BY 25 COMMUNITY ORGANIZATIONS TO DISCUSS THE ISSUE OF SUICIDE PREVENTIO N 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, NUT RITION, AND WEIGHT)REGIONAL HEALTH RECEIVED A GRANT FROM THE SOUTH DAKOTA DEPARTMENT OF HE ALTH (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 DIAB ETES PREVENTION PROGRAM (NDPP) THE CAMPAIGN INCLUDED DIGITAL BILLBOARDS, RADIO ADS, AND P RINT ADS THAT TOTALED AN ESTIMATED REACH OF MORE THAN 400,000 IMPRESSIONS REGIONAL HEALTH DIABETES EDUCATORS ALSO WENT OUT TO SIX LOCAL EVENTS AS PART OF THE CAMPAIGN AT THESE EV ENTS, 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</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
GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL 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
GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL PART V, SECTION B, LINE 16J	A SUMMARY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS POSTED FOR ALL PATIENTS AT VARIOUS POINTS OF ENTRY, ON THE FACILITY WEBSITE, IN WAITING ROOMS, AND IN THE ADMISSIONS OFFICE THE POLICY IN ITS ENTIRETY IS ALSO AVAILABLE UPON REQUEST THE FAP APPLICATION FORM WAS TRANSLATED INTO THE PRIMARY LANGUAGE SPOKEN BY LEP POPULATIONS THIS IS POSTED ON THE WEBSITE LISTED FOR LINE 16A



**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
GROUP A-FACILITY 3 -- STURGIS REGIONAL HOSPITAL 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
GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL 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
GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL 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, 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
GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL PART V, SECTION B, LINE 7D	<a href="http://REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT">HTTP //REGIONALHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

