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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
REGIONS HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8170 33RD AVENUE SOUTH PO BOX 1309

City or town, state or country, and ZIP + 4
MINNEAPOLIS, MN 554401309

D Employer identification number
41-0956618

E Telephone number
(952) 883-6000

G Gross receipts $ 573,578,579

F Name and address of principal officer
HEIDI G CONRAD
640 JACKSON STREET
ST PAUL, MN 55101

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW REGIONSHOSPITAL COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
sEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	4,583
6	Total number of volunteers (estimate if necessary)	6	782
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,735,054	6,095,917
9	Program service revenue (Part VIII, line 2g)	487,673,347	510,534,698
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,950,446	-1,123,995
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	491,457,955	515,506,620
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	305,502,710	310,982,477
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	181,844,000	186,747,181
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	487,346,710	497,729,658
19	Revenue less expenses Subtract line 18 from line 12	4,111,245	17,776,962

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	527,132,044	559,537,426
21	Total liabilities (Part X, line 26)	348,270,944	355,811,582
22	Net assets or fund balances Subtract line 21 from line 20	178,861,100	203,725,844

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-15

HEIDI G CONRAD CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 4200 WELLS FARGO CTR 90 SOUTH 7TH S MINNEAPOLIS, MN 55402	EIN ▶	Phone no ▶ (612) 305-5000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To improve the health of our patients and community by providing high quality health care which meets the needs of all people Our vision is to be the patient-centered hospital of choice of our community

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 462,792,383 including grants of $ 839,088) (Revenue $ 491,473,943)

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 462,792,383

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	4,583		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	20		
b	Enter the number of voting members that are independent	1b	13		
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?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?			Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	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.)

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

HEIDI G CONRAD CHIEF FINANCIAL OFFICER
640 JACKSON ST
ST PAUL, MN 55101
(651) 254-0900

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 add'l data										

1b Total . . . . . ▶	2,711,063	5,788,610	2,062,889

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 236

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONST CO 525 S EIGHTH MINNEAPOLIS, MN 55404	CONSTRUCTION	21,454,037
UNIVERSITY OF MINNESOTA 1300 S 2ND ST MINNEAPOLIS, MN 55454	PHYSICIAN SERVICES	5,227,139
TWIN CITIES ANESTHESIA ASSOCIATES 940 WESTPORT PLAZA D sT LOUIS, MO 63146	MEDICAL SERVICES	1,798,267
CROTHALL LAUNDRY SERVICES 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CLEANING & LAUNDRY	1,357,038
TOTAL RENAL CARE INC BANK OF AMERICA LOCKBOX 403008 COLLEGE PARK, GA 30349	MEDICAL SERVICES	1,237,640
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 46		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,095,917			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		6,095,917			
			Business Code				
Program Service Revenue	2a	NET PATIENT REVENUE	623,990	491,473,943	491,473,943		
	b	OTHER REVENUE	900,099	10,725,266			10,725,266
	c	CONTRACT REVENUE	900,099	3,680,430			3,680,430
	d	CAFETERIA	722,210	2,832,100			2,832,100
	e	PARKING	812,930	1,300,979			1,300,979
	f	All other program service revenue		521,980			521,980
	g	**Total.** Add lines 2a–2f		510,534,698			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,808,585			3,808,585
	4	Income from investment of tax-exempt bond proceeds		194,379			194,379
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	52,945,000				
	b	Less cost or other basis and sales expenses	52,350,000	5,721,959			
	c	Gain or (loss)	595,000	-5,721,959			
	d	Net gain or (loss)		-5,126,959			-5,126,959
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		515,506,620	491,473,943	0	17,936,760

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,045,949		2,045,949	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	247,170,078	228,684,672	18,485,406	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,087,907	8,610,760	477,147	
9 Other employee benefits	36,676,791	34,751,586	1,925,205	
10 Payroll taxes	16,001,752	15,161,734	840,018	
11 Fees for services (non-employees)				
a Management				
b Legal	272,480	30,122	242,358	
c Accounting	6,254		6,254	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	987,018	424,089	562,929	
12 Advertising and promotion	1,259,799	516,393	743,406	
13 Office expenses	83,759,422	83,227,475	531,947	
14 Information technology	340,653	268,619	72,034	
15 Royalties				
16 Occupancy	11,478,507	12,222,567	-744,060	
17 Travel	395,578	321,704	73,874	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	66,344	65,790	554	
20 Interest	5,912,478	5,912,478		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,531,462	28,858,616	2,672,846	
23 Insurance	4,141,395	4,100,440	40,955	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PURCHASED & CONTRACTED	23,483,005	19,159,439	4,323,566	
b TAXES & ASSESSMENTS	10,054,769	10,054,769		
c EQUIPMENT RENTAL & MAIN	7,870,740	6,984,932	885,808	
d MISCELLANEOUS EXPENSE	3,574,960	2,662,969	911,991	
e Operating Support to Re	839,088		839,088	
f All other expenses	773,229	773,229		
25 **Total functional expenses.** Add lines 1 through 24f	497,729,658	462,792,383	34,937,275	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		22,510,674	1	19,362,729
	2	Savings and temporary cash investments		1,676,260	2	1,709,219
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		54,729,289	4	52,511,305
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,986,948	7	3,620,253
	8	Inventories for sale or use		2,309,508	8	6,201,751
	9	Prepaid expenses and deferred charges		3,625,342	9	4,145,777
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 562,395,644			
	b	Less accumulated depreciation	10b 243,199,674	267,720,566	10c	319,195,970
	11	Investments—publicly traded securities		104,125,000	11	113,731,000
	12	Investments—other securities See Part IV, line 11		54,233,034	12	25,908,967
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,215,423	15	13,150,455
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		527,132,044	16	559,537,426
Liabilities	17	Accounts payable and accrued expenses		75,253,915	17	83,214,170
	18	Grants payable			18	
	19	Deferred revenue		7,107,115	19	6,775,838
	20	Tax-exempt bond liabilities		223,410,184	20	220,538,652
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,095,567	23	2,410,884
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		38,404,163	25	42,872,038
	26	**Total liabilities.** Add lines 17 through 25		348,270,944	26	355,811,582
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		166,849,100	27	190,801,844
	28	Temporarily restricted net assets		11,445,000	28	12,339,000
	29	Permanently restricted net assets		567,000	29	585,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		178,861,100	33	203,725,844
	34	Total liabilities and net assets/fund balances		527,132,044	34	559,537,426

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
REGIONS HOSPITAL	41-0956618

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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		
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-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		0
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		90,374
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		0
i	Other activities? If "Yes," describe in Part IV	Yes		0
j	Total lines 1c through 1i			90,374
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	REGIONS HOSPITAL PAYS FOR CERTAIN CORPORATE AND EMPLOYEE PROFESSIONAL ASSOCIATION MEMBERSHIPS A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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	2d

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,559,670		4,559,670
b Buildings		376,651,866	134,048,879	242,602,987
c Leasehold improvements		3,918,344	2,246,077	1,672,267
d Equipment		153,674,953	93,381,962	60,292,991
e Other		23,590,811	13,522,756	10,068,055
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				319,195,970

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LONG TERM DEBT CURRENT PORTION	4,556,213
DEFERRED COMPENSATION PAYABLE	19,579,914
POST RETIREMENT BENEFITS	7,187,389
RESERVE FOR PROFESSIONAL LIABILITY	11,548,522
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	42,872,038

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	515,506,620
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	497,729,658
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,776,962
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,087,782
9	Total adjustments (net) Add lines 4 - 8	9	7,087,782
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	24,864,744

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	521,228,579
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	521,228,579
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-5,721,959		
c	Add lines **4a** and **4b**			4c	-5,721,959
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	515,506,620

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	503,451,617
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	5,721,959		
e	Add lines **2a** through **2d**			2e	5,721,959
3	Subtract line **2e** from line **1**			3	497,729,658
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	497,729,658

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		CUMULATIVE EFFECT OF ADOPTING UPDATED ACCOUNTING GUIDANCE 523871 NET UNREALIZED LOSS ON MARKETABLE SECURITIES 4720421 FASB 158 - POST RETIREMENT ADJUSTMENT -825057 TRANSFER FROM AFFILIATES - REGIONS HOSPITAL FOUNDATION FOR CAPITAL ASSETS 1755960 BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 912587
Part XII, Line 4b - Other Adjustments		LOSS ON FIXED ASSET SALES -5721959
Part XIII, Line 2d - Other Adjustments		LOSS ON FIXED ASSET SALES 5721959

