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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
REGIONS HOSPITAL

Doing Business As

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

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

D Employer identification number
41-0956618

E Telephone number
(952)883-6000

G Gross receipts $ 621,490,424

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

J Website: ▶ WWW REGIONSHOSPITAL COM

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

L Year of formation 1986

M State of legal domicile MN

Part I Summary

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	4,892
6	Total number of volunteers (estimate if necessary)	**6**	641
7a	Total 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
8	Contributions and grants (Part VIII, line 1h)	14,110,995	5,534,185
9	Program service revenue (Part VIII, line 2g)	549,318,308	597,300,470
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,563,420	4,917,639
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	567,992,723	607,752,294
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	71,451	82,302
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	317,418,827	338,492,761
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	224,426,847	234,941,236
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	541,917,125	573,516,299
19	Revenue less expenses Subtract line 18 from line 12	26,075,598	34,235,995

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	581,135,565	619,040,593
21	Total liabilities (Part X, line 26)	347,280,898	340,908,220
22	Net assets or fund balances Subtract line 21 from line 20	233,854,667	278,132,373

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 — 2012-11-14 Date

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

Paid Preparer's Use Only

Preparer's signature: JASON DIVINE | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P01076050

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP, 4200 WELLS FARGO CTR 90 S 7TH STREE, MINNEAPOLIS, MN 55402 | EIN ▶ 13-5665207 | 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 536,520,920 including grants of $ 82,302) (Revenue $ 597,300,470)

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** ▶ $ 536,520,920

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	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**	Yes	
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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	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**	4,892			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,184,481	6,590,540	2,185,898

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 252

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONST CO 525 S EIGHTH MINNEAPOLIS, MN 55404	CONSTRUCTION	13,266,332
UNIVERSITY OF MINNESOTA 1300 S 2ND ST MINNEAPOLIS, MN 55454	PHYSICIAN SERVICES	5,915,862
CROTHALL LAUNDRY SERVICES 13028 COLLECTION CTR DRV CHICAGO, IL 60693	CLEANING & LAUNDRY	1,581,412
TWIN CITIES ANESTHESIA ASSOCIATES 940 WESTPORT PLAZA D ST LOUIS, MO 63146	MEDICAL SERVICES	1,413,740
METROPOLITAN MECHANICAL CONTRACTORS 7450 FLYING CLOUD DRIVE EDEN PRAIRIE, MN 55344	MECHANICAL REPAIRS	1,311,722

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 49

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	5,534,185			
	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	▶	5,534,185			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	623990	567,365,382	567,365,382		
	b	CONTRACT REVENUE	900099	13,638,734	13,638,734		
	c	OTHER REVENUE	900099	11,055,969	11,055,969		
	d	CAFETERIA	722210	3,188,251	3,188,251		
	e	PARKING	812930	1,489,061	1,489,061		
	f	All other program service revenue		563,073	563,073		
	g	**Total.** Add lines 2a–2f	▶	597,300,470			
	3	Investment income (including dividends, interest and other similar amounts)	▶	4,667,330			4,667,330
	4	Income from investment of tax-exempt bond proceeds	▶	194,439			194,439
	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	13,794,000				
	b	Less cost or other basis and sales expenses	13,315,000	423,130			
	c	Gain or (loss)	479,000	-423,130			
	d	Net gain or (loss)	▶	55,870			55,870
Other Revenue	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	▶	607,752,294	597,300,470	0	4,917,639

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	82,302	82,302		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,395,741		1,395,741	
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	270,779,452	250,498,239	20,281,213	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,041,973	10,469,683	572,290	
9	Other employee benefits	38,966,130	36,946,570	2,019,560	
10	Payroll taxes	16,309,465	15,464,168	845,297	
11	Fees for services (non-employees)				
a	Management				
b	Legal	204,794	57,292	147,502	
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	17,904,894	14,619,973	3,284,921	
12	Advertising and promotion	1,307,625	397,445	910,180	
13	Office expenses	9,831,472	9,249,549	581,923	
14	Information technology	6,652,276	4,319,811	2,332,465	
15	Royalties . .				
16	Occupancy	17,511,246	17,511,246		
17	Travel	561,854	449,693	112,161	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	125,621	108,154	17,467	
20	Interest	11,456,984	11,456,984		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,521,132	37,093,276	2,427,856	
23	Insurance	1,612,997	1,612,997		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	93,770,004	93,748,268	21,736	
b	TAXES & ASSESSMENTS	21,263,290	21,263,290		
c	MISCELLANEOUS EXPENSE	7,557,842	6,788,943	768,899	
d	BAD DEBT	3,565,371	3,551,315	14,056	
e					
f	All other expenses	2,093,834	831,722	1,262,112	
25	**Total functional expenses.** Add lines 1 through 24f	573,516,299	536,520,920	36,995,379	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		23,418,387	1	51,534,314
	2	Savings and temporary cash investments		1,745,506	2	1,869,551
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,967,254	4	69,391,162
	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		3,091,455	7	2,836,327
	8	Inventories for sale or use		5,736,822	8	5,802,267
	9	Prepaid expenses and deferred charges		4,182,809	9	4,013,272
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 603,237,728			
	b	Less accumulated depreciation	10b 313,366,971	300,491,799	10c	289,870,757
	11	Investments—publicly traded securities		145,498,000	11	154,275,000
	12	Investments—other securities See Part IV, line 11		31,105,531	12	23,249,902
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,898,002	15	16,198,041
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		581,135,565	16	619,040,593
Liabilities	17	Accounts payable and accrued expenses		69,598,020	17	71,943,856
	18	Grants payable			18	
	19	Deferred revenue		6,351,964	19	6,000,454
	20	Tax-exempt bond liabilities		217,537,578	20	214,396,979
	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		2,182,341	23	2,084,647
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		51,610,995	25	46,482,284
	26	**Total liabilities.** Add lines 17 through 25		347,280,898	26	340,908,220
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		219,127,667	27	262,313,373
	28	Temporarily restricted net assets		14,135,000	28	15,208,000
	29	Permanently restricted net assets		592,000	29	611,000
		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		233,854,667	33	278,132,373
	34	Total liabilities and net assets/fund balances		581,135,565	34	619,040,593

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	607,752,294
2	Total expenses (must equal Part IX, column (A), line 25)	2	573,516,299
3	Revenue less expenses Subtract line 2 from line 1	3	34,235,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	233,854,667
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,041,711
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	278,132,373

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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 DIRECTOR	70	X						1,200	0	0
JAMES CLIFFORD DIRECTOR	40	X						200	0	0
CRAIG FRISVOLD TREASURER & DIRECTOR	90	X						1,300	0	0
CHUCK HAYNOR DIRECTOR	1 20	X						2,200	0	0
SUSAN KIMBERLY DIRECTOR	40	X						1,200	0	0
TOM KINGSTON CHAIR & DIRECTOR	1 10	X						1,400	0	0
NNEKA MORGAN SECRETARY & DIRECTOR	40	X						1,000	0	0
RAFAEL ORTEGA DIRECTOR	40	X						1,100	0	0
RUSS NELSON VICE CHAIR & DIRECTOR	50	X						400	0	0
STEVE WELLINGTON DIRECTOR	40	X						1,200	0	0
BILLIE YOUNG DIRECTOR	1 00	X						1,300	0	0
MARY K BRAINERD DIRECTOR	50 00	X						0	1,242,018	368,980
KATHLEEN M COONEY DIRECTOR	55 00	X						0	767,320	234,510
BRET C HAAKE MD DIRECTOR	60 00	X						0	492,445	72,125
LOREE K KALLIAINEN MD DIRECTOR	55 00	X						0	313,174	52,577
BROCK D NELSON DIRECTOR, PRESIDENT & CEO	55 00	X		X				0	543,384	167,486
KAREN A QUADAY MD DIRECTOR	40 00	X						0	250,744	79,787
BRIAN H RANK MD DIRECTOR	55 00	X						0	662,003	167,206
JOHN SOLBERG DIRECTOR	40	X						200	0	0
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	50 00			X				257,660	0	39,674
HEIDI G CONRAD CHIEF FINANCIAL OFFICER	53 00			X				0	351,534	99,677
MARIAN M FURLONG VP, HUDSON HOSPITAL PRESID	51 00			X				287,810	0	52,714
THOMAS G GESKERMAN VP, BEHAVIORAL HEALTH	55 00			X				230,407	0	53,575
BETH L HEINZ VP - OPERATIONS	50 00			X				241,541	0	38,320
KENNETH D HOLMEN MD VP, BUS DEV/PHYS STRATEGY	60 00			X				0	573,983	157,646

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			
KIM R LAREAU VP & CIO	50 00			X				0	260,114	77,216
GRETCHEN M LEITERMAN VP, HEART CENTER & SR DIR	55 00			X				0	258,677	61,705
STEVEN MASSEY PRESIDENT, CEO-WESTFIELDS	50 00			X				158,206	0	23,134
MEGAN M REMARK VP - SPECIALTY CARE	50 00			X				0	368,435	97,644
BARBARA E TRETHEWAY SR VP, GENERAL COUNSEL	55 00			X				0	506,709	126,913
LUANN M YERKS MANAGER - ANESTHESIA	45 00					X		204,373	0	41,999
KARI BECERRA NURSE ANESTHETIST	40 00					X		195,672	0	50,958
WILLIAM M MOSS NURSE ANESTHETIST	42 00					X		190,451	0	43,291
DANIAL N LEVIE NURSE ANESTHETIST	48 00					X		198,841	0	44,125
GREG S MELLESMOEN DIRECTOR - SURGICAL SERVIC	48 00					X		206,820	0	34,636

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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

2011

Open to Public Inspection

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

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

If the organization answered "Yes," 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		58,963
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			58,963
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	REGIONS HOSPITAL PAYS FOR CERTAIN CORPORATE AND EMPLOYEE PROFESSIONAL ASSOCIATION MEMBERSHIPS A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES REGIONS COST OF DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODIES CONSISTS OF STAFF EMPLOYEES' TIME $13,594 CONSULTANTS 45,369 ------ TOTAL $58,963

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,559,670		4,559,670
b Buildings		400,128,756	168,545,583	231,583,173
c Leasehold improvements		4,375,026	2,874,513	1,500,513
d Equipment		168,979,048	122,512,153	46,466,895
e Other		25,195,228	19,434,722	5,760,506
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				289,870,757

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
(1) Financial derivatives		
(2) 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	3,238,293
DEFERRED COMPENSATION PAYABLE	20,617,373
POST RETIREMENT BENEFITS	6,821,197
PROFESSIONAL LIABILITY RESERVE	15,805,421
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	46,482,284

2. Fin 48 (ASC 740) 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 (ASC740)

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	607,752,294
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	573,516,299
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	34,235,995
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	10,041,711
9	Total adjustments (net) Add lines 4 - 8	9	10,041,711
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	44,277,706

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	608,175,424
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	608,175,424
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	-423,130		
c	Add lines **4a** and **4b**			4c	-423,130
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	607,752,294

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

1	Total expenses and losses per audited financial statements			1	573,939,429
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	423,130		
e	Add lines **2a** through **2d**			2e	423,130
3	Subtract line **2e** from line **1**			3	573,516,299
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	573,516,299

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		FASB 124 FAIR MARKET VALUE ADJUSTMENT -1,200,325 FASB 158 - POST RETIREMENT ADJUSTMENT -117,552 TRANSFER FROM AFFILIATES - REGIONS HOSPITAL FOUNDATION FOR CAPITAL ASSETS 10,267,764 BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 1,091,829 ROUNDING -5 TOTAL TO SCHEDULE D, PART XI, LINE 8 10,041,711
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON FIXED ASSET DISPOSALS -423,130
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON FIXED ASSET DISPOSALS 423,130

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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

2011

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	Did 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 had 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 during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization did 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	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's 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	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did 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 Worksheet 1)			16,295,842	0	16,295,842	2 800 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			16,295,842		16,295,842	2 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			8,630,955	992,003	7,638,952	1 300 %
f Health professions education (from Worksheet 5)			19,328,366	10,076,851	9,251,515	1 600 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits			27,959,321	11,068,854	16,890,467	2 900 %
k **Total.** Add lines 7d and 7j			44,255,163	11,068,854	33,186,309	5 700 %

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						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	3,286,929		
3	Enter the estimated amount of the organization's bad debt expense 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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	154,266,969		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	137,927,804		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	16,339,165		
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	1 EAST METRO IMAGING CENTERS	OPERATE A RADIOLOGY CENTER	49 000 %	0 %	51 000 %
2	2 CRITICAL CARE SERVICES INC	REGIONAL EMERGENCY AIR TRANSPORT	11 000 %	0 %	0 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

	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)
1	REGIONS HOSPITAL 640 JACKSON STREET ST PAUL,MN 55101	X	X		X			X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

REGIONS HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	10		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	11	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted at all times on the hospital facility's web site			
b ☑ The policy was attached to all billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☑ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☑ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☑ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☑ Notified patients of the financial assistance policy upon admission			
b ☑ Notified patients of the financial assistance policy prior to discharge			
c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

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

	Name and address	Type of Facility (Describe)
1	HEALTHPARTNERS SPECIALTY CENTER 435 PHALEN BOULEVARD ST PAUL,MN 55132	REGIONS SURGERY, PAIN, DIGESTIVE & ENDOSCOPY CLINICS
2	HEALTHPARTNERS SPECIALTY CENTER 401 PHALEN BOULEVARD ST PAUL,MN 55130	REGIONS THERAPY CLINICS & DIAGNOSTIC LABS
3	REGIONS CARDIOPULMONARY REHABILITATION 2575 UNIVERSITY AV SUITE 140 WESTGATE ST PAUL,MN 55114	CARDIOPULMONARY REHABILITATION CLINIC
4	HEALTHPARTNERS SLEEP CENTER 2688 MAPLEWOOD DRIVE MAPLEWOOD,MN 55109	SLEEP HEALTH CENTER
5	REGIONS NEW CONNECTIONS 1250 HIGHWAY 55 HASTINGS,MN 55033	ALCOHOL AND DRUG USE TREATMENT
6	REGIONS NEW CONNECTIONS 199 COON RAPIDS BLVD SUITE 110 COON RAPIDS,MN 55433	ALCOHOL AND DRUG USE TREATMENT
7	REGIONS NEW CONNECTIONS 6446 CITY WEST PARKWAY EDEN PRAIRIE,MN 55344	ALCOHOL AND DRUG USE TREATMENT
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 3565371

Identifier	ReturnReference	Explanation
		PART II REGIONS HOSPITAL (REGIONS) CONTINUALLY "INVESTS" - THROUGH EXPENDITURES AND IN-KIND CONTRIBUTIONS OR OTHER SUPPORT - IN ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMUNITY AND THE REGION REGIONS IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS AND THE MEDICAL STAFF IS ORGANIZED IN THE PUBLIC'S INTEREST SUPPORT MAY INCLUDE DIRECT EXPENDITURES, RAISING FUNDS THROUGH EMPLOYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIPS AND INITIATIVES AND /OR PROVIDING FREE SERVICES OR EQUIPMENT EXAMPLES IN 2011 INCLUDE - HEALTH RESOURCE CENTER IN 2011, REGIONS OPERATED THE HEALTH RESOURCE CENTER AT A COST OF $37,240 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 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 - SUPPORT GROUPS IN 2011, REGIONS PROVIDED OVER $328,273 OF IN-KIND SUPPORT FOR SUPPORT GROUPS INCLUDING - TRAUMATIC BRAIN INJURY - BREAST CANCER - BURN SURVIVOR - STROKE SURVIVOR - SLEEP DISORDERS - 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 IN GREATER MINNESOTA AND WESTERN WISCONSIN FOR INSTANCE, REGIONS' EDUCATORS USED 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 REGIONS FURTHERS ITS CHARITABLE CAUSE THROUGH COMMUNITY PROGRAMS INCLUDING - MENTAL HEALTH CRISIS ALLIANCE (MHCA) IS A CRISIS RESPONSE SYSTEM THAT AUGMENTS INPATIENT SERVICES IN THE EAST METRO HEALTHPARTNERS, INC (HEALTHPARTNERS) AND REGIONS ARE MAJOR SPONSORS OF MHCA WHICH INCLUDES FOURTEEN ORGANIZATIONS THAT REPRESENT COUNTIES, HOSPITALS, HEALTH PLANS, THE STATE OF MINNESOTA, CONSUMERS AND ADVOCATES FORMED IN 2002 TO ADDRESS THE UNMET NEEDS OF ADULTS WHO EXPERIENCE BEHAVIORAL HEALTH CRISIS, MHCA PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATION SERVICES IN HOMES, COMMUNITY SETTINGS, OR IN SHORT-TERM, SUPERVISED, LICENSED RESIDENTIAL PROGRAMS REGIONS PROVIDED $20,000 TO THE COLLABORATIVE IN 2011 - 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- 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 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 SUPPORTS IME 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