**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
<p>GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>IN REVIEW OF THE NEEDS IDENTIFIED IN THE 2015 CHNA, LEAD/DEADWOOD REGIONAL HOSPITAL (LDRH) , THE AREAS BELOW WILL NOT BE ADDRESSED DUE TO PRIORITIZATION OF HEALTH NEEDS 1)CANCER TH IS 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 ALZHEIME R'S DISEASE THIS ISSUE WILL NOT BE ADDRESSED AS A PRIMARY NEED, BUT WILL BE IMPACTED THRO UGH THE MENTAL HEALTH PRIORITY IN ADDITION, THERE ARE LOCAL LICENSED SKILLED NURSING FACI LITIES 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 ACTI VITY AND WEIGHT PRIORITY 4)HEART DISEASE &amp; STROKE THIS ISSUE WILL NOT BE ADDRESSED AS A P RIMARY NEED, BUT WILL BE IMPACTED THROUGH THE NUTRITION, PHYSICAL ACTIVITY AND WEIGHT P RIORITY 5)INFANT HEALTH AND FAMILY PLANNING DATA FROM THE CHNA REVEALED THAT INFANT MORTALIT Y AND TEEN BIRTHS WERE OF GREATEST CONCERN IN THIS AREA IN THE COMMUNITY HOWEVER, LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 6)INJURY &amp; VIOLE NCE LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION 7)ORA L HEALTH LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH AND A CCESS TO ORAL HEALTH INSURANCE RESULTED IN EXCLUDING THIS AS AN AREA CHOSEN FOR ACTION OT HER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED 8) RESPIRATORY DISEASE THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF OTHER COM MUNITY 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 ACCES S 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 DURING FY18, REGI ONAL HEALTH HOSPITALS FOCUSED ON THE FOLLOWING THREE PRIORITY AREAS IDENTIFIED THROUGH THE MOST RECENT CHNA ACCESS TO HEALTHCARE SERVICES, MENTAL HEALTH, AND WELLNESS (PHYSICAL AC TIVITY, NUTRITION, AND WEIGHT) TEAMS COMPRISED OF REPRESENTATIVES FROM RAPID CITY REGIONA L HOSPITAL, SAME DAY SURGERY CENTER, REGIONAL HEALTH NETWORK, AND THE COMMUNITY WORKED ON OBJECTIVES FOR EACH PRIORITY AREA OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) ACCESS T O HEALTHCARE SERVICESWORK 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 O F THE PATIENT CARE COORDINATOR</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
<p>GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL PART V, SECTION B, LINE 11</p>	<p>IS TO CONNECT PATIENTS WITH NEEDED COMMUNITY RESOURCES A NEW PATIENT PORTAL, MYCHART, WE NT LIVE IN JANUARY, 2018 THE PORTAL ALLOWS PATIENTS TO BETTER ACCESS THEIR HEALTH INFORMA TION INCLUDING TEST RESULTS AND APPOINTMENT INFORMATION PATIENTS CAN ALSO USE MYCHART TO DIRECTLY COMMUNICATE WITH THEIR PHYSICIANS AND OTHER PROVIDERS THE ACCESS WORKGROUP WORKE D 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 QUALIFYI NG 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 DISTRI BUTION IN THE COMMUNITY IN FY18, REGIONAL HEALTH CONTRIBUTED \$2,500 TO 211 HELPLINE CENTE R 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 I NCREASED BY 28% IN MAY 2018, REGIONAL HEALTH HOSTED A MEETING THAT WAS ATTENDED BY 25 COMM UNITY 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 APP ROACH FOR SUICIDE PREVENTION WELLNESS (PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT)REGIONAL H EALTH RECEIVED A GRANT FROM THE SOUTH DAKOTA DEPARTMENT OF HEALTH (SDDOH) TO CONDUCT A PRE DIABETES MARKETING AND OUTREACH CAMPAIGN FUNDS WERE USED TO RAISE AWARENESS OF PREDIABETE S 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 TOTALED AN ESTI MATED REACH OF MORE THAN 400,000 IMPRESSIONS REGIONAL HEALTH DIABETES EDUCATORS ALSO WENT OUT TO SIX LOCAL EVENTS AS PART OF THE CAMPAIGN AT THESE EVENTS, 161 PEOPLE COMPLETED TH E PREDIABETES RISK TEST AND THE 61 WHO WERE FOUND TO BE HIGH-RISK WERE PROVIDED ADDITIONAL INFORMATION/EDUCATION ON DPP AND OTHER DIABETES RESOURCES</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
GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL 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
GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL PART V, SECTION B, LINE 16J	A SUMMARY OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS POSTED FOR ALL PATIENTS AT VARIOUS POINTS OF ENTRY, ON THE FACILITY WEBSITE, IN WAITING ROOMS, AND IN THE ADMISSIONS OFFICE THE POLICY IN ITS ENTIRETY IS ALSO AVAILABLE UPON REQUEST THE FAP APPLICATION FORM WAS TRANSLATED INTO THE PRIMARY LANGUAGE SPOKEN BY LEP POPULATIONS THIS IS POSTED ON THE WEBSITE LISTED FOR LINE 16A



**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
GROUP A-FACILITY 4 -- LEAD-DEADWOOD REGIONAL HOSPITAL 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
PART V, LINES 16A-C ALL FACILITIES	THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AT <a href="https://REGIONALHEALTH.ORG/PATIENTS-AND-FAMILIES">HTTPS //REGIONALHEALTH.ORG/PATIENTS-AND-FAMILIES</a>

**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](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONAL HEALTH NETWORK INC