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 15000 0000000000 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		44,000	18,299,358		18,299,358	3 680 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			82,375,822	75,521,234	6,854,588	1 380 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			27,383,412	23,260,978	4,122,434	0 830 %
d **Total** Charity Care and Means-Tested Government Programs		44,000	128,058,592	98,782,212	29,276,380	5 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	4		2,236,489	92,046	2,144,443	0 430 %
f Health professions education (from Worksheet 5)	5		21,332,552	9,920,397	11,412,155	2 300 %
g Subsidized health services (from Worksheet 6)	14		3,303,530	695,478	2,608,052	0 520 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits	23		26,872,571	10,707,921	16,164,650	3 250 %
k **Total.** Add lines 7d and 7j	23	44,000	154,931,163	109,490,133	45,441,030	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1		148,510		148,510	0 030 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	1		148,510		148,510	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	766,230		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	127,695,095
6	Enter Medicare allowable costs of care relating to payments on line 5	6	115,482,175
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	12,212,920
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
REGIONS HOSPITAL 640 JACKSON STREET ST PAUL, MN 55101	X	X		X		X	X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7f Part III, Line 4 "Bad debt" expense represents the unpaid obligation for care provided to patients who have been determined to be able to pay, but have not demonstrated a willingness to do so Bad Debt includes any unpaid patient responsibility that may include, but is not limited to, deductibles, co-insurance, co-payments and non-covered services Part III, Line 8 Regions bases its Medicare costing methodology on the CMS Medicare Cost Report methodology, cost to charge ratio

Part III, Line 9b Regions debt collection policy contains provisions on collection practices to be followed for patients who are known to be eligible for charity care or financial assistance Regions will not refer any account to a third party debt collection agency unless it has confirmed that - There is reasonable basis to believe that the patient owes the debt - All known third-party payers have been properly billed, and the patient is responsible for the remaining debt - If the patient has indicated an inability to pay the full amount, the patient has been offered a reasonable payment plan The hospital will not refer patients to debt collection agencies who are performing as specified in their payment plans - The patient has been given an opportunity to submit a (financial assistance) Charity Care application If the patient has submitted an application for Charity Care, all collection activity will be suspended until the application has been processed - The level of authority required to make decisions regarding authorizing litigation, payment plans, and Charity Care is o Balances over $50,000 - Director of Patient Financial Services o Balances between $5,000 and $50,000 - Manager of Collections o Balances between $100 and $5000 - Supervisor of Collections o Balances under $100 may be handled by Patient Accounting Staff

Regions files a community benefit report in the state of Minnesota Regions' sister hospitals, Westfields Hospital, located in New Richmond Wisconsin, and Hudson Hospital and Clinics, located in Hudson, Wisconsin, file community benefit reports to the state of Wisconsin The three hospitals work collaboratively across multiple health initiatives, along with other members of the HealthPartners family of organizations to improve the health of members, patients and the community

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 The mission of Regions Hospital is to improve the health of our patients and community by providing high quality health care which meets the needs of all people Fulfilling this mission is both an internal and external goal Through a grant from the Medtronic Foundation, Regions Hospital is working to reducing health disparities Regions and HealthPartners were one of the first in the nation to gather self-reported data from patients on race, country of origin and language preference The collection of this data has led to culturally competent best practices embedded in Regions health care infrastructure and workforce training In addition, the learning's are being disseminated in local, statewide and national forums In July 2009, Regions became one of eight hospitals in the nation to participate in a project by the Robert Wood Johnson Foundation (RWJF) to reduce health disparities in heart care among minorities A $25,000 commitment to Regions Hospital Foundation is helping fund the hospital's efforts This work has lead to overall improved heart care Regions hosts an Equitable Care Team which consists of staff who volunteer to receive ongoing expert training to help disseminate best practices in clinical care for patients of diverse cultures and patients with limited English proficiency The Equitable Care Team sponsored monthly seminars on diversity in 2009, including Homelessness and Health Issues, Victims of Torture and Health Care, and End of Life Issues in Minority Communities In addition to the work that Regions performs internally to assess the needs of its patients, Regions Hospital partners with multiple government, community and business organizations in the Twin Cities East Metro and Western Wisconsin Government entities including the Minnesota Department of Health and Human Services, Ramsey County Public Health and Human Services and the City of St Paul team up with Regions to examine and meet the health needs of the community Regions also partners with community organizations to gain a better understanding of the health needs of the community Collaborations and affiliations with the Wilder Foundation, community clinics, the Minnesota Hospital Association and the Multilingual Health Resources Exchange provide Regions with an expansive community perspective on the needs of the community Through these partnerships, Regions receives information on the socio-economic and demographic factors that affect the overall health of the population it serves The data has led to strong commitment to focus resources on reducing the cultural gap in health care and addressing the social determinants that affect health

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 charity care policy

Part VI, Line 3 Regions is the primary "safety net" hospital for low-income uninsured and underinsured people in the East Metro Regions serves all patients regardless of their ability to pay In 2009 alone, Regions provided approximately $18 million in charity care Regions defines charity care as the cost of care delivered to patients who are willing, but unable, to pay for the services they receive This includes patients whose charges are forgiven or reduced because of inability to pay, patients who are unable to pay the balance left by any payer, and patients for whom unusual circumstances or special financial hardship warrant special consideration To inform and educate patients on its charity care program and government programs, Regions has developed an extensive financial counseling program The program was started in the Emergency Department in 1995 but since then, the program has been implemented throughout the hospital The program, which is administered within Regions Admitting and Registration Department, was funded by the hospital at the cost of over $1 5 million in 2009 Twenty-two counselors (2 5 of whom are Ramsey and Dakota County employees) help patients enroll in government programs or find other sources of payment The counselors are able to assist patients with enrolling in government programs, looking for other sources of payment, applying for charity care and assisting self-pay patients in setting up payment plans and making a down payment on current services To help patients access services beyond medical care, Regions has staff social workers and case managers to handle crisis interventions, emergency room needs, and patient aftercare In 2009, financial counselors enrolled nearly 2,000 individuals in government healthcare programs This provided approximately $9 4 million to the hospital for care that otherwise would have been charity care Regions believes that access to healthcare coverage is a major factor in averting more expensive emergency room visits To improve access to people without health insurance, in 2009, Regions and HealthPartners Medical Group (HPMG) provided approximately $165,000 to Portico Healthnet (Portico) in order to provide benefit coverage and administrative costs participants Portico is a nonprofit organization that helps about 350 people per month enroll in free or low-cost health coverage programs Since 1995, Portico outreach workers have provided assistance in completing applications for programs such as MNCare or Medical Assistance, and for people who do not qualify for these programs to meet program eligibility criteria In addition, Portico offers its own coverage program and covers primary and specialty care clinic visits, urgent care services, and prescription drugs along with interpreter and transportation services

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Regions is located at the urban downtown core of St Paul in close proximity to the State Capitol, popular entertainment attractions and numerous large corporate headquarters Regions is the second largest provider of charity care in the state of Minnesota and is one of only four certified Level 1 Trauma Centers in the state and the only Pediatric Trauma Center in the upper Midwest This certification requires Regions to have medical specialists available twenty-four hours a day Regions adult and pediatric trauma services are provided to patients from 85 of the 87 counties in the state, patients from western Wisconsin region and patients from other surrounding states As of the 2000 census, the City of St Paul had a population of 287,151 and a median household income of $38,774 Approximately, 11 7% of families in St Paul were living in poverty, of that 9 7% of St Paul's elderly were living in poverty The racial breakdown of St Paul consisted of 67% Caucasian, 11 7% African American, 1 2% American Indian and Alaska Native, 12 4% Asian, Native Hawaiian, other Pacific Islander, 3 3% other races and 3 9% were two or more races In the state of Minnesota, over 30% of the American Indian population and the Hispanic population are without health insurance About 15% of all African Americans (U S born and African born) in Minnesota are lacking health insurance As the state's second-largest safety-net hospital, Regions provides care to everyone, regardless of their ability to pay Regions serves a diverse patient population Regions and HealthPartners are one of the first in the nation to gather self-reported data from patients on race, country of origin and language preference Based on this data in 2009, Regions patient base consisted of 53 2% white, 13 9% black, 5 8% Hispanic, 4 7% Asian/Pacific Islander, 1 1% Native American and 21 4% did not provide their racial information