Identifier	ReturnReference	Explanation
		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 THE TEXT PORTION OF THE REGIONS' AUDIT REPORT FOOTNOTE 18 "COMMUNITY SERVICES AND UNCOMPENSATED CARE" READS AS FOLLOWS IN FURTHERANCE OF ITS CHARITABLE PURPOSE, THE HOSPITAL PROVIDES A VARIETY OF BENEFITS TO THE COMMUNITY THE HOSPITAL MAINTAINS RECORDS TO IDENTIFY, MEASURE, AND ESTIMATE THE COST FOR COMMUNITY SERVICE PROGRAMS THE HOSPITAL ALSO CONDUCTS MEDICAL RESEARCH, AND PROVIDES MEDICAL EDUCATION PROGRAMS IN FURTHERANCE OF ITS COMMITMENT TO IMPROVING THE HEALTHCARE AVAILABLE TO ITS COMMUNITY THE HOSPITAL PROVIDES MEDICAL CARE WITHOUT CHARGE OR AT REDUCED COST TO LOW INCOME COMMUNITY RESIDENTS, PRIMARILY THROUGH (A) THE SERVICES PROVIDED TO PATIENTS EXPRESSING A WILLINGNESS TO PAY BUT WHO ARE DETERMINED TO BE UNABLE TO PAY AND (B) PARTICIPATION IN PUBLIC PROGRAM PAYMENTS (PRIMARILY MEDICARE AND MEDICAID) IN 2010, THE STATE OF MINNESOTA GENERAL ASSISTANCE MEDICAL CARE (GAMC) PROGRAM WAS TERMINATED AND REPLACED WITH THE COORDINATED CARE DELIVERY SYSTEM (CCDS) CCDS WAS TREATED AS CHARITY CARE FOR FINANCIAL REPORTING PURPOSES WITH THE COST OF SERVICES DELIVERED OFFSET WITH THE GRANT REVENUE RECEIVED IN 2011, THE CCDS PROGRAM WAS TERMINATED ON FEBRUARY 28 CCDS REPRESENTS $1,555,000 AND $7,079,0005 OF THE TOTAL COST OF CHARITY CARE IN 2011 AND 2010, RESPECTIVELY

Identifier	ReturnReference	Explanation
		PART III, LINE 8 REGIONS BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY, COST TO CHARGE RATIO

Identifier	ReturnReference	Explanation
		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 REGIONS WILL NOT REFER PATIENTS TO DEBT COLLECTION AGENCIES WHO ARE PERFORMING AS SPECIFIED IN THEIR PAYMENT PLANS - THE PATIENT HAS BEEN GIVEN AN OPPORTUNITY TO SUBMIT A CHARITY CARE (FINANCIAL ASSISTANCE) APPLICATION IF THE PATIENT HAS SUBMITTED AN APPLICATION FOR CHARITY CARE, ALL COLLECTION ACTIVITY WILL BE SUSPENDED UNTIL THE APPLICATION HAS BEEN PROCESSED - THE LEVEL OF AUTHORITY REQUIRED TO MAKE DECISIONS REGARDING AUTHORIZING LITIGATION, PAYMENT PLANS, AND CHARITY CARE IS - BALANCES OVER $50,000 - DIRECTOR OF PATIENT FINANCIAL SERVICES - BALANCES BETWEEN $5,000 AND $50,000 - MANAGER OF COLLECTIONS - BALANCES BETWEEN $100 AND $5,000 - SUPERVISOR OF COLLECTIONS - BALANCES UNDER $100 MAY BE HANDLED BY PATIENT ACCOUNTING STAFF

Identifier	ReturnReference	Explanation
REGIONS HOSPITAL		PART V, SECTION B, LINE 11H ALL SELF-PAY PATIENTS GET THE SAME DISCOUNT FROM GROSS CHARGES BASED ON REGIONS' AGREEMENT WITH THE MINNESOTA ATTORNEY GENERAL THE AGREEMENT DISCOUNTS RATES, TO THAT EQUIVALENT TO REGIONS' LOWEST COMMERCIAL PAYOR RATE, FOR ALL SELF PAY PATIENTS

Identifier	ReturnReference	Explanation
REGIONS HOSPITAL		PART V, SECTION B, LINE 15E REGIONS LIENS PLACED FOR MOTOR VEHICLE ACCIDENTS

Identifier	ReturnReference	Explanation
REGIONS HOSPITAL		PART V, SECTION B, LINE 16E REGIONS LIENS PLACED FOR MOTOR VEHICLE ACCIDENTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 THE MISSION OF REGIONS 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 REGIONS FIRST COMMUNITY HEALTH NEEDS ASSESSMENT WILL BE COMPLETED IN 2012 THROUGH SUPPORT FROM THE MEDTRONIC FOUNDATION, REGIONS 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 THE HEALTHPARTNERS EQUITABLE CARE FELLOWS PROGRAMS CONTINUED IN 2011 THE 120 FELLOWS ARE STAFF MEMBERS AND PROVIDERS WHO RECEIVE EXPERT TRAINING SO THEY CAN BECOME ADVOCATES AND SERVE AS LOCAL RESOURCES FOR THEIR COLLEAGUES IN CARING FOR PATIENTS FROM DIVERSE CULTURES AND THOSE WITH LIMITED ENGLISH PROFICIENCY IN 2011, HEALTHPARTNERS AND REGIONS OFFERED A NUMBER OF EQUITABLE CARE ACTIVITIES INCLUDING ONLINE RESOURCES AND FORUMS THE EBAN EXPERIENCE IS AN INNOVATIVE APPROACH TO LINK QUALITY IMPROVEMENT WITH THE HEALTH OF THE POPULATION IT USES A COLLABORATIVE FORMAT THAT INCORPORATES TEAMS OF HEALTH PROFESSIONALS AT REGIONS AND COMMUNITY MEMBERS, WORKING SIDE-BY-SIDE TO UNDERSTAND CULTURAL BARRIERS TO OPTIMAL CARE AND IMPROVE CARE DESIGN THE GOAL OF THE PROJECT IS TO TRANSFORM HEALTH CARE DELIVERY AND REDUCE DISPARITIES IN CARE THIS PROJECT IS A COLLABORATIVE OF IME, MIXED BLOOD THEATRE, TWIN CITIES PUBLIC TELEVISION, RAINBOW RESEARCH AND THE COMMUNITIES SERVED IT IS SPONSORED IN PART BY A GRANT FROM PFIZER MEDICAL EDUCATION GROUP IN 2011, NINE INTERDISCIPLINARY TEAMS COMPLETED NINE IMPROVEMENT PROJECTS AIMED AT CLOSING GAPS IN HEALTH OUTCOMES TOPICS INCLUDED - INCREASING PEDIATRIC IMMUNIZATION RATES IN CHILDREN FROM EAST AFRICA - IMPROVING DIABETES HEALTH OUTCOMES THROUGH EDUCATION IN ETHIOPIAN PATIENTS- INCREASING COLORECTAL CANCER SCREENING RATES IN COMMUNITIES OF COLOR- DECREASING READMISSION RATES FOR MINORITY AND LIMITED-ENGLISH-PROFICIENT PATIENTS- IMPROVING PAIN MEDICATION DELIVERY TIME IN THE EMERGENCY DEPARTMENT FOR MINORITY AND LIMITED-ENGLISH-PROFICIENT PATIENTS- INCREASING COLORECTAL CANCER SCREENING RATES FOR PATIENTS OF COLOR- INCREASING BREAST CANCER SCREENING RATES IN PATIENTS OF COLOR- INCREASING FLUORIDE VARNISH RATES AND SEALANTS FOR CHILDREN FROM PUBLICALLY-INSURED FAMILIES - INCREASING RATES OF ADVANCE DIRECTIVES IN AFRICAN AMERICAN PATIENTSIN ADDITION TO THE WORK THAT REGIONS PERFORMS INTERNALLY TO ACCESS THE NEEDS OF ITS PATIENTS, REGIONS 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 BASED ON THIS DATA, REGIONS HAS COMMITTED RESOURCES TO REDUCING CULTURAL GAPS IN HEALTH CARE AND ADDRESSING SOCIAL DETERMINANTS THAT AFFECT HEALTH

Identifier	ReturnReference	Explanation
		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 2011 ALONE, REGIONS PROVIDED APPROXIMATELY $13 0 MILLION IN CHARITY CARE COSTS AND $3 2 MILLION IN UNCOMPENSATED CARE COSTS REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION TO INFORM AND EDUCATE PATIENTS ON ITS CHARITY CARE PROGRAM AND GOVERNMENT PROGRAMS, REGIONS HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM THE PROGRAM WAS STARTED IN THE EMERGENCY DEPARTMENT IN 1995 BUT SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT REGIONS THE PROGRAM, WHICH IS ADMINISTERED WITHIN REGIONS ADMITTING AND REGISTRATION DEPARTMENT, WAS FUNDED BY REGIONS AT THE COST OF OVER $1 2 MILLION IN 2011 TWENTY-TWO COUNSELORS (2 5 COUNSELORS 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 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 2011, FINANCIAL COUNSELORS ENROLLED NEARLY 3,000 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS THIS PROVIDED APPROXIMATELY $8 5 MILLION TO REGIONS 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, REGIONS AND HEALTHPARTNERS MEDICAL GROUP (HPMG) PROVIDED APPROXIMATELY $133,917 TO PORTICO HEALTHNET (PORTICO) IN 2011 IN ORDER TO PROVIDE BENEFIT COVERAGE TO PARTICIPANTS AND COVER ADMINISTRATIVE COSTS 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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 REGIONS IS LOCATED IN RAMSEY COUNTY IN THE CORE OF DOWNTOWN ST PAUL REGIONS IS 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 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE EAST METRO 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 REGIONS PROVIDES CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY AS A RESULT, THE PATIENT MIX AT REGIONS IS DIVERSE MNCOMPASS REPORTED THAT APPROXIMATELY 8 8 PERCENT OF FAMILIES IN RAMSEY COUNTY WERE LIVING IN POVERTY, AND 12 PERCENT OF ADULTS UNDER AGE 65 WERE UNINSURED 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 2011, REGIONS PATIENT BASE CONSISTED OF 61 3 PERCENT WHITE, 15 3 PERCENT BLACK, 5 2 PERCENT HISPANIC, 5 1 PERCENT ASIAN OR PACIFIC ISLANDER AND 1 1 PERCENT NATIVE AMERICAN TWELVE PERCENT DID NOT PROVIDE RACIAL INFORMATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 5

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 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 HEALTHPARTNERS' MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 30 MULTI-SPECIALTY CLINICS OWNED AND OPERATED BY GROUP HEALTH PLAN, INC , KNOWN AS HPMG HEALTHPARTNERS DENTAL GROUP (HPDG) DENTISTS PRACTICE IN SIXTEEN DENTAL CLINICS OWNED AND OPERATED BY GROUP HEALTH PLAN, INC THE HEALTHPARTNERS MIDWAY DENTAL CLINIC BEGAN OPERATING IN 2005 AND FOCUSES ON SERVING NEW AMERICANS AND HEALTHPARTNERS MEMBERS ENROLLED IN MINNESOTA PUBLIC PROGRAMS HEALTHPARTNERS OPERATES THREE COMMUNITY-BASED CLINICS OR WELL AT WORK CLINICS THROUGHOUT MINNESOTA ALL CLINICS OFFER EVALUATION, DIAGNOSIS AND TREATMENT FOR ACUTE CONDITIONS SUCH AS COLDS, FLU, GASTRO-INTESTINAL DISORDERS, HEADACHE, AS WELL AS PRIMARY CARE SERVICES SUCH AS SCREENINGS, VACCINES AND MANAGEMENT OF SIMPLE CHRONIC CONDITIONS IN 2011, 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, LAKEVIEW HOSPITAL, LOCATED IN STILLWATER, MN, 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

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MN,WI

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GILLETTE CHILDRENS HEALTHCARE200 E UNIVERSITY AVE ST PAUL,MN 55101			10,000				PROGRAM SUPPORT
(2) AMERICAN HEART ASSOCIATION460 N LINDBERGH BLVD ST LOUIS,MO 63141			32,650				PROGRAM SUPPORT
(3) NATIONAL ALLIANCE FOR THE MENTALLY ILL 800 TRANSFER RD SUITE 31 ST PAUL,MN 551141414			7,500				PROGRAM SUPPORT

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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 4B	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS MARY K BRAINERD $106,872 HEIDI G CONRAD 5,806 KATHLEEN M COONEY 46,427 KENNETH D HOLMEN 22,824 BROCK D NELSON 34,781 BRIAN H RANK 25,775 MEGAN M REMARK 8,383 BARBARA E TRETHEWAY 16,656 -------- TOTAL $267,524
	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 REGIONS' OR GHI'S MANAGEMENT INCENTIVE PROGRAM, WHICH INCENT AND REWARD BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR THE PROGRAMS ARE A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE THE MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E G VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC , AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM A NET MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT

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)	874,522	313,876	53,620	257,666	111,314	1,610,998	43,104
KATHLEEN M COONEY	(I)	0	0	0	0	0	0	0
	(II)	521,607	178,060	67,653	128,182	106,328	1,001,830	48,594
BRET C HAAKE MD	(I)	0	0	0	0	0	0	0
	(II)	427,265	65,180	0	0	72,125	564,570	0
LOREE K KALLIAINEN MD	(I)	0	0	0	0	0	0	0
	(II)	299,636	0	13,538	0	52,577	365,751	0
BROCK D NELSON	(I)	0	0	0	0	0	0	0
	(II)	420,157	123,227	0	83,082	84,404	710,870	0
KAREN A QUADAY MD	(I)	0	0	0	0	0	0	0
	(II)	243,637	1,486	5,621	0	79,787	330,531	0
BRIAN H RANK MD	(I)	0	0	0	0	0	0	0
	(II)	464,574	130,231	67,198	83,203	84,003	829,209	29,218
CHRISTINE M BOESE	(I)	210,185	47,475	0	0	39,674	297,334	0
	(II)	0	0	0	0	0	0	0
HEIDI G CONRAD	(I)	0	0	0	0	0	0	0
	(II)	261,369	57,283	32,882	17,591	82,086	451,211	23,246
MARIAN M FURLONG	(I)	229,067	58,743	0	0	52,714	340,524	0
	(II)	0	0	0	0	0	0	0
THOMAS G GESKERMAN	(I)	187,926	42,481	0	0	53,575	283,982	0
	(II)	0	0	0	0	0	0	0
BETH L HEINZ	(I)	197,885	43,656	0	0	38,320	279,861	0
	(II)	0	0	0	0	0	0	0
KENNETH D HOLMEN MD	(I)	0	0	0	0	0	0	0
	(II)	434,271	127,495	12,217	73,506	84,140	731,629	0
KIM R LAREAU	(I)	0	0	0	0	0	0	0
	(II)	212,314	47,800	0	0	77,216	337,330	0
GRETCHEN M LEITERMAN	(I)	0	0	0	0	0	0	0
	(II)	211,125	47,552	0	0	61,705	320,382	0
STEVEN MASSEY	(I)	158,206	0	0	0	23,134	181,340	0
	(II)	0	0	0	0	0	0	0
MEGAN M REMARK	(I)	0	0	0	0	0	0	0
	(II)	259,858	95,608	12,969	23,848	73,796	466,079	0
BARBARA E TRETHEWAY	(I)	0	0	0	0	0	0	0
	(II)	372,165	101,493	33,051	53,241	73,672	633,622	18,644

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				
LUANN M YERKS	(I)	185,031	19,342	0	0	41,999	246,372	0
	(II)	0	0	0	0	0	0	0
KARI BECERRA	(I)	195,672	0	0	0	50,958	246,630	0
	(II)	0	0	0	0	0	0	0
WILLIAM M MOSS	(I)	190,451	0	0	0	43,291	233,742	0
	(II)	0	0	0	0	0	0	0
DANIAL N LEVIE	(I)	198,841	0	0	0	44,125	242,966	0
	(II)	0	0	0	0	0	0	0
GREG S MELLESMOEN	(I)	187,228	19,592	0	0	34,636	241,456	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