Employer identification number  
46-0360899

**Part I Questions Regarding Compensation**

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



**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, LINES 4A-B	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: LEE BAILEY MD 19,733; TERESA BURROFF 50,332; PAULETTE DAVIDSON 63,856; MATTHEW FINKE MD 25,116; CHRISTOPHER FROMM MD 22,718; CHRIS GASBARRE MD 42,354; KIPP GOULD MD 57,716; RAY JENSEN MD 43,400; STEPHANIE LAHR 30,998; RICHARD LITTLE MD 57,888; MARY MASTEN 7,400; TRESHA MORELAND 22,037; BRENT PHILLIPS 161,068; KYLE RICHARDS 7,250; MARK SCHMIDT 21,638; VERONICA SCHMIDT 4,600; MARK SCHULTE 18,553; MARK THOMPSON 60,375; LARRY VEITZ 18,825; LAURA WIGHTMAN 26,544. 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: LEE BAILEY MD 28,976; CHRISTOPHER GASBARRE DO 34,326; MARK THOMPSON 21,372; VERONICA SCHMIDT 10,392; LARRY VEITZ 13,054; CHRISTOPHER FROMM MD 19,952; KIPP GOULD MD 30,119; RICHARD LITTLE MD 36,932; MAUREEN HENSON 25,740. SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUAL: VERONICA SCHMIDT 106,152.
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 REVIEWS AND APPROVES ALL INCENTIVE COMPENSATION PERFORMANCE MEASURES AND ALL AWARDS, IF ANY. THE COMMITTEE ENSURES THAT THE TOTAL COMPENSATION, INCLUDING INCENTIVE AWARDS, IS REASONABLE.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 46-0360899  
**Name:** REGIONAL HEALTH NETWORK INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEE B BAILEY MD BOARD MEMBER / EMPLOYED PHYSICIAN	(i)	368,709	0	28,976	34,741	27,386	459,812	28,976
	(ii)	0	0	0	0	0	0	0
1 CHRISTOPHER GASBARRE DO BOARD MEMBER / EMPLOYED PHYSICIAN	(i)	234,138	8,000	0	51,882	13,092	307,112	0
	(ii)	299,991	0	34,326	0	12,536	346,853	34,326
2 BRENT PHILLIPS PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	867,435	580,640	0	169,630	27,558	1,645,263	0
3 MARK A THOMPSON CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	399,584	115,518	21,372	80,003	21,166	637,643	21,372
4 TERESA BURROFF GENERAL COUNSEL, SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	339,972	100,902	0	58,432	722	500,028	0
5 MARY MASTEN GENERAL COUNSEL, EMERITUS	(i)	0	0	0	0	0	0	0
	(ii)	314,005	23,828	0	32,609	20,385	390,827	0
6 PAULETTE DAVIDSON CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	419,090	136,850	0	72,183	27,512	655,635	0
7 TRESHA MORELAND VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	218,956	43,733	0	30,137	8,236	301,062	0
8 RICHARD S LATUCHIE VP INFO TECHNOLOGY/CIO RETIRED 02/18	(i)	0	0	0	0	0	0	0
	(ii)	333,934	93,380	0	15,399	19,769	462,482	0
9 STEPHANIE LAHR VP INFO TECHNOLOGY CIO	(i)	0	0	0	0	0	0	0
	(ii)	301,821	71,300	0	39,325	32,415	444,861	0
10 LAURA WIGHTMAN CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	264,017	47,700	0	34,871	18,431	365,019	0
11 KYLE RICHARDS PRESIDENT - HILLS MKT	(i)	170,153	0	0	7,908	14,137	192,198	0
	(ii)	0	0	0	0	0	0	0
12 MARK SCHMIDT PRESIDENT LEAD- DEADWOOD	(i)	218,539	27,432	0	29,739	25,042	300,752	0
	(ii)	0	0	0	0	0	0	0
13 VERONICA SCHMIDT PRESIDENT - CUSTER	(i)	92,830	0	116,544	8,200	11,036	228,610	10,392
	(ii)	0	0	0	0	0	0	0
14 MARK SCHULTE PRESIDENT - STURGIS	(i)	187,513	33,856	0	26,116	25,714	273,199	0
	(ii)	0	0	0	0	0	0	0
15 LARRY VEITZ PRESIDENT - SPEARFISH	(i)	255,447	46,184	13,054	33,129	22,206	370,020	13,054
	(ii)	0	0	0	0	0	0	0
16 CHRISTOPHER FROMM MD PHYSICIAN - EMERGENCY SERV	(i)	322,254	0	19,952	37,080	25,172	404,458	19,952
	(ii)	0	0	0	0	0	0	0
17 MATTHEW FINK MD PHYSICIAN - EMERGENCY SERV	(i)	310,089	20,000	0	33,421	31,977	395,487	0
	(ii)	0	0	0	0	0	0	0
18 KIPP GOULD MD PHYSICIAN - ORTHOPEDIC SURGERY	(i)	403,011	0	0	66,999	15,465	485,475	0
	(ii)	425,368	0	30,119	0	12,259	467,746	30,119
19 RAY JENSEN MD PHYSICIAN - ORTHOPEDIC SURGERY	(i)	686,310	20,000	0	51,500	15,591	773,401	0
	(ii)	418,863	0	0	0	13,037	431,900	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> RICHARD LITTLE MD PHYSICIAN - ORTHOPEDIC SURGERY	(i)	332,333	8,000	0	60,252	15,003	415,588	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	411,344	0	36,932	0	13,811	462,087	36,932
<b>1</b> MAUREEN HENSON VP HUMAN RESOURCES RETIRED 04/17	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	81,029	0	25,740	250	458	107,477	25,740