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Regions continually "invests" - through expenditures and in-kind contributions or other support - in activities that improve the health of the community and the region Support may include direct expenditures, raising funds through employee or community initiatives, donating staff time, participating in community partnerships and initiatives and /or providing free services or equipment Examples in 2009 include - Health Resource Center In 2009, Regions operated the Health Resource Center at a cost of $109,381 The mission of the Health Resource Center at Regions is to acquire, organize and provide a dynamic collection of information that will promote the knowledge of health and inspire continuous growth in personal wellness Its vision is to be a primary center for consumer health and wellness information and a guide to accessible resources for the community The Health Resource Center is a unique lending library where patients, their family and friends, staff and community members can learn more about health and wellness issues through print resources, internet sites, organized events, and staff assistance In 2009 - Approximately 5,000 people visited the library - 880 people left with printed material - 270 people checked out books - 1,500 participated in health and wellness activities and/or classes- Support Groups In 2009, Regions provided over $5,000 of in-kind support for the following support group courses - Taking Charge Taking Charge is a support group for women who have recently been diagnosed with breast cancer and their family and friends The group provides education, support and a connection with others undergoing active treatment Meets 2x/mo, 120-180 people served each year - Lung Cancer Support Discussion, speakers and support on how to have a good life when facing a serious lung illness The sessions are open to those with lung cancer and their families but need not be seeking treatment at Regions to participate in the group Meetings are held monthly in the afternoon and evenings to accommodate various schedules - Wellness Within A monthly support group for individuals seeking guidance for living with leukemia, lymphoma, Hodgkin's disease or myeloma Group facilitators include a survivor and a social worker Guest speakers are invited to introduce various perspectives on health and healing Members need not be seeking treatment at Regions to participate in the group - Burn Survivor Support Support group for patients and family members with burn injuries, electrical injuries and soft tissue disorders such as Necrotizing Fasciitis Meets 1x/mo, 5-6 participants per session (about 70 people served each year) - Trauma and Burn Community Grand Rounds Regions' staff brings education and training to hospitals, clinics and other places of business at no cost Presentations include trauma and burn case reviews - Educators from Regions provide structured educational classes for rural community hospitals for the greater Minnesota and Western Wisconsin area For instance, Regions' educators use simulation manikins to teach techniques to local nurses working in intensive care units and emergency departments - Regions Emergency Medical Services provides services to East Metro community events including the Twin Cities Marathon, Minnesota Wild games, the Twin Cities Festival and the Minnesota State Fair

6 Provide any other information important to describing how the organization's hospitals 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)

Part VI, Line 6 Regions is governed by a community-based Board of Directors and the medical staff is organized in the public's interest Regions furthers its charitable cause through community programs including the East Metro Adult Crisis Stabilization (EMACS), Mental Health Drug Assistance Program and medical education program Lack of timely access to medications can lead to emergency hospitalization for behavioral health crisis To increase access to needed drugs, Regions and HealthPartners helped found the Mental Health Drug Assistance Program (MHDAP) MHDAP addresses barriers that mental health patients have in obtaining healthcare coverage to pay for medications and the lack of supportive services to help them stay on medications Gaps in adequate healthcare and medication coverage are associated with increased risk of psychiatric hospitalizations, which can cost the community an average of $12,000-15,000 per visit MHDAP provides 30 to 90 days of stop-gap psychiatric drug coverage funding for low-income patients East Metro Adult Crisis Stabilization (EMACS) EMACS is a crisis response system that augments inpatient services in the East Metro HealthPartners and Regions are major sponsors of EMACS, which includes fourteen organizations that represent counties, hospitals, health plans, the state of Minnesota, and consumers and advocates Formed in 2002 to address the unmet needs of adults who experience behavioral health crisis, EMACS prevents avoidable emergency hospitalization by providing adult mental health crisis stabilization services in homes, community settings, or in short-term, supervised, licensed residential programs In 2009, Regions provided $20,000 to the collaborative Regions and the HealthPartners Institute for Medical Education (IME) have enjoyed a long history of partnership with the medical school of the University of Minnesota (U of M) to provide medical student education at Regions Areas of resident training include Emergency Medicine, Foot & Ankle Surgery, Hospital Medicine, Medical Toxicology, Occupational Medicine, Psychiatry (joint program with another area hospital), Physician Assistant/Nurse Practitioner fellowship in Behavioral Health, and Managed Care Pharmacy IME also provides education in eleven additional residency programs from the U of M Regions health professionals are also involved in medical research focused on improving health and medical care

7 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 communites served

Part VI, Line 7 Regions is part of the HealthPartners family of organizations, an integrated health care delivery system that combines the provision and financing of health care services, for the purpose of improving the health of its various entities' members, patients, and the broader community HealthPartners is the connection point for the various components of this integrated system of health financing, care delivery, and support services In 2009, the HealthPartners family of organizations provided coverage to members and services to patients through a broad network of physicians and hospitals, including clinics staffed by Group Health Plan, Inc employed physicians and three HealthPartners hospitals Regions, Westfields Hospital, a critical access hospital in New Richmond, Wisconsin, and Hudson Hospital and Clinics, a critical access hospital in Hudson, Wisconsin The HealthPartners family of organizations also operates a Patient Council that gives plan members and patients a forum to provide input to improve HealthPartners programs and services The Patient Council is a group of sixteen HealthPartners Clinics patients who meet on a monthly basis and provide patient feedback on a variety of health care topics This feedback helps in the design and planning of programs and services The Patient Council is for patients that seek care at the HealthPartners Clinics The HealthPartners family of organizations seeks to be the best and most trusted provider of health care, health promotion, health care financing and health care administration in the United States Acting in concert, this family of organizations is working to transform health care by delivering outstanding care and service that is consistent with the Institute for Healthcare Improvement's "Triple Aim" initiative The "Triple Aim" seeks to simultaneously optimize the health of the population, the experience of each individual and reduce per capita health care costs Being part of an integrated organization allows entities to adopt and share improvements such as best practices and patient education materials across the system HealthPartners also partners with other plans, care providers and non-profit organizations in the region and throughout the nation, to increase access, create and disseminate quality measures and initiatives, participate in development of public policy and collaborate on system improvements

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

MN,WI

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 4a	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS MARY K BRAINERD $108,395 HEIDI G CONRAD 21,172 KATHLEEN M COONEY 47,134 BROCK D NELSON 35,821 BRIAN H RANK 26,035 BARBARA E TRETHEWAY 16,541 -------- TOTAL $255,098
	Part I, Line 6	Regions Hospital (Regions) officers, directors and key employees are employed by Regions or by Group Health Plan, Inc (GHI), a related organization Compensation reported in Form 990, Part VIII includes any compensation derived from either the Regions or the GHI Management Incentive Program, which incents and rewards business leaders who help the organization achieve stated business and/or health improvement goals for a specific fiscal year The Programs are a key element of the participant's total compensation package The Management Incentive Programs' rewards are based on position in the organization (e g Vice President, Director, Manager, other specifically identified leaders) and the achievement of business and health improvement goals established in a variety of areas Goals will be related to the organization's strategic plan and will be balanced These areas may include but are not limited to patient satisfaction, employee satisfaction, work environment, employee and/or leadership development, care delivery, patient education, six aims, market share, strategic capabilities, financial performance (net margin), etc , and will be defined annually for each year's Program A net margin threshold must be met for any payment to be made from the plan and there is a Cap on the maximum incentive potentially available to each participant

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARY K BRAINERD	(I)	0	0	0	0	0	0	0
	(II)	873,346	321,388	15,254	261,896	111,196	1,583,080	0
KATHLEEN M COONEY	(I)	0	0	0	0	0	0	0
	(II)	520,950	184,544	49,999	121,060	96,937	973,490	29,229
BRET C HAAKE MD	(I)	0	0	0	0	0	0	0
	(II)	211,768	16,280	0	0	47,312	275,360	0
LOREE K KALLIAINEN MD	(I)	0	0	0	0	0	0	0
	(II)	118,614	0	0	0	36,128	154,742	0
BROCK D NELSON	(I)	0	0	0	0	0	0	0
	(II)	424,326	124,600	2,684	85,355	75,635	712,600	0
KAREN A QUADAY MD	(I)	0	0	0	0	0	0	0
	(II)	191,288	0	0	0	66,207	257,495	0
BRIAN H RANK MD	(I)	0	0	0	0	0	0	0
	(II)	471,997	131,042	92,658	84,057	86,177	865,931	53,330
CHRISTINE M BOESE	(I)	197,914	44,404	0	0	36,906	279,224	0
	(II)	0	0	0	0	0	0	0
HEIDI G CONRAD	(I)	0	0	0	0	0	0	0
	(II)	245,216	51,309	0	29,215	70,938	396,678	0
MARIAN M FURLONG	(I)	232,173	43,493	69,441	0	49,900	395,007	0
	(II)	0	0	0	0	0	0	0
THOMAS G GESKERMAN	(I)	189,838	42,816	0	0	49,921	282,575	0
	(II)	0	0	0	0	0	0	0
DAVID J GRAEBNER	(I)	217,402	49,206	0	0	47,503	314,111	0
	(II)	0	0	0	0	0	0	0
BETH L HEINZ	(I)	170,091	17,584	0	0	40,359	228,034	0
	(II)	0	0	0	0	0	0	0
KENNETH D HOLMEN MD	(I)	0	0	0	0	0	0	0
	(II)	395,613	87,710	0	0	74,477	557,800	0
KIM R LAREAU	(I)	0	0	0	0	0	0	0
	(II)	213,761	47,491	0	0	68,440	329,692	0
PATTI DALEN LEISINGER	(I)	160,647	37,133	0	0	35,428	233,208	0
	(II)	0	0	0	0	0	0	0
GRETCHEN M LEITERMAN	(I)	0	0	0	0	0	0	0
	(II)	205,225	45,452	1,174	0	55,372	307,223	0
JEAN NEEDHAM	(I)	206,228	46,711	0	0	46,045	298,984	0
	(II)	0	0	0	0	0	0	0
MEGAN M REMARK	(I)	0	0	0	0	0	0	0
	(II)	214,444	45,185	0	0	68,891	328,520	0
BARBARA E TRETHEWAY	(I)	0	0	0	0	0	0	0
	(II)	369,633	100,180	15,479	52,864	70,836	608,992	0
ROBERT D JOHNSON	(I)	192,312	14,866	1,764	0	33,998	242,940	0
	(II)	0	0	0	0	0	0	0
ALISON G BRISBIN	(I)	196,058	7,725	4,309	0	46,041	254,133	0
	(II)	0	0	0	0	0	0	0
ELIZABETH J GRANT	(I)	178,745	7,750	0	0	42,002	228,497	0
	(II)	0	0	0	0	0	0	0
DELSEY L SIEG	(I)	176,179	7,750	0	0	41,803	225,732	0
	(II)	0	0	0	0	0	0	0
GREG S MELLESMOEN	(I)	171,624	10,144	1,956	0	29,990	213,714	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2006	41-6005521	792905CH2	11-30-2006	185,729,229	REFUND SERIES 1993 BONDS & EXPANSION OF HOSPITAL FACILITY	X			X
B	CITY OF MAPLEWOOD MN HEALTH CARE FACILITY REVENUE NOTE SERIES 2006	41-6008920	None99999	08-18-2006	2,651,612	CONSTRUCTION - SLEEP DISORDER CLINIC		X		X
C	HRA OF THE CITY OF ST PAUL MN 10000000 TAX EXEMPT LOAN-SERIES 2003	41-6005521	none99999	12-26-2003	10,000,000	FINANCE HOSPITAL EQUIPMENT		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	185,729,229	2,651,612	10,000,000		
2	Gross proceeds in reserve funds	16,352,221				
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,988,857	51,612			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	142,632,112	2,600,000	10,000,000		
8	Year of substantial completion	2009	2006	2003		