2011

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		(i) Pool financing	
							Yes	No	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 REGIONS HOSPITAL FACILITY		X		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		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,200,000	417,658		
2	Amount of bonds defeased				
3	Total proceeds of issue	198,836,067	2,651,612		
4	Gross proceeds in reserve funds	17,137,373			
5	Capitalized interest from proceeds	15,443,609			
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,988,857	51,612		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	140,295,341	2,600,000		
11	Other spent proceeds	24,756,039			
12	Other unspent proceeds				
13	Year of substantial completion	2009	2006		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
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 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		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				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	PIPER JAFFRAY							
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?	X							
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	SEE PART VI							
c	Term of GIC								
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				
6	Did the bond issue qualify for an exception to rebate?	X			X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART I, AND PART II, LINE3	DIFFERENCES IN AMOUNTS	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS
PART II, LINE 4	COMPONENTS OF AMOUNT	THE AMOUNT SHOWN IN COLUMN A CONSISTS OF $16,721,891 IN A DEBT SERVICE RESERVE FUND, PLUS $415,482 IN DEBT SERVICE FUND DEPOSITS
PART III, LINE 3B	REVIEW OF MANAGEMENT OR SERVICE CONTRACTS	THE ORGANIZATION USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL
SCHEDULE K, PART IV, LINES 4A & 4B	NAME OF PROVIDER & TERM OF GIC	THERE ARE TWO INVESTMENT CONTRACTS ASSOCIATED WITH THE BONDS, ONE WITH TRINITY PLUS FUNDING COMPANY, LLC WITH A TERM OF 2 3 YEARS, AND ONE WITH MORGAN STANLEY CAPITAL SERVICES INC WITH A TERM OF 29 5 YEARS
PART IV, LINES 1 AND 6	CLARIFICATION	THE CURRENT REFUNDING PORTION OF THE BONDS QUALIFIED FOR A SPENDING EXCEPTION, THE REMAINDER OF THE BONDS DID NOT QUALIFY FOR THE EXCEPTION, AND A REBATE PAYMENT HAS BEEN MADE, AND FORM 8038-T FILED WITH RESPECT THERETO
PART IV, LINE 3	CLARIFICATION	THE ORGANIZATION ENTERED INTO AN ANTICIPATORY HEDGE WITH THE PROVIDER PRIOR TO THE ISSUANCE OF THE BONDS, HOWEVER, DUE TO CHANGES IN THE INTEREST RATE ENVIRONMENT, THAT HEDGE WAS TERMINATED AT THE ISSUANCE OF THE BONDS
SCHEDULE K, PART V	PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	SINCE 12/31/2011 THE ORGANIZATION HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Identifier	Return Reference	Explanation
EXEMPT PURPOSE AND ACHIEVEMENTS	FORM 990, PART III, LINE 4A	I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE REGIONS HOSPITAL (REGIONS) IS A MINNESOTA NON- PROFIT CORPORATION REGIONS, A PREMIER, FULL-SERVICE HOSPITAL PROVIDING OUTSTANDING MEDICA L AND SURGICAL CARE, HAS SERVED THE TWIN CITIES AND SURROUNDING REGION FOR NEARLY 140 YEAR S THE MISSION OF REGIONS IS TO IMPROVE THE HEALTH OF ITS PATIENTS AND THE COMMUNITY BY PR OVIDING HIGH QUALITY HEALTH CARE, WHICH MEETS THE NEEDS OF ALL PEOPLE REGIONS IS THE SECO ND LARGEST PROVIDER OF CHARITY CARE IN MINNESOTA AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE STATE OF MINNESOTA REGIONS IS PART OF THE HEAL THPARTNERS FAMILY OF CARE HEALTHPARTNERS, INC , A MINNESOTA NON-PROFIT CORPORATION AND LI CENSED HEALTH MAINTENANCE ORGANIZATION (HMO) WHICH IS RECOGNIZED AS EXEMPT FROM FEDERAL IN COME 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 INCOM E TAX UNDER IRC SECTION 501(C)(3) HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF REGIONS AND REGIONS' SISTER ORGANIZATIONS, REGIONS HOSPITAL FOUNDATION, CAPITAL VIEW TRANSITIONAL CARE CENTER, LAKEVIEW HEALTH SYSTEM, AND RAMSEY INTEGRATED HEALTH SERVICES, ALL OF WHICH ARE M INNESOTA 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-STO CK CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) HEALTHP ARTNERS, INC IS ALSO THE SOLE CORPORATE MEMBER OF THE FOLLOWING ORGANIZATIONS THAT ARE EX EMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C) (3) GROUP HEALTH PLAN, INC (GHI) (A STAFF MODEL HMO) WHICH IS ITSELF THE SOLE CORPORATE MEMBER OF HEALTHPARTNERS RESEARCH FO UNDATION, PHYSICIANS NECK & BACK CLINICS AND HEALTHPARTNERS CENTRAL MINNESOTA CLINICS, INC (FORMERLY CENTRAL MINNESOTA GROUP HEALTH, INC), ALL OF WHICH ARE EXEMPT UNDER SECTION 5 01(C) (3) HEALTHPARTNERS INSTITUTE FOR MEDICAL EDUCATION, RHSC, INC , RH-WISCONSIN, INC AND GHI 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 S ECTION 501(C)(3) RH-WISCONSIN, INC IS ALSO THE SOLE CORPORATE MEMBER OF WESTERN WISCONSI N 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 (HEALTHPAR TNERS), WHICH IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT COMBINES THE PROVISION OF HEALTH CARE DELIVERY AND FINANCING OF HEALTH CARE SERVICES, FOR THE PURPOSE OF IMPROVING T HE HEALTH OF ITS VARIOUS ENTITIES' MEMBERS, PATIENTS, AND THE BROADER COMMUNITY REGIONS E STABLISHED THE FIRST PALLIATIVE CARE PROGRAM IN THE EAST METRO AREA, AND OFFERS SPECIAL PR OGRAMS IN CARDIOLOGY, WOMEN'S CARE, SURGERY, SENIORS' SERVICES, DIGESTIVE CARE, CANCER, BE HAVIORAL HEALTH, EMERGENCY, STROKE AND BURN CARE REGIONS IS ACCREDITED BY THE JOINT COMMI SSION, THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES, THE AMERICAN BURN ASS OCIATION, THE AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA AND HAS BEEN REPEATEDLY REC OGNIZED BY THE MINNESOTA HOSPITAL ASSOCIATION FOR PATIENT SAFETY, AMONG OTHERS REGIONS AN D 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 MED ICAL STUDENT EDUCATION AT REGIONS AREAS OF RESIDENT TRAINING INCLUDE EMERGENCY MEDICINE, FOOT & ANKLE SURGERY, HOSPITAL MEDICINE, MEDICAL TOXICOLOGY, OCCUPATIONAL MEDICINE, PSYCH IATRY (JOINT PROGRAM WITH ANOTHER AREA HOSPITAL), PHYSICIAN ASSISTANT/NURSE PRACTITIONER F ELLOWSHIP 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 ALS O INVOLVED IN MEDICAL RESEARCH FOCUSED ON IMPROVING HEALTH AND MEDICAL CARE REGIONS IS ON E OF ONLY SIX MAJOR TEACHING HOSPITALS IN THE STATE OF MINNESOTA REGIONS TRAINS ALMOST 50 0 RESIDENT PHYSICIANS IN 19 MEDICAL SPECIALTIES EACH YEAR AS WELL AS OVER 300 MEDICAL STUD ENTS REGIONS' TEACHING AFFILIATIONS INCLUDE COLLEGES AND UNIVERSITIES THROUGHOUT THE COUN TRY REGIONS SUPPORTS IME TRAINING PROGRAMS, SUCH AS THE CENTER FOR UNDERGRADUATE AND GRAD UATE CLINICAL EDUCATION, THE CENTER FOR CONTINUING PROFESSIONAL EDUCATION, AND THE SIMULAT ION CENTER FOR PATIENT SAFETY IME PROVIDES EDUCATION FOR RESIDENT PHYSICIANS AT REGIONS I N THE FOLLOWING SPECIALTIES - ANESTHESIA - EMERGENCY MEDICINE - FAMILY MEDICINE - INTERNA L MEDICINE - NEUROLOGY - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL MEDICINE - OPHTHALMOLOGY - ORTHOPEDIC SURGERY - OTOLARYNGOLOGY - PHYSICAL MEDICINE & REHABILITATION - PLASTIC SURGER Y - PSYCHIATRY - RADIOLOGY - SURGERY - TOXICOLOGY

Identifier	Return Reference	Explanation
EXEMPT PURPOSE AND ACHIEVEMENTS	FORM 990, PART III, LINE 4A	PLEASE SEE IME'S FORM 990 FOR MORE INFORMATION ON THEIR MEDICAL EDUCATION ACTIVITIES II BENEFITS TO PATIENTS AND THE COMMUNITY IN 2011 CHARITY CARE REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO IN 2011 ALONE, REGIONS PROVIDED $43 7 MILLION IN CHARITY CARE CHARGES ($13 MILLION IN CHARITY CAR E COSTS) TO CARE FOR 43,237 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CARE CHARITY CARE REPRESENTED 2 8 PERCENT OF THE HOSPITAL'S TOTAL OPERATING EXPENSES OF THE 59 ,008 TOTAL PATIENT ACCOUNTS WRITTEN OFF IN 2011, 30,831 WERE PURE SELF-PAY PATIENTS WITH N O COVERAGE AND NO ABILITY TO PAY APPROXIMATELY 49 PERCENT OF THESE SELF-PAY PATIENTS WERE BETWEEN THE AGES OF 18 AND 24 THE REMAINING 28,177 PATIENTS HAD SOME COVERAGE BUT WERE U NABLE TO PAY THE "PATIENT RESPONSIBILITY" PORTION OF THEIR BILL REGIONS DEFINES CHARITY C ARE 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 BECAUS E OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY A THIRD-PARTY PA YER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPE CIAL CONSIDERATION REGIONS IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS FOR EXAMPLE, IN 2011, REGIONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERVICES T O SELF-PAY PATIENTS TOTALING $24 2 MILLION IN CHARGES APPROXIMATELY $7 2 MILLION OF THESE CHARGES WERE WRITTEN-OFF BY REGIONS AT A NET LOSS IN 2010, REGIONS EXPANDED ITS EMERGENC Y CENTER TO 54,000 SQUARE FEET AND 53 BEDS, THE LARGEST IN THE EAST METRO IN 2011, 13 PER CENT OF OUTPATIENT VISITS SEEN IN REGIONS EMERGENCY DEPARTMENT WERE SELF PAY PATIENTS COO RDINATED CARE DELIVERY SYSTEM COMMITTED TO SERVING PATIENTS FORMERLY ON GENERAL ASSISTANCE MEDICAL CARE, REGIONS MADE SIGNIFICANT INVESTMENTS TO PROVIDE CARE AND ACCESS THROUGH PAR TICIPATION IN THE COORDINATED CARE DELIVERY SYSTEM (CCDS) THE PROGRAM WAS SET UP IN LESS THAN SIX WEEKS AND LASTED FROM JUNE 2010 THROUGH FEBRUARY 2011 ALTHOUGH BECOMING THE ONLY CCDS IN EAST METRO MEANT MAKING SIGNIFICANT FINANCIAL SACRIFICES, IT WAS THE RIGHT THING TO DO FOR OUR PATIENTS WHO HAD NO OTHER GOVERNMENT PROGRAM THEY COULD RELY ON FOR HEALTH C ARE BEING A CCDS BROUGHT ABOUT VERY USEFUL CARE MODEL LEARNINGS BUT AT A COST SIGNIFICANT LY HIGHER THAN WAS FUNDED REGIONS CCDS INCLUDED PHONE SUPPORT, EDUCATION, INCREASED ACCES S TO CARE, EXPANDED USE OF ADVANCED PRACTICE PROFESSIONALS AND INTEGRATION OF MEDICAL AND MENTAL HEALTH CARE REGIONS ALSO HAD A WALK-IN CLINIC ON ITS CAMPUS REGIONS RECEIVED AN A VERAGE OF $3,700 IN REIMBURSEMENT PER CCDS PATIENT PER YEAR REGIONS PROVIDES INPATIENT AN D OUTPATIENT CARE, INCLUDING EMERGENCY DEPARTMENT SERVICES, TO A LARGE NUMBER OF MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PATIENTS IN FACT, REIMBURSEMENT FROM GOVERNMENT PR OGRAMS CONSTITUTED 52 2 PERCENT OF REGIONS' REIMBURSEMENT IN 2011, WHILE COMMERCIAL BUSINE SS COMPRISED 42 1 PERCENT OF REIMBURSEMENT THE REMAINDER, 5 7 PERCENT, WAS MADE UP OF SEL F-PAY AND CHARITY CARE PAYMENTS MEDICARE PROVIDED 30 0 PERCENT OF TOTAL REIMBURSEMENT, ME DICAID PROVIDED 20 3 PERCENT AND MINNESOTACARE 1 9 PERCENT ALTHOUGH MOST OF REGION'S REIM BURSEMENT COMES FROM GOVERNMENT PROGRAMS, IT SHOULD ALSO BE NOTED THAT THESE PROGRAMS OFTE N DO NOT COMPENSATE HOSPITALS FOR THE FULL COST OF PROVIDING CARE REGIONS PAID OVER $11 8 MILLION IN 2011 IN A MINNESOTA HEALTH CARE PROVIDER TAX EQUAL TO TWO PERCENT OF ITS NET R EVENUE 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 FULLY PAY FOR HEALTH CARE SERVICES

Identifier	Return Reference	Explanation
		PORTICO HEALTHNET REGIONS BELIEVES THAT ACCESS TO HEALTH CARE COVERAGE IS A MAJOR FACTOR I N AVERTING MORE EXPENSIVE EMERGENCY ROOM VISITS PORTICO HEALTHNET IS A NONPROFIT ORGANIZA TION THAT HELPS ABOUT 350 PEOPLE PER MONTH ENROLL IN FREE OR LOW-COST HEALTH COVERAGE PROG RAMS SINCE 1995, PORTICO OUTREACH WORKERS HAVE PROVIDED ASSISTANCE IN COMPLETING APPLICAT IONS FOR PROGRAMS SUCH AS MINNESOTACARE OR MEDICAL ASSISTANCE, AND FOR PEOPLE WHO DO NOT Q UALIFY FOR THESE PROGRAMS TO MEET PROGRAM ELIGIBILITY CRITERIA IN ADDITION, PORTICO OFFER S ITS OWN COVERAGE PROGRAM AND COVERS PRIMARY AND SPECIALTY CARE CLINIC VISITS, URGENT CAR E SERVICES, AND PRESCRIPTION DRUGS ALONG WITH INTERPRETER AND TRANSPORTATION SERVICES IN 2011, REGIONS PROVIDED $133,917 TO PORTICO IN ORDER TO IMPROVE ACCESS AND COVER ADMINISTRA TIVE COSTS FOR PEOPLE WITHOUT HEALTH INSURANCE COMMUNITY SERVICES IN ADDITION TO THE CHAR ITY CARE DESCRIBED ABOVE, REGIONS PROVIDED $7 6 MILLION IN COMMUNITY SERVICES IN THE CATEG ORIES LISTED BELOW INTERPRETER SERVICES LANGUAGE INTERPRETATION SERVICES REGIONS HAS 87 PERMANENT AND ON-CALL STAFF INTERPRETERS WHO PROVIDE INTERPRETATION SERVICES AT REGIONS AN D FOUR HEALTHPARTNERS CLINICS IN 13 LANGUAGES INCLUDING CAMBODIAN, KAREN, BURMESE, NEPALI, OROMO, AMHARIC, SPANISH, SOMALI, HMONG, LAO, THAI, VIETNAMESE, AND AMERICAN SIGN LANGUAGE STAFF AND PHYSICIANS ALSO HAVE ACCESS TO AN EXTENSIVE NETWORK OF AGENCY INTERPRETERS AND HAVE TELEPHONE OR VIDEO REMOTE ACCESS TO SERVICES 24/7 FOR MORE THAN 150 LANGUAGES IN 20 11, HEALTHPARTNERS INVESTED OVER $6 6 MILLION ENTERPRISE-WIDE ON LANGUAGE INTERPRETATION S ERVICES REGIONS CONTRIBUTED 1 2 MILLION TOWARDS THESE EXPENSES IN 2011 MULTILINGUAL HEAL TH 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 REGIO NS WERE INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 EACH MEMBER OF THE EXCHANGE CONTRIB UTES 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 INCREA SES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTI CIPATING ORGANIZATIONS ANNUALLY, HEALTHPARTNERS AND REGIONS TOGETHER CONTRIBUTE $2,500 TO THE EXCHANGE FINANCIAL COUNSELING TO SECURE A PAYMENT SOURCE FOR UNINSURED AND UNDERINSU RED 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 THROU GHOUT REGIONS THE PROGRAM, WHICH IS ADMINISTERED WITHIN REGIONS ADMITTING AND REGISTRATIO N DEPARTMENT, WAS FUNDED BY REGIONS AT THE COST OF OVER $1 2 MILLION IN 2011 TWENTY-TWO C OUNSELORS (2 5 OF WHOM ARE RAMSEY AND DAKOTA COUNTY EMPLOYEES) HELP PATIENTS ENROLL IN GOV ERNMENT PROGRAMS OR FIND OTHER SOURCES OF COVERAGE SPECIFICALLY, THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH FINANCIAL ASSISTANCE APPLICATIONS, SETTING UP PAYMENT PLANS OR APP LYING 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 NEED S, AND PATIENT AFTERCARE IN 2011, FINANCIAL COUNSELORS ENROLLED NEARLY 3,000 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS THIS PROVIDED APPROXIMATELY $8 5 MILLION TO REGIONS FO R CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE FOR 2011, THE APPLICATION B REAKDOWN WAS AS FOLLOWS IN THE EMERGENCY DEPARTMENT, THERE WERE 1,486 APPLICATIONS TAKEN AND 1033 WERE SUCCESSFULLY OPENED (70% SUCCESS RATE), FOR INPATIENTS, THERE WERE 1,172 APP LICATIONS TAKEN AND 726 WERE SUCCESSFULLY OPENED (62% SUCCESS RATE), AND FOR OUTPATIENTS/W ALK-INS, THERE WERE 192 APPLICATIONS TAKEN AND 128 WERE SUCCESSFULLY OPENED (67% SUCCESS R ATE) EMERGENCY MEDICAL SERVICES TERRORISM PREPAREDNESS REGIONS IS A LEADER IN EMERGENCY MANAGEMENT FOR THE EAST METRO REGIONS STAFF STAYS PREPARED FOR ANY SITUATION THAT MAY ARI SE AND COLLABORATES WITH OTHER HOSPITALS AND PUBLIC SAFETY OFFICIALS TO ENSURE THAT PLANNI NG AND RESPONSE PLANS ARE INTEGRATED REGIONS PARTICIPATED IN AN INSPECTION CONDUCTED BY C ENTERS FOR MEDICARE AND MEDICAID SERVICES AND RECEIVED HIGH MARKS FOR EMERGENCY MANAGEMENT AND OVERALL PLAN OF SUSTAINABILITY REGIONS ALSO HAS THE ONLY MASS (NON-MILITARY) DECONTA MINATION SITE IN RAMSEY COUNTY THAT STANDS READY TO HANDLE ANY MAJOR EVENT REGIONS CAN TR EAT UP TO 150 PEOPLE PER HOUR IN THE EVENT OF BIOLOGICAL, CHEMICAL, OR NUCLEAR INCIDENTS A ND 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 RE GIONS HAS PLAYED A VITAL ROLE IN THE DEVELOPMENT O