**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](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization REGIONAL HEALTH NETWORK INC	Employer identification number 46-0360899
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**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) PATRICIA M YANZICK	FAMILY MEMBER OF DIRECTOR ROBERT HAIVALA	11,711	EMPLOYMENT EARNINGS, LPN		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONAL HEALTH NETWORK INC

Employer identification number

46-0360899

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 1A	ALL 1099'S ARE ISSUED CENTRALLY BY RAPID CITY REGIONAL HOSPITAL, INC , A RELATED ORGANIZATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES ON W-3 REGIONAL HEALTH NETWORK, INC HAS ITS OWN EMPLOYEES, HOWEVER, COMPENSATION IS PAID BY RAPID CITY REGIONAL HOSPITAL, THE COMMON PAYROLL AGENT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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, MARK THOMPSON, LAURA WIGHTMAN, AND EMPLOYED BOARD MEMBER CHRIS GASBARRE MD

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	IN AN EFFORT TO PERPETUATE THE CONTINUED RESPONSIVENESS OF THE MEMBER, REGIONAL HEALTH INC , TO THIS CORPORATION, THE BYLAWS OF THIS ORGANIZATION WERE UPDATED TO STATE THAT THE CEO OF THE MEMBER SHALL SERVE AS A VOTING DIRECTOR OF THIS ORGANIZATION THE CEO OF THE MEMBE R ALSO SERVES AS A VOTING DIRECTOR OF REGIONAL HEALTH, INC 'S BOARD THE FUNCTIONS RELATED TO THE SELECTION OF THE INDEPENDENT AUDITOR AND REVIEW AND ACTION ON THE ANNUAL AUDIT WER E MOVED FROM THE COMPLIANCE, AUDIT AND COMPENSATION COMMITTEE TO THE FINANCE AND INVESTMEN T COMMITTEE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	REGIONAL HEALTH, INC IS THE SOLE MEMBER OF REGIONAL HEALTH NETWORK, INC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	REGIONAL HEALTH, INC , BEING THE SOLE MEMBER OF REGIONAL HEALTH NETWORK, INC , HAS THE ABILITY TO APPOINT OR REMOVE ALL MEMBERS OF REGIONAL HEALTH NETWORK, INC 'S BOARD



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 THE SUPPORTED ORGANIZATIONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	ASSET RELEASED FROM RESTRICTION 1,753,218

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONAL HEALTH NETWORK INC

Employer identification number

46-0360899

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

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

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

(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
<b>(1)</b> REGIONAL HEALTH INC 353 FAIRMONT BLVD  RAPID CITY, SD 57701 20-1487506	HEALTHCARE	SD	501(C)(3)	LINE 12C, III-FI	N/A		No
<b>(2)</b> RAPID CITY REGIONAL HOSPITAL INC 353 FAIRMONT BLVD  RAPID CITY, SD 57701 46-0319070	HEALTHCARE	SD	501(C)(3)	LINE 3	REGIONAL HEALTH INC		No
<b>(3)</b> 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	
<b>(1)</b> MEDICAL & DENTAL BUILDING 2805 S 5TH ST RAPID CITY, SD 57701 46-0339629	MEDICAL OFFICE BLDG	SD	N/A									
<b>(2)</b> BLACK HILLS MEDICAL OFFICE BD LLC 353 FAIRMONT BLVD RAPID CITY, SD 57701 41-1992146	MEDICAL OFFICE BLDG	SD	N/A									

**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
<b>1</b> 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?			
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b>	Dividends from related organization(s) . . . . .		No
<b>g</b>	Sale of assets to related organization(s) . . . . .		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



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

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