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X		X				
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?		X	X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		3 500 %		0 %		1 500 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %				
6	Total of lines 4 and 5		3 500 %		0 %		1 500 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?		X		X		X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X		X				
b	Name of provider	Piper Jaffray									
c	Term of hedge	1 300000000000									
4a	Were gross proceeds invested in a GIC?	X			X		X				
b	Name of provider	Trinity Plus									
c	Term of GIC	2 300000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		HPI Ramsey is the sole corporate member of Regions Hospital (Regions)
Form 990, Part VI, Section A, line 7a		HPI Ramsey, as the sole corporate member of Regions, appoints up to fifteen directors of the up to twenty-two member board of directors
Form 990, Part VI, Section A, line 7b		HPI ramsey, as the sole corporate member of Regions, approves actions as follows amendment of Articles or Bylaws, annual operating and capital budgets and long-range plans, unbudgeted special projects in excess of $1,000,000, guaranteeing the debt of any other person or entity in excess of $1,000,000, a loan or other indebtedness in excess of $1,000,000, merger or consolidation with another corporation, disposition of substantially all assets, dissolution, appointment of the Chair of the Board and President, and oversight of the Medical Staff
Form 990, Part VI, Section B, line 11		Regions' 990 return has a comprehensive review process that is followed before it is presented to the governing body of Regions The review process includes a layered review by the tax department of Group Health Plan, Inc (GHI), the management team of Regions, the organization's internal legal department and Regions' outside Independent Accountants Each one of those areas has an opportunity to review, ask questions and make comments back to the tax department before the form 990 is completed and presented to the governing body of Regions Regions makes available, to the Finance and Audit Committee of Regions' Board of Directors and to the full Board of Directors, a copy of the 990 for review and comment prior to the filing of the 990 return This copy is provided to the Finance and Audit Committee and the full Board of Directors in a pre-meeting packet, and is an agenda item at the committee meeting This process is noted and documented in the written committee minutes of the meeting These minutes are presented to the full Board of Directors
Form 990, Part VI, Section B, line 12c		The Regions Board of Directors monitors potential conflicts of interest of its board members, officers and key employees, by maintaining a conflict of interest policy Annually, under the policy, all board members, principal officers, members of a committee with Board delegated powers and key employees are provided with a copy of the policy and requested to complete a questionnaire identifying any potential conflicts of interests A report of these potential conflicts is shared with the Governance Committee, the Chair and the CEO Board agendas and executive decisions are documented in relation to this policy
Form 990, Part VI, Section B, line 15		Regions' CEO and other officers are employed by either Group Health Plan, Inc (GHI), a related organization, or by Regions GHI and Regions have an annual process to review the market comparability of the total compensation of the Hospital's CEO and other officers Each year, under the direction of an independent compensation committee, the entity completes an annual total compensation market review The review includes all components of compensation, base salary, annual incentives, benefits and perquisites The market survey results are presented to, reviewed by and approved by the Compensation Committee The Compensation Committee's market review process and subsequent decisions include the following elements - During final deliberations and vote staff is not in room and decisions are recorded in the minutes of the organization - Every three years, the compensation committee retains an independent compensation expert to conduct an extensive market comparability survey for all officers of the organization With the input of the consultant, the committee determined appropriate peer groups including both local and national peer groups The survey considers each element of total compensation and aggregate total compensation Based on this data, the committee determines minimum and maximum total compensation ranges for each officer In interim years, the organization's HR department, under the Committee's direction uses the same recognized third party salary surveys to determine median salary structure changes and average salary increases Based on this updated data, the committee determines the total compensation ranges for each position surveyed - Total compensation is appropriately reported on the Form 990 and on the employee's W-2
Form 990, Part VI, Section C, line 19		Regions financial statements and 990 returns are made available to any person who requests the information from Regions or HealthPartners, Inc Regions' Articles of Incorporation are available to any person who requests the information through the Minnesota Secretary of State's office
Schedule K Supplental Information		Schedule K, Part IV, line 4 -Gross Proceeds Invested in a GIC Bond Issue A -HRA - City of St Paul Series 2006 Second GIC Name of Provider - Morgan Stanley & Company Term of Hedge - 28 3 years