Identifier	Return Reference	Explanation
		F COMMUNITY WIDE PLANNING TO IMPROVE EMERGENCY MANAGEMENT THROUGHOUT HEALTHCARE AND ESTABL ISH INTERFACING WITH PUBLIC SAFETY INCLUDING CITY AND COUNTY EMERGENCY MANAGERS ADDITIONA LLY, REGIONS COLLABORATES WITH CITY, COUNTY AND STATE PUBLIC HEALTH OFFICIALS TO PLAN APPR OPRIATELY FOR PANDEMIC EVENTS REGIONS HAS BEEN SELECTED AS A SITE FOR MUCH OF THE STOCKPI LE PROVIDED BY BOTH THE STATE OF MINNESOTA AND THE FEDERAL GOVERNMENT MENTAL HEALTH CRISI S ALLIANCE (MHCA) MHCA IS A CRISIS RESPONSE SYSTEM THAT AUGMENTS INPATIENT SERVICES IN TH E EAST METRO HEALTHPARTNERS AND REGIONS ARE MAJOR SPONSORS OF MHCA WHICH INCLUDES FOURTEE N ORGANIZATIONS THAT REPRESENT COUNTIES, HOSPITALS, HEALTH PLANS, THE STATE OF MINNESOTA, CONSUMERS AND ADVOCATES FORMED IN 2002 TO ADDRESS THE UNMET NEEDS OF ADULTS WHO EXPERIENC E BEHAVIORAL HEALTH CRISIS, MHCA PREVENTS AVOIDABLE EMERGENCY HOSPITALIZATION BY PROVIDING ADULT MENTAL HEALTH CRISIS STABILIZATION SERVICES IN HOMES, COMMUNITY SETTINGS, OR IN SHO RT-TERM, SUPERVISED, LICENSED RESIDENTIAL PROGRAMS REGIONS PROVIDED $20,000 TO THE COLLAB ORATIVE IN 2011 EMERGENCY MEDICAL SERVICES (EMS) EDUCATION REGIONS EMS HAS BEEN THE PRIN CIPAL PROVIDER OF PRE-HOSPITAL EDUCATION IN EASTERN MINNESOTA AND WESTERN WISCONSIN FOR OV ER 30 YEARS THE EMS EDUCATION DIVISION HAS EVOLVED RAPIDLY IN THE AREAS OF RESEARCH AND P HYSICIAN INVOLVEMENT IN PRE-HOSPITAL MEDICINE EMS EDUCATION PROVIDES BASIC AND ADVANCED C OURSES FOR NURSES, PHYSICIANS AND OTHER HEALTH PROFESSIONALS CPR, AED, AND FIRST AID EDUC ATION IS ALSO OFFERED TO COMMUNITY BUSINESSES AND THE GENERAL PUBLIC OVER 400 CLASSES WER E OFFERED IN 2011 THE NET COST INVESTED IN THE COMMUNITY WAS OVER $900,000 REGIONS EMS I S A NATIONAL LEADER IN PRE-HOSPITAL RESUSCITATION RESEARCH THE EMS DEPARTMENT CONTINUED I TS PARTICIPATION IN NATIONAL INSTITUTES OF HEALTH CLINICAL TRIALS, WITH THE COMPLETION OF THE IMMEDIATE TRIAL IN JULY 2011 THIS STUDY EXAMINED USE OF A 12-HOUR INFUSION OF GLUCOSE , INSULIN, AND POTASSIUM COMPARED TO PLACEBO STARTED BY EMS PERSONNEL, WITH THE PRIMARY AI M OF IMPROVING OUTCOMES IN PATIENTS WITH SIGNS AND SY MPTOMS OF HEART ATTACK REGIONS EMS A ND THE AGENCIES WE WORK WITH ALSO IMPLEMENTED A NEW CLINICAL STUDY EXAMINING THE USE OF TW O DIFFERENT VIDEO LARYNGOSCOPE SYSTEMS BY PARAMEDICS, WHICH HAVE THE POTENTIAL TO INCREASE THE SUCCESS RATE OF ENDOTRACHEAL INTUBATION IN THE FIELD REGIONS EMS DELIVERS 24-HOUR ME DICAL DIRECTION AND CONSULTATION TO A DIVERSE GROUP OF PRE-HOSPITAL PROVIDERS IN MINNESOTA AND WESTERN WISCONSIN ONE UNIQUE WAY WE DO THIS IS BY PROVIDING CUSTOMIZED RESOURCE DIRE CTORY THIS DIRECTORY INCLUDES BEST PRACTICE GUIDELINES AND STATE REGULATIONS, ALONG WITH A CUSTOMIZED MEDICAL DIRECTION PLAN FOR EACH ORGANIZATION BASED ON THEIR LOCAL RESOURCES A ND ENVIRONMENT THE DEPARTMENT CURRENTLY REPRESENTS 28 SERVICES WITH 1,500 PROVIDERS INCLU DING RURAL VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS, URBAN PARAMEDICS AND SUBURBAN PUBLIC SAFETY PERSONNEL 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 SEVERELY INJURED TRAU MA PATIENTS

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		MEDICAL RESOURCE CONTROL CENTER (MRCC) THE MRCC SERVES AS THE ONLINE RADIO LIAISON BETWEE N EMS AMBULANCE CREWS AND DESTINATION HOSPITALS MRCC PROVIDES MEDICAL CONTROL COMMUNICATI ONS TO AMBULANCE SERVICES AND PRE-HOSPITAL EMERGENCY CARE PROVIDERS IN THE EAST METRO COUN TIES OF DAKOTA, RAMSEY AND WASHINGTON IN MINNESOTA AND AREAS OF WESTERN WISCONSIN THE MRC C IS IN CONTACT WITH METRO AREA EMERGENCY DEPARTMENTS THE COMMUNICATIONS CENTER ITSELF IS LOCATED IN THE REGIONS EMERGENCY CENTER MRCC STAFF PROVIDES AMBULANCE PERSONNEL WITH A S INGLE CONTACT POINT FOR RELAY ING PATIENT INFORMATION, AN EMS GUIDELINE RESOURCE, HOSPITAL DIVERSION INFORMATION, MEDICAL RESOURCE ACCESS, COORDINATION OF MASS CASUALTIES, EMS COMMU NICATION EDUCATION AND CQI AND EMS CALL DATA COLLECTION IN 2011, REGIONS CONTRIBUTED 8,76 0 HOURS OF SERVICE VALUED AT $302,000 TRAUMA SERVICES TRAUMA CENTER ADMINISTRATION IN 20 11, REGIONS CONTRIBUTED APPROXIMATELY $194,688 FOR TRACKING TRAUMA AND BURN INJURIES REGI ONS 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 L EVEL I ADULT TRAUMA CENTER AND A LEVEL I PEDIATRIC TRAUMA CENTER MINNESOTA STATE TRAUMA S YSTEM REGIONS IS ACTIVE IN THE MINNESOTA STATE TRAUMA SYSTEM (STAC) REGIONS STAFF PARTIC IPATED IN SUBCOMMITTEES ASSOCIATED WITH THE STAC INCLUDING THE INJURY PREVENTION AND DATA ELEMENTS TRAUMA LEADERSHIP INCLUDING PAT MCCAULEY, HEIDI ALTAMIRANO, AND MICHAEL MCGONIGA L MD PARTICIPATED IN CREATION OF THE MINNESOTA METRO REGIONAL TRAUMA ADVISORY COUNCIL MIC HAEL MCGONIGAL MD IS THE CHAIR OF THIS COMMITTEE PROVIDING EXCELLENT LEADERSHIP AND DIRECT ION FOR THIS NEWLY DEVELOPED ADVISORY GROUP WEST CENTRAL REGIONAL TRAUMA ADVISORY COMMITT EE REGIONS IS AN ACTIVE MEMBER OF THE WEST CENTRAL REGIONAL TRAUMA ADVISORY COMMITTEE, WH ICH WAS CREATED BY THE STATE OF WISCONSIN TO SERVE AS THE REGIONAL TRAUMA SYSTEM FOR THE W ESTERN WISCONSIN REGION THE SYSTEM COORDINATES WITH REGIONS AS THE AREA'S ONLY LEVEL I AD ULT AND LEVEL I PEDIATRIC TRAUMA CENTERS TO TREAT SEVERE TRAUMA PATIENTS FROM PIERCE, POLK AND ST CROIX COUNTIES IN WISCONSIN TRAUMA LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HO SPITALS IN WISCONSIN, TO HELP THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICA TION SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST TO THEM ADDITI ONALLY, REGIONS STAFF PARTICIPATED IN TRAUMA AND EMERGENCY CONFERENCES LIKE GREATER RIVER GATHERING, CORNERSTONES, TRAUMA TACTICS AND THE EMERGENCY MEDICINE AND TRAUMA CONFERENCE INJURY PREVENTION AS PART OF THE VERIFICATIONS OF OUR LEVEL I TRAUMA CENTER STATUS AND O F THE BURN CENTER, REGIONS IS REQUIRED TO PROVIDE INJURY PREVENTION PROGRAMMING TO THE COM MUNITY'S SERVED BY REGIONS IT IS ALSO REQUIRED TO RESPOND TO THE TRENDS IT SEES IN ITS OW N PATIENT POPULATION IN THE CREATION OF THE PROGRAMMING TO HELP FULFILL THIS ROLE, REGION S EMS PROGRAM ACTIVELY PARTICIPATES IN INJURY PREVENTION AND OUTREACH EFFORTS THROUGHOUT T HE EAST METRO AND WESTERN WISCONSIN THE PURPOSE OF INJURY PREVENTION PROGRAMMING IS TO RE DUCE THE RATES OF INJURIES AT HOME, AT SCHOOL, ON THE ROAD AND AT PLAY 2011 INJURY PREVEN TION EFFORTS INCLUDE THE FOLLOWING - PROVIDING TRAINING AND HEALTH SAFETY EDUCATION - COL LECTING AND ANALYZING DATA REGARDING INJURIES WITHIN THE COMMUNITY - LEADING COALITIONS OF ORGANIZATIONS THAT ARE TIED TO THE SAFETY OF THE COMMUNITY - HELPING ITS PARTNERS DEVELOP THEIR OWN PROGRAMS TO PROTECT PUBLIC SAFETY - CREATE INFORMATIONAL MATERIAL ON PUBLIC SAF ETY REGIONS IS A LEADER IN PROVIDING INJURY PREVENTION EDUCATION REGIONS' PROGRAMS CURREN TLY INCLUDE THE FOLLOWING - CAR SEAT SAFETY CLINICS TEACH PARENTS HOW TO SAFELY SECURE IN FANTS AND CHILDREN IN CAR SEATS AND HOW TO PROPERLY INSTALL THESE CAR SEATS WITHIN THE VEH ICLE CLINICS ARE OFFERED TO THE PUBLIC AT LEAST 2 TIMES A MONTH - SAFEKIDS CAR SEAT TECH NICIAN COURSES ARE CONTINUOUSLY OFFERED TO HELP SUPPORT THE EAST METRO AND WESTERN WISCONS IN IN CAR SEAT SAFETY INITIATIVES BY PRODUCING TRAINED TECHNICIANS WHO CAN STAFF SAFETY CL INICS - HELMET FITTING AT BIKE RODEOS AND SAFETY CAMPS HELP TEACH PARENTS AND CHILDREN HO W TO PROPERLY WEAR BICYCLE HELMETS REPLACEMENT HELMETS ARE ALSO PROVIDED IN SUPPORT OF CO MMUNITY SAFETY EVENTS - INJURY PREVENTION EDUCATION IS OFFERED TO FIRST GRADERS THROUGH V IDEO PRESENTATION, INTERACTIVE DISCUSSION AND A VISIT FROM TROO THE TRAUMAROO MASCOT TOPI CS COVERED INCLUDE BIKE & HELMET SAFETY, PLAYGROUND SAFETY, AND HOME SAFETY - THINK FIRST TEACHES YOUNG ADULTS IN DRIVER'S EDUCATION AND HIGH SCHOOL HEALTH CLASSES TO MAKE RESPONS IBLE DECISIONS IN ORDER TO AVOID HEAD AND SPINAL CORD INJURIES - ENCARE EDUCATES STUDENTS ABOUT UNDERAGE ALCOHOL USE AND THE TRAGIC CONSEQUENCES OF DRINKING AND DRIVING - GERIATRIC FALLS PREVENTION PROGRAM OFFERS FALLS PREVENTION PROGRAMMING TO HOSPITALS IN WESTERN WISC ONSIN INCLUDING A RESEARCH BASED INITIATIVE WHICH

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		WILL HELP IDENTIFY INTERVENTIONS THAT MAY BE MORE EFFECTIVE AT PREVENTING FUTURE FALLS - JUNIOR DOCTOR CAMP IS AN INTERACTIVE SAFETY ACTIVITY OFFERED TO CHILDREN AT COMMUNITY EVEN TS THROUGHOUT THE YEAR CANCER AND PALLIATIVE CARE COMMUNITY EVENTS REGIONS CANCER CARE C ENTERS PROVIDED SERVICES AT THE FOLLOWING COMMUNITY EVENTS IN 2011 - AMERICAN CANCER SOCI ETY RELAY FOR LIFE EVENTS AT WHITE BEAR LAKE, SOUTH ST PAUL, WOODBURY, STILLWATER AND HAST INGS - LEUKEMIA AND LYMPHOMA SOCIETY "LIGHT THE NIGHT" WALK - CASTING FOR RECOVERY - CHINM AYA ORGANIZATION USA- CORD USA WALKATHON - KARATE KICKIN CANCER 5K COMMUNITY OUTREACH REG IONS CANCER CENTER PARTNERED WITH WASHBURN HIGH SCHOOL, GOOD SAMARITAN ELEMENTARY SCHOOL A ND ROSEVILLE HIGH SCHOOL TO DISPLAY STUDENT ART THROUGHOUT THE CANCER CENTER AND IN TURN P ROVIDE EDUCATIONAL INFORMATION ON THE PROFESSIONAL JOBS AND ROLES WITHIN A CANCER CENTER A ND BEST LIFESTYLE CHOICES TO AVOID CANCER PATRICIA D LUNDBORG CANCER LIBRARY THE LUNDBO RG CANCER LIBRARY PROVIDES CANCER-RELATED CONSUMER HEALTH INFORMATION TO PATIENTS AND THEI R FAMILIES AND FRIENDS, STAFF, AND MEMBERS OF THE COMMUNITY THE LIBRARY COLLECTION CONSIS TS OF OVER 1,000 CANCER-RELATED BOOKS AND VIDEOS AVAILABLE FOR CHECK OUT ALSO, THE LIBRAR Y 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 M ANY OTHER ORGANIZATIONS IN PRINTED FORMAT OR ONLINE THE LIBRARY PROVIDES INFORMATION IN D IFFERENT FOREIGN LANGUAGES INCLUDING SPANISH, CHINESE, RUSSIAN, VIETNAMESE, HMONG AND TAI IN ADDITION, A WEBSITE WHICH IS ACCESSIBLE FROM THE LIBRARY'S TWO PUBLIC COMPUTERS, OFFER S LINKS TO OVER 300 WEB PAGES THE ENTIRE COLLECTION, INCLUDING BROCHURES AND ONLINE RESOU RCES, IS ORGANIZED BY A SIMPLIFIED SET OF CATEGORIES THAT ALLOW PEOPLE TO QUICKLY LOCATE M ATERIAL, REGARDLESS OF THE FORMAT IN 2011 - OVER 1,600 PEOPLE USED THE LIBRARY - TOTAL M ATERIAL USAGE WAS 1,900 ITEMS - OVER 900 BROCHURES WERE UTILIZED - 600 PEOPLE USED THE LIB RARY COMPUTERS - 850 BOOKS WERE CHECKED OUT - 290 ENTERTAINMENT MOVIES WERE CHECKED OUT FO R THE INFUSION ROOM PATIENTS - OVER 50 NEW BOOKS WERE ACQUIRED FOR THE LIBRARY 2011 NURSIN G SYMPOSIUMS IN APRIL AND SEPTEMBER OF 2011, THE REGIONS/HEALTHPARTNERS CANCER CARE CENTE RS CONDUCTED TWO NURSING SYMPOSIUM, WHICH IS AN INCREASE FROM PAST YEARS DUE TO COMMUNITY DEMAND THE SESSIONS WERE AVAILABLE TO THE COMMUNITY AND ENHANCED THE SKILLS OF ONCOLOGY N URSES RELATED TO CANCER CARE OVER 150 NURSES FROM THE COMMUNITY ATTENDED THESE HALF DAY E VENTS THE REGIONS CANCER SURVIVORSHIP PROGRAM THE REGIONS CANCER SURVIVORSHIP PROGRAM WA S ESTABLISHED IN 2008 IN THE SURVIVORSHIP CLINIC AN INTERDISCIPLINARY TEAM REVIEWS THE PA TIENT'S TREATMENT EXPERIENCE AND THE PATIENT'S CURRENT PHYSICAL AND EMOTIONAL WELL BEING BASED ON THIS REVIEW, THE PATIENT RECEIVES A COMPREHENSIVE AND INDIVIDUALIZED SURVIVORSHIP CARE PLAN PATIENTS RECEIVE INFORMATION THAT IDENTIFIES SPECIALISTS AND RESOURCES WITHIN HEALTHPARTNERS AND THE COMMUNITY TO MANAGE SPECIFIC SURVIVORSHIP ISSUES INCLUDING NUTRITIO NAL EDUCATION, PHYSICAL ACTIVITY RECOMMENDATIONS AND OTHER TOPICS OF INTEREST

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		CANCER SURVIVORS ADVISORY COUNCIL IN ADDITION TO THE COMMUNITY BENEFIT PROGRAMS ABOVE, RE GIONS OFFERED THE CANCER SURVIVORS ADVISORY COUNCIL THIS IS A FORUM FOR PATIENTS WHO HAVE COMPLETED THEIR ACUTE CANCER TREATMENT AT REGIONS AND HEALTHPARTNERS RIVERSIDE CLINIC CAN CER CARE CENTERS AND WHO ARE NOW TRANSITIONING INTO LONG-TERM CANCER MANAGEMENT THE MISSI ON OF THE COUNCIL IS TO ADVISE US ON ISSUES THAT CANCER PATIENTS FACE DURING AND AFTER TRE ATMENT AND TO PROVIDE FEEDBACK AND RECOMMENDATIONS TO IMPROVE THE PROGRAM THE 12-MEMBER C OUNCIL MET SIX TIMES IN 2011 AND WAS ASKED TO MAKE RECOMMENDATIONS ON SERVICES ALREADY OFF ERED AS WELL AS TO ASSIST WITH THE DESIGN OF NEW SERVICES FEEDBACK FROM THE COUNCIL HAS G UIDED CHANGES WE HAVE MADE TO PATIENT EDUCATION MATERIALS AND THE SERVICES AVAILABLE IN OU R CLINICS STATEWIDE CANCER REGISTRY IN 2011, REGIONS CONTINUED TO SUPPORT THE ONGOING OP ERATIONS 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 $186,706 IN SUPPORT TO THE CANCER REGISTRY SEXUAL ASSAULT NURSE EXAMINER THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM HAS PARTNERED WITH SEXUAL OFFENSE SERVICES OF RAMSEY COUNTY TO PR OVIDE COMPREHENSIVE, COMPASSIONATE CARE TO SEXUAL ASSAULT VICTIMS, AGE 13 AND OLDER, SINCE 2002 THE REGISTERED NURSES WITHIN THE SANE PROGRAM ARE SPECIALLY TRAINED TO PROVIDE FOR THE UNIQUE NEEDS OF SEXUAL ASSAULT VICTIMS FROM BOTH A MEDICAL AND A FORENSIC PERSPECTIVE. REGIONS SANE PROGRAM CARED FOR 201 PATIENTS IN 2010 AND 178 PATIENTS IN 2011 REGIONS INV ESTED $201,308 IN THIS IMPORTANT EFFORT REGIONS SANE PROGRAM STAFF ACTIVELY PARTICIPATED IN EDUCATIONAL PROGRAMS IN THE COMMUNITY, INCLUDING THE TRAINING FOR THE RAMSEY COUNTY SEX UAL ASSAULT PROTOCOL TEAM, MEDICAL STUDENTS AT THE UNIVERSITY OF MINNESOTA, STUDENTS AT TH E COLLEGE OF SAINT CATHERINE AND NEW OFFICERS IN THE SAINT PAUL POLICE DEPARTMENT SUPPORT GROUPS IN 2011, REGIONS PROVIDED OVER $328,273 OF IN-KIND SUPPORT GROUPS OPEN TO PATIENTS AND COMMUNITY MEMBERS GROUPS INCLUDED - TAKING CHARGE TAKING CHARGE IS A SUPPORT GROUP FOR WOMEN WHO HAVE RECENTLY BEEN DIAGNOSED WITH BREAST CANCER AND THEIR FAMILY AND FRIEND S THE GROUP PROVIDES EDUCATION, SUPPORT AND A CONNECTION WITH OTHERS UNDERGOING ACTIVE TR EATMENT THE GROUP MEETS TWICE A MONTH IN 2011 AND SERVES 120-180 EACH YEAR - LUNG CANCER SUPPORT DISCUSSION, SPEAKERS AND SUPPORT ON HOW TO HAVE A GOOD LIFE WHEN FACING A SERIOU S LUNG ILLNESS THE MONTHLY SESSIONS ARE OPEN TO THOSE EXPERIENCING LUNG CANCER AND THEIR FAMILIES - BURN SURVIVOR SUPPORT GROUP FOR PATIENTS AND FAMILY MEMBERS WITH BURN INJURIE S, ELECTRICAL INJURIES AND SOFT TISSUE DISORDERS SUCH AS NECROTIZING FASCIITIS GROUP FACI LITATORS INCLUDE A BURN CENTER SOCIAL WORKER AND BURN SUPPORT REPRESENTATIVE. THE GROUP ME T MONTHLY AND SERVED ABOUT 70 PEOPLE IN 2011 THE SUPPORT GROUP ALSO HOLDS AN ANNUAL HOLID AY PARTY AND SUMMER PICNIC, HOSTED BY THE MN PROFESSIONAL FIREFIGHTERS, WHICH APPROXIMATEL Y 100 - 150 SURVIVORS, FAMILIES AND BURN STAFF ATTEND BURN SURVIVORS AND FAMILIES WERE AL SO TRAINED AS SOAR VOLUNTEERS TO WORK WITH AND SUPPORT CURRENT PATIENTS AND FAMILIES - EL ECTRICAL INJURY SUPPORT GROUP FOR PATIENTS WITH LOW OR HIGH VOLT ELECTRICAL INJURIES GRO UP FACILITATORS INCLUDE A BURN SUPPORT REPRESENTATIVE AND THE BURN CENTER CHAPLAIN THE GR OUP MET QUARTERLY WITH FIVE TO EIGHT ATTENDEES PER MEETING, INCLUDING PATIENTS AND SIGNIFI CANT OTHERS - STROKE SURVIVOR SUPPORT GROUP FOR PATIENTS WHO HAVE EXPERIENCED STOKES TH E GROUP WAS FACILITATED BY AN OCCUPATIONAL THERAPIST, PHY SICAL THERAPIST OR SPEECH PATHOLO GIST, AND MET FOR A TOTAL OF 25 HOURS IN 2011 - SLEEP DISORDER SUPPORT GROUP FOR PEOPLE WITH SLEEP APNEA AND OTHER SLEEP DISORDERS OPEN TO THE PUBLIC AND PATIENTS USING HEALTHPA RTNERS HOME MEDICAL FOR THEIR CPAP EQUIPMENT THE GROUP MET QUARTERLY FOR A TOTAL OF 85 HO URS IN 2011 - A W A K E SUPPORT GROUP FOR PEOPLE WITH SLEEP APNEA AND OTHER SLEEP DISORD ERS OPEN TO THE PUBLIC AND PATIENTS USING THE HEALTHPARTNERS HOME MEDICAL EQUIPMENT DEPAR TMENT FOR THEIR CPAP EQUIPMENT OR THE REGIONS SLEEP HEALTH CENTER THE GROUP MET THREE TIM ES IN 2011, FOR A TOTAL OF NINE HOURS THE GROUP HAD APPROXIMATELY 80 MEMBERS - COMMUNICA TION PRACTICE. A GROUP FOR PEOPLE WHO HAVE SUSTAINED STROKES OR TRAUMATIC BRAIN INJURIES A ND WHO HAVE RESIDUAL COMMUNICATION DIFFICULTIES GROUP MEMBERS TY PICALLY HAVE DIFFICULTY F INDING WORDS OR HAVE SLURRED SPEECH THE GROUP IS DESIGNED TO PROVIDE THEM WITH OPPORTUNIT IES TO PRACTICE THEIR COMMUNICATION SKILLS WITH OTHERS UNDER THE GUIDANCE OF A SPEECH PATH OLOGIST THE GROUP MET FOR A TOTAL OF 12 HOURS IN 2011 - RELISH SUPPORT GROUP FOR HEAD O R NECK CANCER SURVIVORS WHO HAVE EATING OR SWALLOWING DIFFICULTIES THE GROUP MET FOR A TO TAL OF 12 HOURS IN 2011 MENTAL HEALTH SERVICES REGIONS' BEHAVIORAL HEALTH DEPARTMENT IS T HE LEADING PROVIDER OF COMPREHENSIVE MENTAL AND CH

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		EMICAL HEALTH SERVICES IN THE TWIN CITIES EAST METRO AREA AND WESTERN WISCONSIN FOR EXAMP LE, REGIONS CONTRIBUTED $234,450 IN 2011 TO HOVANDER HOUSE, A SHORT-TERM RESIDENTIAL LIVIN G FACILITY AND PROGRAM FOR BEHAVIORAL HEALTH PATIENTS WHO ARE CLINICALLY AND PHY SICALLY ST ABLE BUT WHO REQUIRE FURTHER SUPPORT AND ASSISTANCE BEFORE RETURNING TO A COMMUNITY SETTIN G HOVANDER HOUSE IS STAFFED BY MENTAL HEALTH PROFESSIONALS FROM REGIONS AND CAN ACCOMMODA TE UP TO NINE ADULTS AT A TIME IN ADDITION TO HELPING PATIENTS TRANSITION INTO THE COMMUN ITY, THE FACILITY HAS SAVED OVER 2,188 NON-ACUTE HOSPITAL DAYS CRISIS SERVICES IN 2011, REGIONS PROVIDED $1,228,401 FOR 24/7 BEHAVIORAL HEALTH CRISIS SERVICES IN THE REGIONS EMER GENCY DEPARTMENT CONTRIBUTIONS TO REGIONS HOSPITAL FOUNDATION IN 2011, REGIONS CONTRIBUTE D $756,444 TO REGIONS HOSPITAL FOUNDATION REGIONS HOSPITAL FOUNDATION FUNDS PROGRAMS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION PLEASE SEE THE REGIONS HOSPITAL FOUNDATION F ORM 990 FOR MORE INFORMATION ON FOUNDATION ACTIVITIES HEALTH RESOURCE CENTER IN 2011, REG IONS OPERATED THE HEALTH RESOURCE CENTER (HRC) AT A COST OF $37,240 THE MISSION OF THE HE ALTH RESOURCE CENTER AT REGIONS IS TO ACQUIRE, ORGANIZE AND PROVIDE A DY NAMIC COLLECTION O F INFORMATION THAT PROMOTES THE KNOWLEDGE OF HEALTH AND INSPIRE CONTINUOUS GROWTH IN PERSO NAL WELLNESS ITS VISION IS TO BE A PRIMARY CENTER FOR CONSUMER HEALTH AND WELLNESS INFORM ATION AND A GUIDE TO ACCESSIBLE RESOURCES FOR THE COMMUNITY THE HRC IS A UNIQUE LENDING L IBRARY WHERE PATIENTS, THEIR FAMILY AND FRIENDS, STAFF AND COMMUNITY MEMBERS CAN LEARN MOR E ABOUT HEALTH AND WELLNESS ISSUES THROUGH PRINT RESOURCES, INTERNET SITES, ORGANIZED EVEN TS, AND STAFF ASSISTANCE IN 2011 - APPROXIMATELY 5,500 PEOPLE VISITED THE LIBRARY - OVER 3000 PEOPLE USED THE COMPUTERS FOR PERSONAL, PROFESSIONAL AND HEALTH RELATED PURPOSES - A BOUT 600 PEOPLE LEFT WITH PRINTED MATERIAL (BROCHURES AND INTERNET RESOURCES PRINTED FREE OF CHARGE) - MORE THAN 700 PEOPLE USED THE HRC AS A PLACE TO REST AND RELAX IN A PEACEFUL, SOOTHING ENVIRONMENT - OVER 400 PEOPLE SOUGHT ASSISTANCE ANSWERING THEIR HEALTH QUESTIONS FROM A HEALTH RESOURCE PROFESSIONAL - MORE THAN 250 RESOURCES, SUCH AS BOOKS AND MULTIMED IA ITEMS, HAVE BEEN BORROWED - 1,250 PARTICIPATED IN HEALTH AND WELLNESS ACTIVITIES AND C LASSES OFFERED THROUGH HRC, INCLUDING YOGA, PILATES, HEALING TOUCH AND QIGONG HRC OFFERS H EALING PROGRAMS FOR REGIONS PATIENTS AND THE COMMUNITY CANCER PATIENTS WERE ABLE TO TRY Y OGA AND QIGONG CLASSES IN PARTNERSHIP WITH THE CANCER CARE CENTER HRC ALSO PROVIDED PROFE SSIONAL DEVELOPMENT EXPERTISE THROUGH A STRESS MANAGEMENT AND SELF CARE PRESENTATION TO TH E LOCAL PROFESSIONAL ORGANIZATION FOR 20 LOCAL OCCUPATIONAL THERAPISTS TWO STUDENTS FROM ST CATHERINE'S UNIVERSITY PARTICIPATED IN THIS AS PART OF COURSEWORK LOOKING AT THE IMPAC T SELF-CARE ACTIVITIES HAVE ON CAREGIVER AND WORK-RELATED STRESS HRC ALSO PROVIDED PROCTO R SERVICE FOR THE HEALING TOUCH PROGRAM NATIONAL CERTIFICATION EXAM HEALING TOUCH IS AN E NERGY THERAPY IN WHICH PRACTITIONERS CONSCIOUSLY USE THEIR HANDS IN A HEART-CENTERED AND I NTENTIONAL WAY

Identifier	Return Reference	Explanation
		ADDITIONAL COMMUNITY BENEFIT ACTIVITIES REGIONS SUPPORTS ACTIVITIES THAT IMPROVE THE HEALT H OF THE COMMUNITY AND THE REGION SUPPORT MAY INCLUDE DIRECT EXPENDITURES OR RAISING FUND S THROUGH EMPLOYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNI TY PARTNERSHIPS AND INITIATIVES, OR PROVIDING FREE SERVICES OR EQUIPMENT EXAMPLES OF 2011 ACTIVITIES INCLUDE EMPLOYEE GIVING HEALTHPARTNERS' COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTENDS BEYOND ITS DOORS FOR HEALTHPARTNERS AND REGIONS EMPLOYEES, HEALTHP ARTNERS HOSTS AN ANNUAL HEALTHPARTNERS COMMUNITY GIVING CAMPAIGN THAT SUPPORTS SIX LOCAL F EDERATIONS GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, UNITED W AY ST CROIX VALLEY, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA AND THE MINNESOTA ENVIRONMENTAL FUND IN 2011, EMPLOYEES AT REGIONS PLEDGED $101,739 TO THE CO MMUNITY GIVING CAMPAIGN COMMUNITY PARTNERSHIPS WEST SIDE COMMUNITY CLINIC REGIONS CONTRI BUTED $1,972 IN DIRECT FINANCIAL SUPPORT TO THE WEST SIDE COMMUNITY CLINIC IN 2011 THE WE ST SIDE COMMUNITY CLINIC IS A FEDERALLY SUPPORTED COMMUNITY HEALTH CENTER, WHICH PROVIDES SERVICES TO LOW-INCOME, UNINSURED AND UNDERSERVED PATIENTS WEST SIDE PATIENTS ALSO HAVE A FTER-HOURS ACCESS TO HEALTHPARTNERS CARELINE, A PHONE SERVICE STAFFED WITH REGISTERED NURS ES TO ANSWER HEALTH QUESTIONS AND DISCUSS TREATMENT OPTIONS COMMUNITY OUTREACH REGIONS CO NTRIBUTED TO THE FOLLOWING COMMUNITY OUTREACH PROGRAMS IN 2011 TRAUMA AND BURN COMMUNITY GRAND ROUNDS THESE PRESENTATIONS BROUGHT EDUCATION AND TRAINING TO HOSPITALS, CLINICS AND OTHER PLACES OF BUSINESS AT NO COST PRESENTATIONS INCLUDE TRAUMA AND BURN CASE REVIEWS RURAL HOSPITAL TRAINING EDUCATORS FROM REGIONS PROVIDED STRUCTURED EDUCATIONAL CLASSES FO R RURAL COMMUNITY HOSPITALS IN GREATER MINNESOTA AND WESTERN WISCONSIN FOR INSTANCE, REGI ONS' EDUCATORS USED SIMULATION MANNEQUINS TO TEACH TECHNIQUES TO LOCAL NURSES WORKING IN I NTENSIVE CARE UNITS AND EMERGENCY DEPARTMENTS COMMUNITY EVENTS REGIONS EMERGENCY MEDICAL SERVICES PROVIDED SERVICES AT EAST METRO COMMUNITY EVENTS INCLUDING THE TWIN CITIES MARAT HON, STILLWATER MARATHON, MINNESOTA WILD GAMES, THE TWIN CITIES FESTIVAL, FARM TECH DAY, T HE WARRIOR DASH AND THE MINNESOTA STATE FAIR CAR SAFETY CLASSES REGIONS HOSTED CARFIT, A N EDUCATIONAL PROGRAM EDUCATING SENIOR DRIVERS ON VEHICLE SAFETY REGIONS HOSTS CAR SEAT S AFETY CLINICS IN COMMUNITIES LIKE WHITE BEAR LAKE, OAKDALE, MAHTOMEDI, COTTAGE GROVE, MAPL EWOOD, WOODBURY, HASTINGS AND STILLWATER SPACE WAS RESERVED IN THESE SESSIONS FOR LOW INC OME FAMILIES IN-KIND DONATIONS IN 2011, REGIONS DONATED A DEFIBRILLATOR, AN AED PRINTER, 35 HOSPITAL BEDS, TWO HOYER LIFTS AND ONE TRAPEZE REGIONS ALSO DONATES TUBE FEEDING FORM ULA NO LONGER NEEDED BY PATIENTS IN HOME CARE SITUATIONS IN 2011, REGIONS DONATED TEN CAS ES OF FORMULA TO SECOND HARVEST HEARTLAND EMPLOYEE WELLNESS AND THE COMMUNITY IN 2011, R EGIONS OFFERED AN INCENTIVE FOR EMPLOYEES TO GET THEIR FLU SHOTS REGIONS DONATED ONE DOLL AR TO UNION GOSPEL MISSION FOR EACH EMPLOYEE WHO PARTICIPATED, TOTALING $3,610 REGIONS AL SO PROVIDED 362 ADDITIONAL FLU SHOTS (AT $35 PER SHOT) TO VOLUNTEERS, RESIDENTS, STUDENTS, CONTRACTED WORKERS AND VENDORS FREE-OF-CHARGE, FOR A TOTAL OF $12,670 IN UNCOMPENSATED CO STS MENTORING REGIONS EMPLOYEES TUTORED STUDENTS WITH OPEN WORLD LEARNING AND WORKED WIT H ELEMENTARY STUDENTS AS PART OF THE EVERY BODY WINS! LITERACY AND MENTORING PROGRAM REGIO NS DIETITIANS ALSO MENTORED WITH SCHOOL DISTRICT 196 TO TEACH STUDENTS ABOUT THE FIELD OF DIETETICS WATER THERAPY REGIONS OFFERS REDUCED CLASS RATES FOR A "GET FIT" POOL CLASS T HE SESSIONS, HELD TWICE A WEEK FOR ONE-HOUR, TAKE PLACE AT REGIONS IN THE WARM WATER THERA PY POOL AND ARE DESIGNED FOR PEOPLE WHO WISH TO PARTICIPATE IN WARM WATER EXERCISE PRENAT AL EDUCATION FREE CHILDBIRTH AND PARENTING CLASSES WERE OFFERED TO COMMUNITY MEMBERS WHO ARE NOT ABLE TO PAY TOPICS INCLUDED CHILDBIRTH PREPARATION, BREASTFEEDING, NEWBORN SAFETY CLASS, INFANT CPR AND SIBLING PREPARATION THE FREE CLASSES WERE VALUED AT $8,170 IN 2011 COMMUNITY INITIATIVES REGIONS PARTICIPATED IN COLLABORATIVES AND COMMUNITY INITIATIVES T O LEARN ABOUT BEST PRACTICES AND SHARE OUR EXPERIENCE RELATED TO EQUITABLE CARE 2011 INIT IATIVES INCLUDED ROBERT WOOD JOHNSON'S EQUITY QUALITY IMPROVEMENT COLLABORATIVE THIS IS AN EIGHT-HOSPITAL COLLABORATIVE TO REDUCE DISPARITY IN HEART CARE THE COLLABORATIVE FOCUS ED ON PERFECT HEART ATTACK AND HEART FAILURE CARE, CARDIAC REHAB REFERRALS, HEART FAILURE READMISSIONS AND AVERAGE LENGTH OF STAY IN 2011, THE REGIONS HOSPITAL FOUNDATION RECEIVED $25,000 FROM THE ROBERT WOOD JOHNSON FOUNDATION TO SUPPORT THIS INITIATIVE MINNESOTA HEA LTH LITERACY PARTNERSHIP A STATE-WIDE COLLABORATIVE TO IMPROVE THE HEALTH OF MINNESOTANS THROUGH CLEAR HEALTH COMMUNICATIONS HEALTH LITERACY LIMITATIONS CONTRIBUTE TO HEALTH DISP ARITIES DATA COLLECTION HEALTHPARTNERS AND REGIO