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4a	EXEMPT PURPOSE AND ACHIEVEMENTS	(Part 1 of 6) I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE Regions Hospital (Regions) is a Minnesota non-profit corporation and is part of the HealthPartners family of care Established in 1872, Regions has served the Twin Cities and surrounding region for nearly 140 years, and is a premier, full-service hospital providing outstanding medical and surgical care The mission of Regions is to improve the health of its patients and the community by providing high quality health care, which meets the needs of all people Regions is the second largest provider of uncompensated care in Minnesota and is one of only four certified Level 1 Trauma Centers in the state of Minnesota, and the only one in the East Metro and Western Wisconsin region that has medical specialists available twenty-four hours a day In May 2009, Regions became the first hospital in Minnesota and the upper Midwest to be given a Level I Pediatric Trauma Center designation by the American College of Surgeons, which confirmed the hospital's ability to offer the very best care to critically-injured children Regions has 454 licensed beds and in 2009 provided services for more than 24,477 inpatient admissions plus 2,329 births and 11,549 surgery center cases Regions operates the busiest emergency room serving the Twin Cities East Metro and Western Wisconsin region, with 70,881 emergency center visits in 2009 Regions established the first palliative care program in the East Metro area, and offers special programs in cardiology, women's care, surgery, seniors' services, digestive care, cancer, behavioral health, emergency, stroke and burn care Regions is accredited by The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, the American Burn Association, and has been repeatedly recognized by the Minnesota Hospital Association for patient safety, among others Regions and the HealthPartners Institute for Medical Education (IME) have enjoyed a long history of partnership with the medical school of the University of Minnesota (U of M) to provide medical student education at Regions Areas of resident training include Emergency Medicine, Foot & Ankle Surgery, Hospital Medicine, Medical Toxicology, Occupational Medicine, Psychiatry (joint program with another area hospital), Physician Assistant/Nurse Practitioner fellowship in Behavioral Health, and Managed Care Pharmacy IME also provides education in eleven additional residency programs from the U of M Regions health professionals are also involved in medical research focused on improving health and medical care Regions is governed by a community-based Board of Directors As required by its Bylaws, the Board monitors potential conflicts of interest of its board members, officers and key employees, by maintaining a conflict of interest policy Annually, under the policy, all board members, principal officers, members of a committee with Board delegated powers and key employees are provided with a copy of the policy and requested to complete a questionnaire identifying any potential conflicts of interests A report of these potential conflicts is shared with the Governance Committee, the Chair and the CEO Board agendas and executive decisions are documented in relation to this policy Regions is part of the HealthPartners family of care HealthPartners, Inc , a Minnesota non-profit corporation and licensed Health Maintenance Organization (HMO) which is recognized as exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(4), is the sole corporate member of HPI-Ramsey, a Minnesota non-profit corporation recognized as exempt from federal income tax under IRC Section 501(c)(3) HPI-Ramsey is the sole corporate member of Regions and Regions' sister organizations, Regions Hospital Foundation, North St Paul Transitional Care Center, and Ramsey Integrated Health Services, all of which are Minnesota non-profit corporations exempt from federal income tax under IRC Section 501(c)(3) HPI-Ramsey is also the sole corporate member of RH-Wisconsin, Inc , a Wisconsin non-stock corporation that is exempt from federal income tax under IRC Section 501(c)(3) HealthPartners, Inc is also the sole corporate member of the following organizations that are exempt from federal income tax under IRC Section 501(c) (3) Group Health Plan, Inc (a staff model HMO) which is itself the sole corporate member of HealthPartners Research Foundation and Central Minnesota Group Health, Inc , both of which are exempt under Section 501(c) (3), HealthPartners Institute for Medical Education, and RHSC, Inc Additionally, Group Health Plan, Inc is a sole corporate member of Physicians Neck & Back Clinics, a Minnesota non-profit corporation that has applied for a determination that it qualifies for tax-exemption under IRC Section 501(c)(3) RH-Wisconsin, Inc and Group Health Plan, Inc are corporate members of Hudson Hospital, Inc and Westfields Hospital, Inc , both of which are Wisconsin non-profit corporations exempt from federal income tax under IRC Section 501(c)(3) RH-Wisconsin, Inc is also the sole corporate member of Western Wisconsin Emergency Medical Services Company, an ambulance service which is a Wisconsin non-profit corporation exempt from federal income tax under IRC Section 501(c)(3) Together, all of these related organizations comprise the HealthPartners family of organizations (HealthPartners), which is an integrated health care delivery system that combines the provision and financing of health care services, for the purpose of improving the health of its various entities' members, patients, and the broader community II BENEFITS TO PATIENTS AND THE COMMUNITY IN 2009 The community benefit activities Regions accomplished or initiated in 2009 are set forth below Charity Care Regions is the primary "safety net" hospital for low-income uninsured and underinsured people in the East Metro area of Minneapolis/St Paul In 2009 alone, Regions provided $48 4 million in uncompensated care ($18 4 million in actual costs) to care for 37,431 patients who did not have insurance or could not afford care Charity care represents 3 7 percent of the hospital's total operating expenses 19,097 patients received free or discounted care in 2009 Of the 50,000 patient accounts written off in 2009, 25,902 were pure "self pay" patients with no coverage and no ability to pay Approximately 50 percent of these self-pay patients are between the ages of 18 and 34 The remaining 24,098 patients had some coverage but were unable to pay the "patient responsibility" portion of their bill Regions defines charity care as the cost of care delivered to patients who are willing, but unable, to pay for the services they receive This includes patients whose charges are forgiven or reduced because of inability to pay, patients who are unable to pay the balance left by any payer, and patients for whom unusual circumstances or special financial hardship warrant special consideration Regions is committed to providing needed services even at a financial loss For example, in 2009, Regions provided inpatient and outpatient emergency services to self-pay patients totaling $19 9 million in charges Approximately $4 8 million of these charges were absorbed by the hospital as a net loss In 2009, Regions expanded its emergency center to 54,000 square feet and 53 beds, the largest in the East Metro In 2009, 16 8% of outpatient visits seen in Regions Emergency Department were self pay patients Regions' Behavioral Health department is the leading provider of comprehensive mental and chemical health services in the Twin Cities East Metro area and Western Wisconsin For example, Regions contributed $290,224 in 2009 to Hovander House, a short-term residential living facility and program for behavioral health patients who are clinically and physically stable but who require further support and assistance before returning to a community setting Hovander House is staffed by mental health professionals from Regions and can accommodate up to nine adults at a time In addition to helping patients transition into the community, the facility has saved an estimated 528 non-acute hospital days (See continuation at Part 2 of 6)

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4a	EXEMPT PURPOSE AND ACHIEVEMENTS	(Part 2 of 6) Regions believes that access to healthcare coverage is a major factor in averting more expensive emergency room visits To improve access to people without health insurance, in 2009, Regions and HealthPartners Medical Group (HPMG) provided approximately $165,000 to Portico Healthnet in order to provide benefit coverage and administrative costs participants Portico Healthnet (Portico) is a nonprofit organization that helps about 350 people per month enroll in free or low-cost health coverage programs Since 1995, Portico outreach workers have provided assistance in completing applications for programs such as MNCare or Medical Assistance, and for people who do not qualify for these programs to meet program eligibility criteria In addition, Portico offers its own coverage program and covers primary and specialty care clinic visits, urgent care services, and prescription drugs along with interpreter and transportation services Care for Medicare and Medicaid Patients Regions provides inpatient and outpatient care, including emergency department services, to a large number of Medicare, Medicaid and other public program patients In fact, reimbursement from government programs constituted 55 6 percent of the hospital's reimbursement in 2009, while commercial business comprised 40 5 percent of reimbursement The remainder, 3 9 percent, was made up of self-pay and charity care payments Medicare provided 29 5 percent of total reimbursement, Medicaid provided 14 3 percent and General Assistance Medical Care (GAMC) provided 5 6 percent Although most of Region's reimbursement comes from government programs, it should also be noted that these programs often do not compensate hospitals for the full cost of providing care Regions paid over $10 million in 2009 in a Minnesota healthcare provider tax equal to two percent of its net revenue from patient care services The funds raised by this tax are earmarked by the State to increase health care access for Minnesotans who are otherwise unable to purchase health care services To secure a payment source for uninsured and underinsured patients, Regions established a financial counseling program The program was started in the Emergency Department in 1995 but since then, the program has been implemented throughout the hospital The program, which is administered within Regions Admitting and Registration Department, was funded by the hospital at the cost of over $1 5 million in 2009 Twenty-two counselors (2 5 of whom are Ramsey and Dakota county employees) help patients enroll in government programs or find other sources of payment The counselors are able to assist patients in enrolling in government programs, looking for other sources of payment, taking financial assistance applications, assisting self-pay patients in setting up payment plans and making a down payment on current services, or applying for charity care To help patients access services beyond medical care, Regions has staff social workers and case managers to handle crisis interventions, emergency room needs, and patient aftercare In 2009, financial counselors enrolled nearly 2,000 individuals in government healthcare programs This provided approximately $9 4 million to the hospital for care that otherwise would have been written-off For 2009, the application breakdown was as follows in the Emergency Department, there were 1,515 applications taken and 577 were successfully opened (38% success rate), for inpatients, there were 2,258 applications taken and 1,262 were successfully opened (56% success rate), and for outpatients/walk-ins, there were 217 applications taken and 110 were successfully opened (51% success rate) Health Services Developments in 2009 In addition to the medical and surgical services, Regions also offered the following services in 2009 Senior Partners Care The Senior Partners Care (SPC) program increases seniors' access to affordable health care SPC helps low to moderate income seniors who are on Medicare obtain treatment from participating healthcare providers Through a partnership with SPC, providers agree to accept Medicare as total payment thereby waiving co-payments and deductibles SPC is not a form of insurance and has no monthly premiums An annual donation of $29 50 per person enrolled is suggested but not required To qualify, patients must be enrolled in Medicare Part A and B and meet certain income guidelines Regions, with the Volunteers of America as the overseer, operates the program in accordance with Medicare regulations Health Resource Center In 2009, Regions operated the Health Resource Center at a cost of $109,381 The mission of the Health Resource Center at Regions is to acquire, organize and provide a dynamic collection of information that will promote the knowledge of health and inspire continuous growth in personal wellness Its vision is to be a primary center for consumer health and wellness information and a guide to accessible resources for the community The Health Resource Center is a unique lending library where patients, their family and friends, staff and community members can learn more about health and wellness issues through print resources, internet sites, organized events, and staff assistance In 2009 - Approximately 5,000 people visited the library - 880 people left with printed material - 270 people checked out books - 1,500 participated in health and wellness activities and/or classes Patricia D Lundborg Cancer Library The Lundborg Cancer Library provides cancer-related consumer health information to patients and their families and friends, staff, and members of the community The library collection consists of over 1,000 cancer-related books and videos available for check out Also, the library provides access to more than 280 different titles from the American Cancer Society, the National Cancer Institute, The Leukemia and Lymphoma Society, CancerCare, Livestrong and many other organizations in printed format or online In addition to English language materials, the library provides information in different foreign languages Spanish, Chinese, Russian, Vietnamese, Hmong and Tai In addition, a website which is accessible from the library's two public computers, offers links to over 300 web pages The entire collection, including brochures and online resources, is organized by a simplified set of categories that allow people to quickly locate material, regardless of the format In 2009 alone, around 1,900 people visited the library using over 2,060 items Detailed Statistics for the year 2009 - Over 1,982 people have used the library - Total material usage was 2,060 items - Over 1,088 brochures were utilized - 775 used the library computers - 713 books were checked out - 259 entertainment movies were checked out for the infusion room patients - Library collection of over 1,000 cancer-related books and videos available for checkout - In 2009 over 120 books were acquired for the library (See continuation at Part 3 of 6)