Identifier	Return Reference	Explanation
		NS SYSTEMATICALLY COLLECT DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM P ATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY DATA IS COLLECTED THROUGH HEALTHPARTNERS COM, TELEPHONE CONTACTS WITH DEPARTMENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT AND ON-LINE THROUGH HEALTH ASSESSMENTS HEALTHPARTNERS AND REGIONS USE THE ELEC TRONIC MEDICAL RECORDS IN THEIR CARE DELIVERY SYSTEM TO CAPTURE THIS DATA FACE-TO-FACE WIT H PATIENTS THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATI ENT EXPERIENCE BY RACE AND LANGUAGE, AS WELL AS IDENTIFY STRATEGIES TO REDUCE HEALTH DISPA RITIES IN TREATMENT, OUTCOMES AND SERVICE. EQUITABLE CARE FELLOWS PROGRAM THE HEALTHPARTN ERS EQUITABLE CARE FELLOWS PROGRAMS CONTINUED IN 2011 THE 120 FELLOWS ARE STAFF MEMBERS A ND PROVIDERS WHO RECEIVE EXPERT TRAINING SO THEY CAN BECOME ADVOCATES AND SERVE AS LOCAL R ESOURCES FOR THEIR COLLEAGUES IN CARING FOR PATIENTS FROM DIVERSE CULTURES AND THOSE WITH LIMITED ENGLISH PROFICIENCY FELLOWS ARE EXPECTED TO BE ROLE MODELS, SHARING IDEAS WITH CO WORKERS AND ACTIVELY PARTICIPATING IN RAISING OVERALL CULTURE AWARENESS THEY CONTRIBUTE A RTICLES, REPRESENT HEALTHPARTNERS IN COMMUNITY CULTURAL EVENTS AND PARTICIPATE IN OR PLAN SEMINARS ON EQUITABLE CARE. IN 2011, HEALTHPARTNERS OFFERED THE FOLLOWING EQUITABLE CARE A CTIVITIES - BIWEEKLY "CULTURE ROOTS" NEWSLETTER CONTINUED TO BE AN ORGANIZATION-WIDE EDUC ATIONAL TOOL REGIONS HELD SIX "CARING ACROSS CULTURES" FORUMS FOR STAFF, COVERING A VARIE TY OF CROSS-CULTURAL TOPICS - HEALTHPARTNERS EXPANDED THE EQUITABLE CARE AND SERVICE INTR ANET SITE WITH CROSS-CULTURAL RESOURCES FOR PROVIDERS AND STAFF - HEALTHPARTNERS EMPLOYEE S PARTICIPATED IN COMPANY-SPONSORED DIALOGUE ON "LET'S TALK ABOUT RACE." THIS DIALOG IS DE SIGNED TO HELP EMPLOYEES IMPROVE THEIR KNOWLEDGE ABOUT RACE AND OTHER CROSS-CULTURAL DIFFE RENCES IN THE WORKPLACE AND PATIENT CARE. THE FELLOWS TEAMED WITH OUR HEALTHY WORKPLACE CO MMITTEE TO PILOT THE "LET'S TALK ABOUT RACE" PROGRAM AT THE HEALTHPARTNERS COMO CLINIC - DIVERSITY AMBASSADORS ARE A GROUP OF VOLUNTEER LEADERS WHO MEET ONCE A MONTH WITH A FOCUS ON CREATING DIVERSITY AND INCLUSION IN OUR WORK ENVIRONMENT THEY PARTNERED ON SOME OF THE EFFORTS NOTED ABOVE. THEY ALSO SERVED AS RESOURCES FOR ORGANIZATIONAL CULTURE AND CULTURA L COMPETENCE TOPICS

Identifier	Return Reference	Explanation
		THE EBAN EXPERIENCE EBAN IS AN INNOVATIVE APPROACH TO LINK QUALITY IMPROVEMENT WITH THE H EALTH OF THE POPULATION IT USES A COLLABORATIVE FORMAT THAT INCORPORATES TEAMS OF HEALTH PROFESSIONALS AT REGIONS AND COMMUNITY MEMBERS, WORKING SIDE-BY-SIDE TO UNDERSTAND CULTURA L BARRIERS TO OPTIMAL CARE AND IMPROVE CARE DESIGN THE GOAL OF THE PROJECT IS TO TRANSFOR M HEALTH CARE DELIVERY AND REDUCE DISPARITIES IN CARE THIS PROJECT IS A COLLABORATIVE OF IME, MIXED BLOOD THEATRE, TWIN CITIES PUBLIC TELEVISION, RAINBOW RESEARCH AND THE COMMUNIT IES WE SERVE IT IS SPONSORED IN PART BY A GRANT FROM PFIZER MEDICAL EDUCATION GROUP AS P ART OF THE EBAN EXPERIENCE, HEALTHPARTNERS WORKS TO TEST AND IMPLEMENT STRATEGIES TO REDUC E DISPARITIES USING LANGUAGE, RACE AND OTHER DATA IN 2011, NINE INTERDISCIPLINARY TEAMS C OMPLETED NINE IMPROVEMENT PROJECTS AIMED AT CLOSING GAPS IN HEALTH OUTCOMES TOPICS INCLUD ED - INCREASING PEDIATRIC IMMUNIZATION RATES IN CHILDREN FROM EAST AFRICA - IMPROVING DIA BETES HEALTH OUTCOMES THROUGH EDUCATION IN ETHIOPIAN PATIENTS - INCREASING COLORECTAL CANC ER SCREENING RATES IN COMMUNITIES OF COLOR - DECREASING READMISSION RATES FOR MINORITY AND LIMITED-ENGLISH-PROFICIENT PATIENTS - IMPROVING PAIN MEDICATION DELIVERY TIME IN THE ER F OR MINORITY AND LIMITED-ENGLISH-PROFICIENT PATIENTS - INCREASING COLORECTAL CANCER SCREENI NG RATES FOR PATIENTS OF COLOR - INCREASE BREAST CANCER SCREENING RATES IN PATIENTS OF COL OR - INCREASE FLUORIDE VARNISH RATES AND SEALANTS FOR CHILDREN FROM PUBLICALLY-INSURED FAM ILIES - INCREASE RATES OF ADVANCE DIRECTIVES IN AFRICAN AMERICAN PATIENTS ENVIRONMENTAL CO NSERVATION REGIONS HAS BEEN A LEADER IN REDUCING WASTE, RECYCLING AND CONSERVATION REGIO NS HAS IMPLEMENTED MANY PROGRAMS AROUND WATER CONSERVATION, REDUCTION OF HAZARDOUS WASTE T HROUGH RECYCLING AND PURCHASING ONLY THOSE ITEMS THAT ARE SAFE FOR THE ENVIRONMENT ADDITI ONALLY, REGIONS TAKES ADVANTAGE OF OPPORTUNITIES TO BECOME "GREEN" WITH RESPECT TO NEW BUI LDING PROJECTS, REMODELS AND ENERGY MANAGEMENT IN 2011, REGIONS IMPLEMENTED MANY NEW PROG RAMS AIMED AT REDUCING ENERGY CONSUMPTION THROUGH ENHANCED BUILDING AUTOMATION SY STEMS AD DITIONALLY, REGIONS BEGAN INSTALLING NEW LIGHTING IN EACH OF THE FOUR PARKING STRUCTURES T HAT HAVE PROVEN TO REDUCE ENERGY CONSUMPTION BY 50 PERCENT ALCOHOL AND DRUG ABUSE PROGRAM REGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP), ESTABLISHED IN 1972, HAS THE EXPERIENCE A ND 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 RES OURCES TO SUPPORT THEIR LONG-TERM RECOVERY CHAPLAINCY SERVICES REGIONS CHAPLAINCY SERVIC ES AIMS TO IMPROVE PATIENT CARE BY PROVIDING EMOTIONAL AND SPIRITUAL SUPPORT TO REGIONS PA TIENTS, THEIR FAMILY MEMBERS, AND STAFF ITS GOAL IS TO PROMOTE A SENSE OF PURPOSE, MEANIN G, AND HOPE FOR THOSE SERVED THE DEPARTMENT MAKES OVER 6,000 PATIENT/FAMILY VISITS PER YE AR CHAPLAINS SUPPORT REGIONS STAFF THROUGH PROVIDING EDUCATION AS WELL AS CRITICAL INCIDE NT DEBRIEFING SESSIONS IN 2011, REGIONS CHAPLAINCY STAFF LECTURED AT SEVERAL EVENTS FOR U NIVERSITY OF MINNESOTA MEDICAL STUDENTS AND RESIDENTS, COVERING TOPICS SUCH AS BIOMEDICAL ETHICS, SPIRITUALITY FOR END OF LIFE CARE AND GRIEF IN ADDITION, CHAPLAINCY STAFF PROVIDE D EDUCATION AT COMMUNITY EVENTS SPONSORED BY LOCAL CHURCHES AND SEMINARIES, COVERING TOPIC S LIKE END-OF-LIFE CARE AND ADVANCED MEDICAL DIRECTIVES CHAPLAINCY SERVICES ALSO PROVIDES BEREAVEMENT SUPPORT FOR THE FAMILIES OF PATIENTS WHO DIE AT REGIONS THIS INVOLVES SENDIN G CONDOLENCE CARDS, AS WELL AS FOLLOW-UP LETTERS ONE MONTH AND A YEAR FOLLOWING THE DEATH FAMILIES ARE INVITED TO ATTEND A QUARTERLY MEMORIAL SERVICE DURING WHICH THEIR LOVED ONE IS NAMED AND REMEMBERED APPROXIMATELY 600 FAMILIES ARE SERVED BY THIS PROGRAM EACH YEAR REGIONS DRIVING ABILITY PROGRAM REGIONS REHABILITATION INSTITUTE'S DRIVING ABILITY PROGRA M 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 AS SESSMENTS AND BEHIND-THE-WHEEL EVALUATION AND TRAINING TO HELP PATIENTS RETURN TO DRIVING AFTER EXPERIENCING A MAJOR HEALTH COMPLICATION HEALTH OCCUPATIONS STUDENTS OF AMERICA (HO SA) HOSA IS A PROGRAM OF LEADERSHIP DEVELOPMENT, MOTIVATION AND RECOGNITION FOR POST-SECO NDARY, ADULT AND COLLEGIATE STUDENTS PURSUING CAREERS IN HEALTH OCCUPATIONS REGIONS VOLUN TEER SERVICES PARTNERED WITH HOSA IN 2011 FOR FUNDRAISING AND EVENTS DOMESTIC VIOLENCE PR EVENTION REGIONS CARE MANAGEMENT PROVIDED DOMESTIC VIOLENCE SAFETY PACKETS TO PATIENTS AN D COMMUNITY MEMBERS LOOKING FOR INFORMATION AND RE

Identifier	Return Reference	Explanation
		SOURCES ADDITIONALLY, REGIONS STAFF PROVIDED CHILD CARE AT WOMEN'S ADVOCATES IN ST PAUL THIS FACILITY PROVIDING SHELTER, ADVOCACY, SUPPORT, EDUCATION AND RESOURCES FOR WOMEN AND CHILDREN MOVING FROM THE SHELTER TO INDEPENDENT LIVES FREE FROM VIOLENCE VOLUNTEERS FROM REGIONS INFECTION PREVENTION AND CONTROL SERVED 120 HOURS AT WOMEN'S ADVOCATES IN 2011 N ATIONAL RECOGNITION REGIONS HAS BEEN REGULARLY RECOGNIZED FOR ITS CARE IN 2011, REGIONS W AS RECOGNIZED BY HEALTHGRADES AS A DISTINGUISHED HOSPITAL FOR CLINICAL EXCELLENCE FOR THE SECOND CONSECUTIVE YEAR THIS PRESTIGIOUS DISTINCTION PLACES REGIONS AMONG THE TOP FIVE PE RCENT OF HOSPITALS NATIONWIDE FOR CLINICAL PERFORMANCE REGIONS WAS ALSO NAMED ONE OF THE NATION'S TOP HOSPITALS BY THE LEAPFROG GROUP ACCORDING TO A NATIONAL SURVEY THAT MEASURES HOSPITALS' PERFORMANCE IN CRUCIAL AREAS OF PATIENT SAFETY AND QUALITY CARE THE LEAPFROG G ROUP'S ANNUAL SURVEY COVERED 862 URBAN HOSPITALS NATIONWIDE, 52, OR ABOUT SIX PERCENT, QUA LIFIED AS "2011 TOP HOSPITALS " OTHER RECOGNITION INCLUDES - REGIONS WAS ONE OF THE FIRST HOSPITALS IN THE COUNTRY TO RECEIVE ADVANCED CERTIFICATION FOR PALLIATIVE CARE FROM THE J OINT COMMISSION REGIONS ALSO RECEIVED CERTIFICATION FROM THE JOINT COMMISSION FOR ITS HIP AND KNEE REPLACEMENT PROGRAMS AND THE GOLD SEAL OF APPROVAL AS A PRIMARY STROKE CENTER - REGIONS HAS RECEIVED ALL FIVE PATIENT SAFETY EXCELLENCE AWARDS FROM THE MINNESOTA HOSPITA L ASSOCIATION - REGIONS WAS NAMED AN XCEL ENERGY EFFICIENT PARTNER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	IN 2011, THE ARTICLES OF INCORPORATION AND BYLAWS WERE REVIEWED AND AMENDED PROVISIONS RESPECTING AMENDMENT OF THE ARTICLES AND BYLAWS WERE MODIFIED WHEREAS, PREVIOUSLY, THE ARTICLES AND BYLAWS COULD BE UNILATERALLY CHANGED BY THE CORPORATE MEMBER (HPI-RAMSEY), UNDER THE AMENDED PROVISIONS, THE ARTICLES AND BYLAWS MAY ONLY BE CHANGED UPON THE RECOMMENDATION OF THE BOARD OF DIRECTORS AND WITH THE APPROVAL OF THE CORPORATE MEMBER ADDITIONAL CHANGES TO THE BYLAWS WERE ADOPTED TO SIMPLIFY AND MODERNIZE THE LANGUAGE AND TO ASSURE COMPLIANCE WITH ALL APPLICABLE LAWS NOTABLY, ACTION IN WRITING WITHOUT A MEETING NOW REQUIRES APPROVAL BY A MAJORITY OF ALL DIRECTORS, AND THE COMPOSITION OF COMMITTEES WAS FURTHER ELABORATED

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

Identifier	Return Reference	Explanation
	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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	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

Identifier	Return Reference	Explanation
	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, REGIONS' 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 COMPENSATION 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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	FASB 124 FAIR MARKET VALUE ADJUSTMENT -1,200,325 FASB 158 - POST RETIREMENT ADJUSTMENT -117,552 TRANSFER FROM AFFILIATES - REGIONS HOSPITAL FOUNDATION FOR CAPITAL ASSETS 10,267,764 BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 1,091,829 ROUNDING -5 TOTAL TO FORM 990, PART XI, LINE 5 10,041,711