Identifier	Return Reference	Explanation
fORM 990, PART III, LINE 4a	exEMPT PURPOSE AND ACHIEVEMENTS	(Part 3 of 6) Support Groups In 2009, Regions provided over $5,000 of in-kind support for the following support group courses - Taking Charge o Taking Charge is a support group for women who have recently been diagnosed with breast cancer and their family and friends The group provides education, support and a connection with others undergoing active treatment Meets 2x/mo, 120-180 people served each year - Lung Cancer Support o Discussion, speakers and support on how to have a good life when facing a serious lung illness The sessions are open to those with lung cancer and their families but need not be seeking treatment at Regions to participate in the group Meetings are held monthly in the afternoon and evenings to accommodate various schedules - Wellness Within o A monthly support group for individuals seeking guidance for living with leukemia, lymphoma, Hodgkin's disease or myeloma Group facilitators include a survivor and a social worker Guest speakers are invited to introduce various perspectives on health and healing Members need not be seeking treatment at Regions to participate in the group - Burn Survivor Support o Support group for patients and family members with burn injuries, electrical injuries and soft tissue disorders such as Necrotizing Fasciitis Meets 1x/mo, 5-6 participants per session (about 70 people served each year) The Regions Cancer Survivorship Program The Regions Cancer Survivorship Program was established in 2008 The program includes support and education services for patients, a multidisciplinary Survivorship Clinic, and a patient council that advises on the program The team in the Survivorship Clinic evaluates the patient's physical and emotional well-being and addresses post treatment concerns Patients seen in the Survivorship Clinic receive a comprehensive cancer treatment summary of their treatments and a care plan to monitor their cancer status and improve their health The plan is incorporated into the patient's electronic medical record for the patient's primary care physician The patient is also given a copy This labor intensive service is supported by funds from the Regions Hospital Foundation Alcohol and Drug Abuse Program Regions Alcohol and Drug Abuse Program (ADAP), established in 1972, has the experience and tools to help patients succeed The staffs of licensed drug and alcohol counselors are supported by a team of mental health care professionals The program matches clients with appropriate community resources to build the foundation for viable, sustainable recovery Through long-established community relationships with social service, county agencies, and financial and housing organizations, clients are connected with appropriate community resources to support their long-term recovery Chaplaincy Services Regions Chaplaincy Services aims to improve patient care by providing emotional and spiritual support to hospital patients, their family members, and staff Its goal is to promote a sense of purpose, meaning, and hope for those we serve The department averages between 500 and 550 patient contacts per month Chaplains support hospital staff through providing education as well as critical incident debriefing sessions Chaplaincy Services also provides bereavement support for the families of patients who die at Regions This involves sending condolence cards, as well as follow-up letters one month and a year following the death Families are invited to attend a Memorial Service during which their loved one is named and remembered Approximately 510 families are served by this program each year Water Therapy Regions offers reduced class rates for a "Get Fit" pool class The sessions, held twice a week for one-hour, take place at Regions in the warm water therapy pool and are designed for people who wish to participate in warm water exercise Regions Driving Ability Program Regions Rehabilitation Institute's driving ability program is the first hospital-based driving program in the Twin Cities The program, licensed by the Minnesota Department of Public Safety, provides comprehensive clinical pre-driving assessments and behind-the-wheel evaluation and training to help patients return to driving after experiencing a major health complication Language Interpretation Services Regions has 77 permanent and on-call staff interpreters who provide interpretation services at the hospital and four HealthPartners clinics in twelve languages including Cambodian, Karen, Oromo, Amharic, Spanish, Somali, Hmong, Vietnamese, and American Sign Language Staff and physicians also have access to an extensive network of agency interpreters and have telephone access to services for more than 150 languages In 2009, HealthPartners invested over $6 million enterprise-wide on language interpretation services Regions' 2009 contribution towards these expenses was $1,107,448 Equitable Care and Service HealthPartners and Regions are one of the first in the nation to gather self-reported data from patients on race, country of origin and language preference Through a grant to Regions Hospital Foundation from the Medtronic Foundation, the HealthPartners family of organizations are reducing health disparities in the care of Regions and HealthPartners Medical Group and Clinics' patients by embedding best practices in culturally competent care into the health care infrastructure and the workforce training and education of both organizations A special point is being made to disseminate learnings in local, statewide and national forums In July 2009, Regions became one of eight hospitals in the nation to participate in a project by the Robert Wood Johnson Foundation (RWJF) to reduce health disparities in heart care among minorities A $25,000 commitment to Regions Hospital Foundation is helping fund the hospital's efforts Regions also hosts an Equitable Care Team which consists of staff who volunteer to receive ongoing expert training to help disseminate best practices in clinical care for patients of diverse cultures and patients with limited English proficiency The Equitable Care Team sponsored monthly seminars on diversity in 2009, including Homelessness and Health Issues, Victims of Torture and Health Care, and End of Life Issues in Minority Communities Palliative Care Regions initiated the first team-based palliative care program in the East Metro area Palliative care supports patients who are in any stage of a chronic disease or life-threatening illness, including those who may still be receiving curative or life-prolonging treatment The Palliative Care Program seeks to not only treat patients' physical needs, but also provide them with the means to pursue meaningful and fulfilling activities through the remainder of his or her life Regions funded $275,393 in Palliative Care program services in 2009 Renal Dialysis Services Regions renal program includes acute care and dialysis services such as acute hemodialysis and plasmapheresis for intensive care, post-cardiac and trauma patients, chronic hemodialysis and peritoneal dialysis care, dialysis access placement and maintenance by vascular surgery and radiology, pre-dialysis patient management and education, hypertension, and kidney stones Heart Center A report from The Joint Commission rates Regions Heart Center as the best out of sixteen major hospitals in the Twin Cities Regions provides The Joint Commission-recommended evidence-based heart failure treatments, such as providing a test to evaluate heart function 100 percent of the time The Joint Commission is an independent, non-profit organization that sets standards by which health care quality is measured in America and around the world HealthGrades, a national quality ranking organization, gave Regions Heart Center a five-star rating for coronary interventional procedures six years in a row On a local level, Regions provided 3,300 inpatient cardiovascular procedures in 2009 Surgical Systems Regions utilizes the da Vinci S Surgical System, a minimally-invasive surgical system, for urology, gynecology and cardiovascular surgery The da Vinci S Surgical System greatly reduces recovery time, physical scars, pain that usually accompanies surgeries and shortens hospital stays In 2007, Regions used the system to perform heart valve repairs - making Regions the first hospital in Minnesota to perform this complicated cardiac procedure with the assistance of a robot In 2008, the use of the system was expanded to include treatments for prostate cancer and other urological, general, thoracic and gynecological surgeries Same day surgery cases have increased by 13% between 2008 and 2009 at Regions' Same Day Surgery Center in large part because of the use of minimally invasive technology (See continuation at Part 4 of 6)

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4a	EXEMPT PURPOSE AND ACHIEVEMENTS	(Part 4 of 6) Reducing Infections During 2009, Regions continued its high level performance in reducing infections especially for hospital acquired infections caused by multi drug resistant organisms, i e Methicillin resistant Staphylococcus aureus (MRSA) The Infectious Control team began building the infrastructure to support managing MRSA infections across the continuum of care, especially prior to surgery In addition they continued to report the following data to the Minnesota Hospital Association - Ventilator Associated Pneumonia bundle compliance data - Central Line associated blood stream infection bundle compliance data - Total Knee surgical site infection rates - Vaginal hysterectomy surgical site infection rates Regions also serves on advisory panels to the Minnesota Department of Health and the Minnesota Hospital Association Regions supports the infection control and prevention department staff's regular participation in various roles for the MN Association for Professionals in Infection Control and Epidemiology (MN APIC) including - Teaching a Basic Infection Control Course (BIC) - Developing educational curriculum for the BIC - Chairing the MN State Educational Conference Committee - Traveling with the Shoulder to Shoulder Medical Mission group to Tanzania as a member of the International Committee work at the Ilula Hospital - Chairing the national Public Policy Committee - Serving on the state Public Policy Committee Life Link III Regions is a corporate member (along with several other area hospitals) of Life Link III, a mobile critical care transport service that provides ambulance, helicopter and airplane options to the most severly injured trauma patients In 2009, Regions contributed $225,000 to support the operations of Life Link Trauma Department In 2009, Regions contributed approximately $222,000 for tracking trauma injuries Regions trauma department tracks trauma-related injuries for a registry used for public health reporting The trauma department is certified by the American College of Surgeons, as a Level 1 trauma center Crisis Services In 2009, Regions provided $1,106,075 for behavioral health crisis services twenty-four hours, seven days a week in the Hospital's emergency department The Burn Center Regions Burn Center is the most complete and extensive facility of its kind in the upper Midwest and is certified by the Committee on Trauma of the American College of Surgeons and the American Burn Association The Burn Center serves patients from across the Midwest, providing care and specialized treatment for thermal, electrical, chemical burns, as well as exfoliative and necrotizing skin disorders, complex soft tissue injuries The Burn Center is equipped with the latest equipment, temperature controlled private rooms, specially designed hydrotherapy units, and a large rehabilitation department The Breast Health Center The Breast Health Center is dedicated to improving breast health for all women Services include risk screening, plastic surgery, genetic counseling, chemotherapy, education and support, and many complementary care features With the latest in diagnostic technologies and treatment therapies, the Breast Health Center offers a comprehensive range of services to meet a woman's physical, emotional, social and spiritual needs The Center is unique because of its ability to offer most of its services in one department, increasing the ability for the patient to receive quality comprehensive care Additionally in 2009, the Breast Health Center participated in the Sage Screening Program, a statewide comprehensive breast and cervical cancer screening program whose primary objective is to increase the proportion of age-appropriate women who are screened for breast and cervical cancer The Birth Center The Birth Center is uniquely designed with private labor and delivery rooms and home-like post-delivery rooms Each of the center's rooms is equipped with the latest technology to closely monitor the patient and her baby In case of complications, The Birth Center also houses two specially equipped suites for cesarean deliveries and is near the Special Care Nursery There were 2,329 newborn deliveries at The Birth Center in 2009 Regions offers prenatal/at-risk child birth classes for patients Classes devoted to learning about prenatal childbirth, cesarean childbirth, vaginal birth after cesarean, sibling class, breastfeeding, new baby-new parent, infant CPR and safety, infant massage, sign language for hard of hearing babies and a Birth Center tour In 2009, 59 families received scholarship classes worth $5,588 Spine Program Regions spine program, a collaboration between the orthopaedic and neurosciences departments, provides both surgical and medical spine care for patients The Spine Center is located within the neurosurgery clinic at the HealthPartners Specialty Center Orthopedic Department Regions orthopedic and sports medicine team is dedicated to the highest quality of orthopedic care available The department provides the following services injury care, total and minimally invasive joint replacement surgeries, sports injuries, fragility fractures and geriatric care, non-operative and operative arthritis management, and osteoporosis treatment among many others In 2009, Regions served 2,293 Orthopedics patients Also served were 15,955 Orthopedics Outpatients throughout HPMG clinics, same day surgery and imaging facilities Sleep Center In 2009, the HealthPartners Sleep Health Center, a department of Regions conducted nearly 3,124 sleep studies to treat sleep disorders including Snoring/Obstructive Sleep Apnea, Insomnia, Narcolepsy and Restless Legs Syndrome The Sleep Center is accredited by the American Academy of Sleep Medicine Behavioral Health Services Regions and HealthPartners Medical Group Behavioral Health Services is the leading provider of comprehensive mental and chemical health services in the Twin Cities East Metro area and Western Wisconsin This comprehensive program offers a wide range of services in numerous locations Services include chemical dependency treatment, outpatient mental health treatment and inpatient mental health services Expansion 2009 In November 2006, construction of the largest expansion and renovation project in Regions history began The $179 million investment, consisting of a 385,000 square-foot addition, includes the capacity for 144 new private patient rooms, 20 new operating rooms, a new and expanded Emergency Center, additional behavioral health crisis facilities, and room for future development A new 410-stall parking ramp improves access for guests The expansion improves care for a growing number of emergency room patients, including some of the neediest residents of the East Metro and makes the community better prepared for large-scale disasters Expansion 2009 Phases Completed in 2009 - 54,000 square foot Emergency Center The largest Emergency Center in the east metro, has 53 beds, as well as an 11 bed mental health crisis unit and on-site radiology with lab services The Emergency Center is expected to care for more than 66,000 patients in its first year - 90,000 square foot Surgery Center The Surgery Center opened 20 new operating rooms which have a number of features designed to increase patient safety The area also includes 28 pre- and post-surgery rooms - 108 new private patient rooms located on floors 6, 7 & 8 During the Expansion 2009 Grand Opening Celebration, employees and volunteers donated 534 pounds of food and nearly $1,000 The funds and food provided more than 4,200 meals for needy families in the Twin Cities area (See continuation at Part 5 of 6)

Identifier	Return Reference	Explanation
fORM 990, PART III, LINE 4a	exEMPT PURPOSE AND ACHIEVEMENTS	(Part 5 of 6) Other Significant Community Benefit Activities in 2009 Regions continually "invests" - through expenditures and in-kind contributions or other support - in activities that improve the health of the community and the region Support may include direct expenditures or raising funds through employee or community initiatives, donating staff time, participating in community partnerships and initiatives, or providing free services or equipment Examples in 2009 include - Professional Education and Training Regions is one of only six major teaching hospitals in the state of Minnesota Regions trains almost 500 resident physicians in 19 medical specialties each year as well as over 300 medical students Regions' teaching affiliations include colleges and universities throughout the country Regions supports HealthPartners Institute for Medical Education training programs, such as the Center for Undergraduate and Graduate Clinical Education, the Center for Continuing Professional Education, and the Simulation Center for Patient Safety Please see the HealthPartners Institute for Medical Education Form 990 for more information on medical education activities The Institute for Medical Education provides education for resident physicians at Regions in the following specialties o Anesthesia o Emergency Medicine o Family Medicine o Internal Medicine o Neurology o Obstetrics & Gynecology o Occupational Medicine o Ophthalmology o Orthopedic Surgery o Otolaryngology o Physical Medicine & Rehabilitation o Plastic Surgery o Psychiatry o Radiology o Surgery o Toxicology - Twin Cities Health Professionals Education Consortium The Twin Cities Health Professionals (TCHP) Education Consortium is a collaborative group that helps to finance various educational endeavors for health professionals Several one to two-day classroom programs for nursing staff are offered Additionally, self-learning programs are available on the website at no cost to employees In 2009, 545 nurses from Regions participated in TCHP programs An additional 560 home studies were completed by Regions staff - Regions Hospital Foundation In 2009, Regions contributed $839,088 to Regions Hospital Foundation Regions Hospital Foundation funds programs for patient care, research and medical education Please see the Regions Hospital Foundation Form 990 for more information on Foundation activities - Health Research Regions and the HealthPartners Research Foundation (HPRF) are active in local, national and international pre-clinical and clinical trial research that focuses on best practices for prevention, diagnosis and treatment Please see the HPRF Form 990 for more information on 2009 community benefit activities - North St Paul Transitional Care North St Paul Transitional Care Center (NSPTCC) is a Minnesota non-profit corporation and sister corporation to Regions It provides transitional care services for patients who no longer require inpatient care but are not well enough to be discharged from the hospital to their own homes When NSPTCC accepts charity care patients from Regions, patients receive the care they need, at a lower cost than inpatient hospitalization This is a savings to Regions, because a skilled nursing facility such as NSPTCC has about one-third the cost per day of a hospital For more information, please see the NSPTCC Form 990 - Alzheimer's Research Center and the Regions Neurosciences Department The Regions neurosciences department and the Alzheimer's Research Center collaborate on research The Alzheimer's research center of the HealthPartners Research Foundation is recognized for world-class research and has one of the largest brain banks in the United States Regions neurosciences department was formed in 2005 and is comprised of neurology, neurosurgery and Physical Medicine and Rehabilitation - Patient Safety Regions is an active participant in the Minnesota Alliance for Patient Safety (MAPS) MAPS is a partnership among the Minnesota Hospital Association, Minnesota Medical Association, Minnesota Department of Health and more than 50 other public-private health care organizations working together to improve patient safety In addition, Regions provides a leadership role in the development and updating of patient care guidelines and protocols with the Institute of Clinical Systems Improvement (ICSI) These guidelines and protocols are designed to assist heath care providers in delivering consistent high quality care in a safe manner In 2009, the Minnesota Hospital Association awarded Regions with a Patient Safety Excellence Award for Regions work on preventing ulcers through the Safe Skin initiative and preventing falls from the Safe From Falls initiative Additionally, Regions surgical services implemented a safety tool called the "Time-out Towel," which is a visual reminder to double-check the procedure and the site before any procedure begins - Health Promotion Regions promotes health and wellness in the community through health fairs, community education, awareness events, classes, and patient newsletters - Multilingual Health Resources Exchange The Exchange is a collaboration among many Minnesota organizations (including hospitals, clinic systems, health plans, public health agencies, and community groups) to share translated health materials and information to meet the health education and information needs of people with limited English proficiency HealthPartners and Regions were instrumental in starting the Exchange in 2001 Each member of the Exchange contributes materials translated by their organization to the Exchange website where all partner organizations can download it for use with their clients and patients This greatly increases the amount of health education available in languages other than English for all participating organizations Annually, HealthPartners and Regions together contribute $2,500 to the Exchange - Terrorism Preparedness Regions is a leader in emergency management for the East Metro Regions staff stays prepared for any situation that may arise and collaborates with other hospitals and public safety officials to ensure that planning and response plans are integrated Regions participated in an inspection conducted by the American College of Emergency Physicians and received high marks in Emergency management Regions also has the only mass (non-military) decontamination site in Ramsey County that is standing ready to handle any major event Regions can treat up to 150 people per hour in the event of biological, chemical, or nuclear incidents and is completely compliant with the Occupational Safety and Health Administration Regions is a member of the Metropolitan Hospital Compact, along with 29 Twin Cities hospitals Regions has played a vital role in the development of community wide planning to improve emergency management throughout healthcare and establish interfacing with public safety including City and County Emergency Managers Additionally, Regions collaborates with city, county and state public health officials to plan appropriately for pandemic events In 2009, Regions implemented emergency management plans to handle the 1st and 2nd outbreak of H1N1 Regions has been selected as a site for much of the stockpile provided by both the State of Minnesota and the federal government - Environmental Conservation Regions has been a leader in reducing waste, recycling and conservation Regions has implemented many programs around water conservation, reduction of hazardous waste through recycling and purchasing only those items that are safe for the environment Additionally, Regions takes advantage of opportunities to become "Green" with respect to new building projects, remodels and energy management - Sexual Assault Services The Sexual Assault Nurse Examiner's Program (SANE), the first of its kind, is a joint effort of Regions and Sexual Offense Services of Ramsey County SANE is designed to provide patient-centered care to victims of sexual assault, ages 13 and older, by trained certified nurse practitioners, while improving forensic evidence gathering for later prosecution Operating costs for the SANE program were $128,157 in 2009 (See continuation at Part 6 of 6)