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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

2011

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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	(k) Percentage ownership

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
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C			
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C			
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C			
(4) HEALTHPARTNERS VENTURES INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1838197	DEVELOP HEALTHCARE BUSINESS OPPORTUNITIES	MN	HEALTHPARTNERS INC	C			
(5) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C			
(6) DENTAL SPECIALTIES INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	Yes
o	Reimbursement paid to related organization(s) for expenses	1o	Yes
p	Reimbursement paid by related organization(s) for expenses	1p	Yes
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
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		No
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) TYPE I	HEALTHPARTNERS INC		No
GROUP HEALTH PLAN INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1)(A)(III)	HEALTHPARTNERS INC		No
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	PRIMARY AND SPECIALTY PATIENT CARE	MN	501(C)(3)	170(B)(1)(A)(III)	GROUP HEALTH PLAN INC		No
HEALTHPARTNERS INSTITUTE FOR MEDICAL EDUCATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1835843	MEDICAL EDUCATION	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
HEALTHPARTNERS RESEARCH FOUNDATION 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1670163	HEALTHCARE RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	GROUP HEALTH PLAN INC		No
CAPITAL VIEW TRANSITIONAL CARE CENTER 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1)(A)(III)	HPI - RAMSEY		No
RAMSEY INTEGRATED HEALTH SERVICES 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
REGIONS HOSPITAL FOUNDATION 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1888902	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	170(B)(1)(A)(VI)	HPI - RAMSEY		No
RHSC INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	HEALTHPARTNERS INC		No
WESTFIELDS HOSPITAL INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN		No
WESTFIELDS HOSPITAL FOUNDATION INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC		No
RH-WISCONSIN 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
PHYSICIANS NECK AND BACK CLINICS 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC		No
HUDSON HOSPITAL INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1)(A)(III)	RH-WISCONSIN		No
HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 39-1279567	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1)(A)(VI)	HUDSON HOSPITAL INC		No
WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 26-3616590	PROVIDE MEDICAL TRANSPORT SERVICES	WI	501(C)(3)	509(A)(3) TYPE II	RH-WISCONSIN		No
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM		No
LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	STILLWATER HEALTH SYSTEM		No
ST CROIX VALLEY HEALTHCARE AND RESEARCH FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1923524	FOUNDATION	MN	501(C)(3)	PF	STILLWATER HEALTH SYSTEM		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
STILLWATER MEDICAL GROUP 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(2)	STILLWATER HEALTH SYSTEM		No
STILLWATER HEALTH SYSTEM 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2011

Attachment Sequence No **179**

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 instructions)	**1**	500,000
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**	2,000,000
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

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 2010 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 2012 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**	39,521,132

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 2011	**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 2011 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 2011 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**	39,521,132
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, 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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning _____, 2011, and ending _____, 20____

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

OMB No 1545-1879

2011

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

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b 607752294
2a	**Form 990-EZ** check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	**Form 8868** check here ▶ [ ]	b **Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund

Sign Here ▶ Heidi J Conrad (Signature of officer) | 11-12-12 (Date) ▶ CHIEF FINANCIAL OFFICER (Title)

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ K. J. Bolt	Date 11-13-12	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN 411366
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN / Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name: JASON DIVINE	Preparer's signature: JDivine CPA	Date 11/13/2012	Check [ ] if self-employed	PTIN P01076050
	Firm's name ▶ KPMG LLP				Firm's EIN ▶ 13-5665207
	Firm's address ▶ 4200 WELLS FARGO CTR, 90 S. 7TH STREET MINNEAPOLIS, MN 55402				Phone no. 612-305-5000

REGIONS HOSPITAL

Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

REGIONS HOSPITAL

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Notes to Financial Statements	6

KPMG LLP
4200 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402

Independent Auditors' Report

The Finance and Audit Committee
Regions Hospital

We have audited the accompanying statements of financial position of Regions Hospital (the Hospital) as of December 31, 2011 and 2010, and the related statements of activities, changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital at December 31, 2011 and 2010, and the results of its activities and cash flows for the years then ended, in conformity with U S generally accepted accounting principles

KPMG LLP

Minneapolis, Minnesota
March 29, 2012

REGIONS HOSPITAL

Statements of Financial Position

December 31, 2011 and 2010

(In thousands)

Assets		2011	2010
Current assets			
Cash and cash equivalents	$	51,534	24,161
Funds held by trustee		1,870	1,003
Receivables			
Patient accounts, net of allowance for doubtful accounts and charity care of $25,350 in 2011 and $34,564 in 2010		60,093	46,656
Other receivables		9,907	4,703
Inventory, prepaids, and other current assets		8,419	8,387
Total current assets		131,823	84,910
Investments			
Undesignated		134,144	131,662
Funds held by trustee		20,868	21,693
Total investments		155,012	153,355
Beneficial interest in net assets of Regions Hospital Foundation		15,819	14,727
Property, plant, and equipment, net		289,871	300,492
Deferred compensation funds		20,617	21,199
Other long-term assets		5,899	6,453
Total assets	$	619,041	581,136
Liabilities and Net Assets			
Current liabilities			
Accounts payable	$	13,350	12,656
Salaries and other employee benefits payable		38,579	34,551
Accrued professional liability claims		3,402	3,150
Due to third-party payors		8,271	12,389
Due to affiliates		8,006	6,750
Current portion of long-term debt		3,238	3,230
Other		338	150
Total current liabilities		75,184	72,876
Accrued professional liability claims		12,233	16,302
Long-term debt, less current portion		216,482	219,720
Deferred compensation payable		20,617	21,199
Deferred lease revenue		6,000	6,304
Postretirement benefit obligation		6,821	7,358
Other liabilities		3,572	3,522
Total liabilities		340,909	347,281
Net assets			
Unrestricted		262,313	219,128
Temporarily restricted		15,208	14,135
Permanently restricted		611	592
Total net assets		278,132	233,855
Total liabilities and net assets	$	619,041	581,136

See accompanying notes to financial statements

REGIONS HOSPITAL

Statements of Activities

Years ended December 31, 2011 and 2010

(In thousands)

	2011	2010
Revenue		
Net patient service revenue	$ 567,365	521,250
Other revenue	36,683	43,313
Total revenue	604,048	564,563
Expenses		
Salaries and employee benefits	338,494	317,419
Supplies	101,639	88,920
Purchased services and other	79,401	82,996
Depreciation and amortization	39,944	38,270
Provision for bad debts	3,219	1,616
Interest, net	11,242	12,692
Total expenses	573,939	541,913
Net operating gain	30,109	22,650
Nonoperating gains		
Investment income and net realized gains	4,127	3,426
Excess of revenue over expenses	34,236	26,076
Transfers from (to) affiliates, net	10,268	(129)
Change in net unrealized gains and losses on investments	(1,201)	3,304
Recognition of change in postretirement funded status	(118)	(925)
Increase in unrestricted net assets	$ 43,185	28,326

See accompanying notes to financial statements

REGIONS HOSPITAL

Statements of Changes in Net Assets

Years ended December 31, 2011 and 2010

(In thousands)

		2011	2010
Unrestricted net assets			
Excess of revenue over expenses	$	34,236	26,076
Transfers from (to) affiliates, net		10,268	(129)
Change in net unrealized gains and losses on investments		(1,201)	3,304
Recognition of change in postretirement funded status		(118)	(925)
Increase in unrestricted net assets		43,185	28,326
Temporarily restricted net assets – increase in beneficial interest in net assets of Regions Hospital Foundation		1,073	1,796
Permanently restricted net assets – increase in beneficial interest in net assets of Regions Hospital Foundation		19	7
Increase in net assets		44,277	30,129
Net assets – beginning of year		233,855	203,726
Net assets – end of year	$	278,132	233,855

See accompanying notes to financial statements

REGIONS HOSPITAL

Statements of Cash Flows

Years ended December 31, 2011 and 2010

(In thousands)

		2011	2010
Cash flows from operating activities			
Change in net assets	$	44,277	30,129
Adjustments to reconcile change in net assets to net cash provided by operating activities			
Change in beneficial interest in net assets of Regions Hospital Foundation		(1,092)	(1,803)
Contribution restricted for construction of mental health building		(10,000)	—
Loss (gain) on disposal of property, plant, and equipment		423	(4)
Impairment of property, plant, and equipment		1,540	—
Change in net realized and unrealized gains and losses on investments		1,201	(3,304)
Change in postretirement benefit obligation		537	171
Depreciation and amortization		36,502	36,770
Provision for bad debts		3,219	1,616
Changes in			
Receivables		(21,860)	(27)
Inventories, prepaid expenses, and other assets		385	1,060
Salaries and other employee benefits payable		2,954	744
Due to third-party payors		(4,118)	3,750
Due to affiliates		1,256	(18,002)
Accounts payable, other liabilities, and accrued professional liability claims		(2,885)	8,048
Deferred lease revenue		(304)	(304)
Total adjustments		7,758	28,715
Net cash provided by operating activities		52,035	58,844
Cash flows from investing activities			
Purchases of property, plant, and equipment		(28,038)	(18,286)
Purchases of investments		(17,519)	(54,109)
Proceeds from sale of investments		13,794	21,832
Net cash used in investing activities		(31,763)	(50,563)
Cash flows from financing activities			
Contribution restricted for construction of mental health building		10,000	—
Payments on long-term debt		(2,899)	(4,224)
Net cash provided by (used in) financing activities		7,101	(4,224)
Increase in cash and cash equivalents		27,373	4,057
Cash and cash equivalents – beginning of year		24,161	20,104
Cash and cash equivalents – end of year	$	51,534	24,161
Supplemental cash flow information			
Cash paid for interest	$	11,243	11,417
Supplemental disclosure of noncash investing activities			
Additions of property, plant, and equipment funded through accounts payable	$	822	457

See accompanying notes to financial statements

(1) Summary of Significant Accounting Policies

(a) Organization

Regions Hospital (the Hospital) provides inpatient, outpatient, and emergency care services for residents of Saint Paul, Minnesota and the surrounding communities

HPI-Ramsey is the Hospital's parent corporation and a subsidiary of HealthPartners, Inc (HealthPartners) HealthPartners is a not-for-profit health maintenance organization licensed in Minnesota and serves as the parent organization for all HealthPartners related organizations HPI-Ramsey is also the parent corporation of Regions Hospital Foundation (the Foundation), and RH-Wisconsin, Inc (RHW) RHW is the parent corporation of Westfields Hospital, Inc (WH), Hudson Hospital, Inc (HH), and Western Wisconsin Emergency Medical Services Co (WWEMS)

(b) Basis of Accounting

The financial statements are prepared in conformity with U S generally accepted accounting principles (GAAP)

(c) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions, such as contractual allowances, allowances for doubtful accounts receivable and charity care, due to third-party payors, postretirement benefit obligations, general and professional liability claims, estimated unpaid medical and dental claims, and workers' compensation claims liability, that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(d) Net Patient Service Revenue

Net patient service revenue consists of gross charges for patient services, less estimated contractual allowances for services provided to enrollees of Medicare, Medicaid, health maintenance organizations (HMOs), preferred provider organizations (PPOs), other third-party payors, and patients Medicare and Medicaid payments for inpatient and outpatient services are primarily based on prospectively determined per-case rates Payments for services provided to patients of HMOs, PPOs, and other third-party payors are negotiated between the Hospital and the respective payor on a per case, per diem, or fee schedule basis, or on discounts from established charges

Initial revenue estimates are recorded in the period the related services are provided The initial estimates are adjusted in future periods as new data, including final settlements, become available

The Hospital utilizes a process to identify and appeal certain settlements by Medicare Reimbursement is adjusted in the year the appeal is finalized During 2011 and 2010, appeals, cost report settlements and other adjustments to prior year estimates resulted in a decrease in net patient

service revenue of $15 in 2011 and an increase in net patient service revenue of $3,766 in 2010, which represented 0% and 0 7%, respectively, of net patient service revenue

(e) Cash and Cash Equivalents

The Hospital considers investments with a maturity of three months or less to be cash and cash equivalents, and are carried at cost, which approximates fair value Cash and cash equivalents held for long-term or restricted as to use are classified as investments and are excluded from cash and cash equivalents

(f) Inventory

Inventories, consisting of pharmaceutical products and operating room center core supplies, are valued at the lower of cost (first-in, first-out) or market, and all other inventories are valued at the lower of average cost or market

(g) Investments and Investment Income

Investments are carried at fair value based on quoted market prices Because of the inherent uncertainty of certain valuations, estimated fair values might differ significantly from the fair values that would have been used had a ready market for the investments existed Undesignated investments are not intended to be used for current operations and are, therefore, not classified as current assets

Investment income (including dividends, interest, realized gains and losses on sales of investments, and changes in unrealized gains and losses on trading securities) is included in nonoperating gains (losses) in the statements of activities Interest income earned on short-term construction funds is included in other revenue in the statements of activities Changes in unrealized gains and losses on investments designated as other-than-trading securities are excluded from excess of revenue over expenses in the statements of activities The majority of the Hospital's investments are designated as other-than-trading securities at December 31, 2011 and 2010

The Hospital's investments are exposed to various risks, such as interest rate, market, cash flow, and credit risks Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is possible that changes in risks in the near term could materially affect the amounts reported in the accompanying statements of financial position, activities, and changes in net assets

(h) Realized and Unrealized Gains and Losses

Realized and unrealized gains and losses are determined using the specific security identification method The Hospital regularly reviews each investment in its various asset classes to evaluate the necessity of recording impairment losses for other-than-temporary declines in fair value During these reviews, the Hospital evaluates many factors, including, but not limited to, the length of time and the extent to which the current fair value has been below the cost of the security, specific credit issues such as collateral, financial prospects related to the issuer, the Hospital's intent and ability to hold or sell the security, and current economic conditions

Other-than-temporary impairment (OTTI) is recognized in earnings for a fixed maturity security in an unrealized loss position when it is anticipated that the amortized cost will not be recovered. In such situations, the OTTI recognized in earnings is the entire difference between the fixed maturity security's amortized cost and its fair value only when either the Hospital has the intent to sell the fixed maturity security or it is more likely than not that the Hospital will be required to sell the fixed maturity security before recovery of the decline in the fair value below amortized cost. If neither of these two conditions exists, the difference between the amortized cost basis of the fixed maturity security and the present value of the projected future cash flows expected to be collected is recognized as an OTTI in earnings (credit loss). If the fair value is less than the present value of projected future cash flows expected to be collected, this portion of the OTTI related to other-than credit factors (noncredit loss) is recorded in net assets as changes in net unrealized loss (gain) for noncredit losses on investments. When an unrealized loss on a fixed maturity security is considered temporary, the Hospital continues to record the unrealized loss in net assets as changes in net unrealized loss (gain) on investments and not in earnings. There was no change for equity securities, which, when an OTTI has occurred, continue to be impaired for the entire difference between the equity security's cost and its fair value with a corresponding charge to earnings.

For nonstructured fixed maturity securities, an OTTI is recorded when the Hospital believes that it is no longer probable the Hospital will recover all amounts due under the contractual terms of the security.

For structured fixed maturity securities, an OTTI is recorded when the Hospital believes that based on expected future cash flows, the Hospital will not recover all amounts due under the contractual terms of the security. The credit loss component considers inputs from outside sources along with managements' opinion of factors to develop inputs into the cash flow analysis. These inputs include, among other things, default assumptions on underlying loans, recovery assumptions once underlying loans are in default, and a number of other economic inputs into the model.

For equity securities, an OTTI is recorded when the Hospital does not have the ability and intent to hold the security until forecasted recovery, or if the forecasted recovery is not within a reasonable period. Mutual funds are reviewed by analyzing the characteristics of the underlying investments and the outlook for the asset class along with the ability and intent to hold investments.

All other material unrealized losses are reviewed for any unusual event that may trigger an OTTI. Determination of the status of each analyzed investment as other-than-temporary or not is made based on these evaluations with documentation of the rationale for the decision.

Upon recognizing an OTTI, the new cost basis of the security is the previous amortized cost basis less the OTTI recognized in net realized investment gains (losses). The new cost basis is not adjusted for any subsequent recoveries in fair value.