fORM 990, PART III, LINE 4a EXEMPT PURPOSE AND ACHIEVEMENTS (Part 6 of 6) - East Metro Adult Crisis Stabilization (EMACS) EMACS is a crisis response system that augments inpatient services in the East Metro HealthPartners and Regions are major sponsors of EMACS, which includes fourteen organizations that represent counties, hospitals, health plans, the state of Minnesota, and consumers and advocates Formed in 2002 to address the unmet needs of adults who experience behavioral health crisis, EMACS prevents avoidable emergency hospitalization by providing adult mental health crisis stabilization services in homes, community settings, or in short-term, supervised, licensed residential programs In 2009, Regions provided $20,000 to the collaborative Community Outreach Regions provides community outreach programs including - Trauma and Burn Community Grand Rounds Regions' staff brings education and training to hospitals, clinics and other places of business at no cost Presentations include trauma and burn case reviews - Educators from Regions provide structured educational classes for rural community hospitals for the greater Minnesota and Western Wisconsin area For instance, Regions' educators use simulation manikins to teach techniques to local nurses working in intensive care units and emergency departments - Regions Emergency Medical Services provides services to East Metro community events including the Twin Cities Marathon, Minnesota Wild games, the Twin Cities Festival and the Minnesota State Fair Community Partnerships The statewide Cancer Registry and West Side Community Clinic are supported by Regions In 2009, Regions continued to support the ongoing operations of a state-wide system that receives and catalogues reports of cancer incidents Through in-kind staff costs and contributions to the coalitions, Regions provided $139,883 in support to the Cancer Registry Additionally, Regions contributed $50,000 in direct financial support to the West Side Community Clinic in 2009 The West Side Community Clinic is a federally supported Community Health Center, which provides services to low-income, uninsured and underserved patients Employee Giving HealthPartners' commitment to improving the health of the community extends beyond its doors For HealthPartners and Regions employees, HealthPartners hosts an annual HealthPartners Community Giving Campaign that supports five local federations Greater Twin Cities United Way, United Way of Washington County-East, Community Shares Minnesota, Community Health Charities-Minnesota and the Minnesota Environmental Fund In 2009, employees at Regions contributed $46,173 to the Community Giving Campaign National Recognition Again in 2009, Regions earned a "highest value" rating from the Leapfrog Group, a national organization responsible for measuring and reporting the quality and safety of hospitals The Leapfrog Group placed Regions among just 45 "highest value" hospitals in the nation, based on how well and how efficiently it treats patients To be considered a highest value hospital, Regions had to meet several criteria, including stringent performance standards for complex, high-risk procedures (such as heart bypass surgery) and receive high scores on a number of efficiency standards for heart bypass surgery, heart angioplasty, heart attack and pneumonia patients Also in 2009, The Department of Health and Human Services presented Regions, along with 427 other hospitals nation-wide, the Department's Medal of Honor for Organ Donation

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

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

(a) Name, address, and EIN 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
HEALTHPARTNERS INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(c)(4)		N/A
HPI-RAMSEY 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(c)(3)	509(a)(3)	N/A

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
REGIONS HOSPITAL	Form 990 Page 10	41-0956618

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	31,531,462

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	31,531,462
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

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

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	(C) Position (check all that apply)						(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			
MARVIN ANDERSON SECRETARY & DIRECTOR	1 00	X						1,600	0	0
JAMES CLIFFORD CHAIR & DIRECTOR	1 00	X						700	0	0
CRAIG FRISVOLD TREASURER & DIRECTOR	1 00	X						1,300	0	0
ROBERT GIFFORD DIRECTOR	1 00	X						900	0	0
KAYING HANG DIRECTOR	1 00	X						1,100	0	0
MARCIA HANSON DIRECTOR	1 00	X						2,100	0	0
CHUCK HAYNOR DIRECTOR	1 00	X						600	0	0
SUSAN KIMBERLEY VICE CHAIR & DIRECTOR	1 00	X						2,000	0	0
TOM KINGSTON DIRECTOR	1 00	X						400	0	0
RAFAEL ORTEGA DIRECTOR	1 00	X						700	0	0
RUSS NELSON DIRECTOR	1 00	X						500	0	0
STEVE WELLINGTON DIRECTOR	1 00	X						1,300	0	0
BILLIE YOUNG DIRECTOR	1 00	X						1,600	0	0
MARY K BRAINERD DIRECTOR	50 00	X						0	1,209,988	373,092
KATHLEEN M COONEY DIRECTOR	55 00	X						0	755,493	217,997
BRET C HAAKE MD DIRECTOR	65 00	X						0	228,048	47,312
LOREE K KALLIAINEN MD DIRECTOR	55 00	X						0	118,614	36,128
BROCK D NELSON PRESIDENT & CEO	55 00	X		X				0	551,610	160,990
KAREN A QUADAY MD DIRECTOR	40 00	X						0	191,288	66,207
BRIAN H RANK MD DIRECTOR	75 00	X						0	695,697	170,234
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	50 00			X				242,318	0	36,906
HEIDI G CONRAD CHIEF FINANCIAL OFFICER	50 00			X				0	296,525	100,153
MARIAN M FURLONG VP, HUDSON MED CTR PRESI	50 00			X				345,107	0	49,900
THOMAS G GESKERMAN VP, BEHAVIORAL HEALTH	55 00			X				232,654	0	49,921
DAVID J GRAEBNER VP, OPERATIONS	50 00			X				266,608	0	47,503

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	(C) Position (check all that apply)						(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			
BETH L HEINZ VP - OPERATIONS	50 00			X				187,675	0	40,359
KENNETH D HOLMEN MD VP, BUS DEV/PHYS STRATEG	55 00			X				0	483,323	74,477
KIM R LAREAU VP & CIO	50 00			X				0	261,252	68,440
PATTI DALEN LEISINGER VP, EXTERNAL AFFAIRS	40 00			X				197,780	0	35,428
GRETCHEN M LEITERMAN VP, HEART CENTER & SR DI	55 00			X				0	251,851	55,372
JEAN NEEDHAM PRESIDENT & CEO - WESTFI	50 00			X				252,939	0	46,045
MEGAN M REMARK VP - SPECIALTY CARE	50 00			X				0	259,629	68,891
BARBARA E TRETHEWAY SR VP, GENERAL COUNSEL	55 00			X				0	485,292	123,700
ROBERT D JOHNSON MANAGER - ANESTHESIA	40 00					X		208,942	0	33,998
ALISON G BRISBIN NURSE ANESTHETIST	40 00					X		208,092	0	46,041
ELIZABETH J GRANT NURSE ANESTHETIST	40 00					X		186,495	0	42,002
DELSEY L SIEG NURSE ANESTHETIST	40 00					X		183,929	0	41,803
GREG S MELLESMOEN MANAGER - SAME DAY SURGE	53 00					X		183,724	0	29,990

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE	623,990	491,473,943	491,473,943		
OTHER REVENUE	900,099	10,725,266			10,725,266
CONTRACT REVENUE	900,099	3,680,430			3,680,430
CAFETERIA	722,210	2,832,100			2,832,100
PARKING	812,930	1,300,979			1,300,979

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED & CONTRACTED	23,483,005	19,159,439	4,323,566	
TAXES & ASSESSMENTS	10,054,769	10,054,769		
EQUIPMENT RENTAL & MAIN	7,870,740	6,984,932	885,808	
MISCELLANEOUS EXPENSE	3,574,960	2,662,969	911,991	
Operating Support to Re	839,088		839,088	