The Hospital may, from time to time, sell invested assets subsequent to the financial position date that were considered temporarily impaired at the financial position date for several reasons. Conversely, the Hospital may not sell invested assets that it asserted that it intended to sell at the financial position date. The rationale for the change in the Hospital's ability and intent generally

(In thousands)

focuses on unforeseen changes in the economic facts and circumstances related to the invested asset subsequent to the financial position date, significant unforeseen changes in the Hospital's liquidity needs, or changes in tax laws or the regulatory environment The Hospital had no material sales of invested assets subsequent to December 31, 2011

(i) Net Assets and Beneficial Interest in Net Assets of Regions Hospital Foundation

Net assets are classified as permanently restricted, temporarily restricted, or unrestricted in the financial statements based on the existence or absence of donor-imposed restrictions Restricted net assets at December 31, 2011 and 2010 include the Hospital's beneficial interest in the net assets of the Foundation The Foundation's permanently restricted net assets have been restricted by donors to be maintained in perpetuity The temporarily restricted net assets and income on permanently restricted net assets are restricted for specific programs, including research and education

(j) Property, Plant, and Equipment, Net

The majority of the Hospital's main campus is owned by Ramsey County and leased to the Hospital The lease agreement grants the Hospital use of the property through December 2066 and requires the Hospital to (i) provide care to the indigent of Ramsey County throughout the lease term, (ii) pay all taxes, utilities, maintenance, and insurance costs with respect to the property, (iii) use its best efforts to continue providing, and consult with the Ramsey County Board of Commissioners before discontinuing its major or unique services, including but not limited to the trauma center, burn unit, graduate medical education, and research services, and (iv) not assign the lease to a for-profit corporation The property leased from Ramsey County is included in the Hospital's net property, plant, and equipment Under the lease, the Hospital is required to provide a minimum dollar amount of charity care to Ramsey County residents In the event the value of charity care does not meet the lease requirement, the Hospital can fulfill the requirement by making capital improvements to the Hospital property The Hospital's compliance with the charity care requirement of the lease is based on the value of charity care provided and reduced by Ramsey County's direct cash support, if any

Property, plant, and equipment, net, including the property leased from Ramsey County, is recorded at cost, and depreciation is computed on the straight-line method over estimated useful lives of the related assets as follows

Land improvements	5 – 40 years
Buildings and building service equipment	10 – 40 years
Equipment	3 – 15 years

Equipment under capital lease is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the financial statements

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of the underlying assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as a direct increase to unrestricted net assets, and are excluded from the excess of revenue over expenses Gifts of long-lived assets that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net assets Absent explicit donor stipulations about how long these long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

(k) Impairment of Long-Lived Assets

Management periodically reviews the carrying value of long-lived assets for potential impairment by comparing the carrying value of these assets to the estimated undiscounted future cash flows expected to result from the use of these assets Should the sum of the related, expected future net cash flows be less than the carrying value, an impairment loss could be recognized dependent upon other considerations Impairments of $1,540 and $0 are included in depreciation and amortization for the years ended December 31, 2011 and 2010, respectively

(l) Deferred Financing Costs

Financing and legal costs incurred in connection with the issuance of long-term debt are amortized over the life of the related indebtedness using the effective-interest method, and are included within other assets on the statements of financial position

(m) Uncompensated Care

The Hospital provides care to patients without regard to the patient's ability to pay Upon determining that a patient meets the Hospital's established charity care criteria, the charges for services provided to the patient are determined to qualify as uncompensated care and are not reported as revenue

(n) Statements of Activities

The Hospital's operating income includes all unrestricted revenue and expenses Nonoperating gains and losses include other-than-temporary investment losses and unrestricted investment income

Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include unrealized gains and losses on investments other-than-trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions whereby donor restrictions were to be used for the purposes of acquiring such assets)

(o) Tax-Exempt Status

The Internal Revenue Service has determined that the Hospital is a not-for-profit Minnesota corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code (IRC)

(In thousands)

(p) Income Taxes

The Hospital's accounting policy provides that a tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits The Hospital recorded no liabilities in 2011 or 2010 for unrecognized tax benefits

(q) Recent Accounting Pronouncements

In August 2010, the FASB issued ASU 2010-23, *Health Care Entities – Measuring Charity Care for Disclosure*, which requires a standardized process be used by healthcare entities that provide charity care to determine the measurement basis Cost will be used as the measurement basis for disclosure purposes and should be broken down between direct and indirect costs for providing charity care This standard is effective for the 2011 fiscal year The adoption of this standard is not expected to have a material impact on the Hospital's financial statements The Hospital adopted this policy in 2011

In August 2010, the FASB issued ASU No 2010-24, *Health-Care Entities – Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that insurance recoveries should not be netted against a related claim liability The claim liability amount should be calculated without consideration of insurance recoveries This standard is effective for the 2011 fiscal year The adoption of this standard did not have a material impact on the Hospital's financial statements

(2) Inventory, Prepaids, and Other Current Assets

At December 31, 2011 and 2010, other current assets were comprised of the following

		2011	2010
Inventory	$	5,802	5,737
Prepaid expenses and other		2,617	2,650
Total inventory, prepaids, and other current assets	$	8,419	8,387

(Continued)

(In thousands)

(3) Other Long-Term Assets

At December 31, 2011 and 2010, other long-term assets were comprised of the following

		2011	2010
Deferred financing costs	$	1,770	1,907
Prepaid facility rent		1,200	1,286
Notes receivable from WH		2,608	2,833
Equity interest in East Metro Imaging Centers, LLC (EMIC)		305	390
Other		16	37
Total other long-term assets	$	5,899	6,453

(4) Investments

The composition of the investment portfolio as of December 31, 2011 and 2010 is summarized as follows

		Undesignated	Held by trustee	Total
2011				
Cash equivalents	$	225	2,382	2,607
Government agent securities		19,039	—	19,039
Asset-backed securities		13,861	—	13,861
Residential mortgage-backed securities		33,938	—	33,938
Commercial mortgage-backed securities		6,687	—	6,687
Corporate obligations		35,996	20,356	56,352
Common stocks/mutual funds		24,398	—	24,398
	$	134,144	22,738	156,882
2010				
Cash equivalents	$	6,547	2,313	8,860
Government agent securities		30,358	—	30,358
Asset-backed securities		10,390	—	10,390
Residential mortgage-backed securities		22,051	—	22,051
Commercial mortgage-backed securities		5,149	—	5,149
Corporate obligations		32,272	20,383	52,655
Common stocks/mutual funds		24,895	—	24,895
	$	131,662	22,696	154,358

(Continued)

(In thousands)

Investments held by trustee as of December 31 are as follows

		2011	2010
Current portion	$	1,870	1,003
Long-term portion		20,868	21,693
Total investments held by trustee	$	22,738	22,696

Investment return, net of amounts capitalized, for the years ended December 31, 2011 and 2010, are summarized as follows

		2011	2010
Unrestricted interest and dividends	$	4,862	4,148
Unrestricted net realized gain		479	412
Total unrestricted investment income		5,341	4,560
Change in net unrestricted unrealized gains on investments		(1,200)	3,304
Total investment return	$	4,141	7,864

The investment return is included in the accompanying financial statements as follows

		2011	2010
Other revenue – earned on funds held by trustee	$	1,214	1,134
Nonoperating gains			
Investment income and net realized gains		4,127	3,426
Unrestricted net assets – change in unrealized gains		(1,200)	3,304
	$	4,141	7,864

Gross unrealized losses and fair values, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, including the noncredit portion of OTTI, as of December 31, 2011 and 2010, are as follows

(Continued)

(In thousands)

	Less than 12 months		12 months or more		Total	
	Fair market value	Unrealized loss	Fair market value	Unrealized loss	Fair market value	Unrealized loss
2011						
Government agency securities	$ 561	(1)	—	—	561	(1)
Asset-backed securities	8,258	(23)	290	(38)	8,548	(61)
Residential mortgage-backed securities	684	(56)	606	(194)	1,290	(250)
Commercial mortgage-backed securities	663	(1)	51	—	714	(1)
Corporate obligations	5,355	(73)	—	—	5,355	(73)
Common Stock / Mutual Funds	348	(19)	—	—	348	(19)
	$ 15,869	(173)	947	(232)	16,816	(405)
2010						
Government agency securities	$ 11,669	(109)	2,116	(10)	13,785	(119)
Asset-backed securities	1,885	(9)	301	(47)	2,186	(56)
Residential mortgage-backed securities	4,402	(82)	1,921	(137)	6,323	(219)
Commercial mortgage-backed securities	2,699	(56)	—	—	2,699	(56)
Corporate obligations	8,902	(161)	454	(36)	9,356	(197)
	$ 29,557	(417)	4,792	(230)	34,349	(647)

Securities in the portfolio are continuously reviewed to determine whether any have become other-than-temporarily impaired. The following table represents the number of the Hospital's securities, by composition, at December 31, 2011 and 2010, whose fair market value was below cost:

	2011	2010
Government agency securities	$ 1	4
Asset-backed securities	49	28
Residential mortgage-backed securities	24	29
Commercial mortgage-backed securities	6	13
Corporate obligations	24	37
Common Stock / Mutual Funds	3	—
	$ 107	111

(5) Fair Value of Financial Instruments

All financial instruments are carried at fair value, with the exception of revenue bonds and notes payable, which had a carrying value of $219,720 and $222,950 and a fair value of $219,390 and $198,840 as of December 31, 2011 and 2010, respectively.

(Continued)

The following methods and assumptions were used to estimate the fair value of each class of financial instruments

(a) Cash and Cash Equivalents

The carrying amount approximates fair value due to the short duration of those financial instruments

(b) Investments and Deferred Compensation Funds

The fair values are based on quoted market prices at the reporting date where available For securities not actively traded, fair value is estimated based on investments with similar interest rates, credit quality, yield, and maturity

(c) Revenue Bonds

The fair value of the Hospital's revenue bonds is estimated based on the quoted market prices for similar issues, as advised by the Hospital's investment bankers

(d) Notes Payable

The fair value of the Hospital's notes payable is estimated based on cash flows, discounted at current rates, for instruments of similar maturities and credit quality

The Hospital established a three-level fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements) The determination of the level within the hierarchy is based on the lower level input that is significant to the fair value measurement The three levels of the fair value hierarchy are described below

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and are unobservable The unobservable inputs reflect the Hospital's own assumptions

The Hospital has developed the following guidelines to report investments into the three-level hierarchy for establishing fair market measurements

Level 1 Active markets
Observable and highly liquid securities
Vendor based evaluation
Last trade price for identical securities
Dollar price quotes from broker/dealers for identical securities

Level 2 Active but impaired markets
Quoted prices for similar assets
Observable inputs other than quoted prices

Level 3 Illiquid on distressed markets
Unobservable inputs
The Hospital designed models to calculate fair value

The Hospital has classified its investments as cash equivalents, government agency securities, asset-backed securities, residential mortgage-backed securities, commercial mortgage-backed securities, corporate obligations, and common stocks/mutual funds

The following is a description of the valuation methodologies used for investments held and carried at fair value

The fair value of equity securities is based on quoted prices from national exchanges The fair value of fixed maturity securities is based on commonly used third-party pricing services Mutual fund prices are derived from the underlying security values and are based on quoted prices from national exchanges and commonly used third-party pricing services The Hospital obtains one price for each security and mutual fund primarily from a national exchange or third-party pricing service, which generally uses Level 1 and Level 2 inputs for the determination of fair value

(In thousands)

The following tables present the level within the fair value hierarchy at which the Hospital's invested assets are measured on a recurring basis at December 31, 2011 and 2010

	Level 1	Level 2	Level 3	Total
2011				
Invested assets				
Cash equivalents	$ 2,606	—	—	2,606
Fixed income				
Government agency securities	19,039	—	—	19,039
Asset-backed securities	—	13,861	—	13,861
Residential mortgage-backed securities	—	33,938	—	33,938
Commercial mortgage-backed securities	—	6,687	—	6,687
Corporate obligations	—	56,352	—	56,352
Mutual funds				
Index funds	13,400	—	—	13,400
Mid cap funds	6,287	—	—	6,287
International funds	4,712	—	—	4,712
Total investment assets at fair value	$ 46,044	110,838	—	156,882
2010				
Invested assets				
Cash equivalents	$ 8,861	—	—	8,861
Fixed income				
Government agency securities	30,358	—	—	30,358
Asset-backed securities	—	10,390	—	10,390
Residential mortgage-backed securities	—	22,051	—	22,051
Commercial mortgage-backed securities	—	5,149	—	5,149
Corporate obligations	—	52,655	—	52,655
Mutual funds				
Index funds	13,125	—	—	13,125
Mid cap funds	6,469	—	—	6,469
International funds	5,300	—	—	5,300
Total investment assets at fair value	$ 64,113	90,245	—	154,358

The Hospital did not have significant transfers between Levels 1 and 2 during the years ended December 31, 2011 and 2010

(Continued)

(In thousands)

(6) Net Patient Service Revenue

Patient service revenue at established rates less third-party payor contractual adjustments, for the years ended December 31, 2011 and 2010, consisted of the following

		2011	2010
Patient service revenue	$	1,455,248	1,296,808
Allowances for contractual adjustments		(887,883)	(775,558)
Net patient service revenue	$	567,365	521,250

(7) Accounts Receivable by Payor

The Hospital grants credit without collateral to its patients, most of whom are insured under third-party payor agreements The mix of gross receivables from patients and third-party payors at December 31, 2011 and 2010 was as follows

	2011	2010
Medicare	23%	20%
Medicaid	13	10
Other third-party payors	60	63
Patients	4	7
	100%	100%

(8) Property, Plant, and Equipment, Net

A summary of the costs and the related accumulated depreciation at December 31, 2011 and 2010 is as follows

		2011		2010	
		Cost	Accumulated depreciation	Cost	Accumulated depreciation
Land and land improvements	$	4,560	2,685	4,560	2,685
Buildings and building service equipment		390,719	169,508	386,674	151,765
Equipment		196,749	141,174	188,753	125,410
Construction in progress		11,210	—	365	—
	$	603,238	313,367	580,352	279,860
Property, plant, and equipment, net			$ 289,871		$ 300,492

(Continued)

(In thousands)

Construction in progress at December 31, 2011 and 2010 represents deposits on equipment purchases and costs incurred in connection with remodeling and building projects The Hospital paid interest of $11,242 and $11,417 in 2011 and 2010, respectively At December 31, 2011 and 2010, there was $0 of capitalizable interest included in construction in progress

(9) Long-Term Debt

Long-term debt at December 31, 2011 and 2010 consisted of the following

		2011	2010
Hospital Facility Revenue Bonds – Series 1998, interest at 5 00% to 5 30%, tax-exempt, payable in annual installments through 2028, net of unamortized bond discount of $678 and $749 for 2011 and 2010, respectively	$	39,081	40,420
Hospital Facility Revenue Bonds – Series 2006, interest at 4 625% to 5 250%, tax-exempt, payable in annual installments through 2036, net of unamortized bond premium of $7,291 and $7,693 for 2011 and 2010, respectively		178,457	180,119
Health Care Facility Revenue Note – Series 2006, interest at 5 386%, payable in monthly installments through August 2026		2,182	2,275
Note payable, interest at 3 91%, payable in monthly installments through January 2011		—	136
Total long-term debt		219,720	222,950
Less current portion		3,238	3,230
Long-term portion	$	216,482	219,720

(a) Hospital Facility Revenue Bonds

Series 1998 and Series 2006 Hospital Facility Revenue Bonds were issued by the Housing and Redevelopment Authority of the City of Saint Paul (HRA) on behalf of the Hospital Payment of the principal and interest on the Series 1998 and Series 2006 bonds are the joint obligation of the HealthPartners Obligated Group (Obligated Group), which includes Group Health Plan, Inc (GHI), the Hospital, HealthPartners, HealthPartners Administrators, Inc , and HealthPartners Insurance Company (HPIC) The bond proceeds were used primarily for hospital facility construction, general facility refurbishing, and equipment acquisition

The Obligated Group's gross revenues were pledged toward repayment of the bonds The debt agreements include covenants enumerating minimum debt service coverage requirements, along with

(In thousands)

restrictions on the incurrence of additional debt, sales of assets, mergers and consolidations, transactions with affiliates, creation of liens, and certain other matters

The debt agreements also require the Hospital to maintain certain funds in trust accounts Investments in the trusts are recorded at fair value Such funds are included in investments in the statements of financial position at December 31, 2011 and 2010, were as follows

		2011	2010
Funds held by trustee			
Debt service reserve fund	$	20,868	21,693
Bond interest and principal fund		1,870	1,003
Total funds held by trustee		22,738	22,696
Less current portion		1,870	1,003
Long-term portion	$	20,868	21,693

Interest income of $194 earned on debt service reserve funds held by trustee has been included in other revenue in both 2011 and 2010

(b) Health Care Facility Revenue Note

The Series 2006 Health Care Facility Revenue Note was issued by the City of Maplewood, MN, on behalf of the Hospital Payment of the principal and interest is the sole obligation of the Hospital The bond proceeds were used primarily for the acquisition, construction, and equipping of the Maplewood Sleep Center

(c) Note Payable

The HRA issued a promissory note on behalf of the Hospital with a lender Payment of the principal and interest is the sole obligation of the Hospital The loan proceeds were used primarily for equipment acquisition

(d) Line of Credit

The Hospital put in place an Intermediate Revolving Line of Credit on July 1, 2009 to cover any amount in excess of $25,000 under the revolving working capital line of credit above The maximum amount of this intermediate revolving line of credit will not exceed $15,000 Interest varies monthly, based on the Prime Rate in *the Wall Street Journal* effective on the first day of each month, which was 3 25% on December 31, 2011 At December 31, 2011, there was no outstanding principal balance Any principal outstanding is due in full on June 30, 2014 The total combined amount of the revolving line of credit is not to exceed $40,000 In 2011, the Hospital paid HealthPartners no interest on the line of credit

(In thousands)

Annual principal payments due on long-term debt are as follows

Years ending December 31		
2012	$	3,238
2013		3,383
2014		3,548
2015		3,714
2016		3,889
Thereafter		201,948
	$	219,720

(10) Asbestos Abatement

ASC 410, *Asset Retirement and Environmental Obligations* (ASC 410), requires companies to accrue for costs related to legal obligations to perform certain activities in connection with the retirement, disposal, or abandonment of assets The Hospital recorded asset retirement obligations in accordance with this interpretation for conditional asset retirement obligations related to the removal of asbestos contained within the hospital building The asset retirement obligation is adjusted each year for any liabilities incurred or settled during the period, accretion expense, and any revisions made to the estimated cash flows At December 31, 2011 and 2010, the Hospital recorded an asset retirement obligation of $3,910 and $3,624, respectively

(11) Other Postretirement Benefits and Pension Plans

(a) Postretirement Benefits

The Hospital sponsors a defined benefit plan that provides postretirement medical and dental benefits to substantially all of the Hospital's employees hired prior to January 1, 1993, and retired by December 31, 2000 The plan is contributory for retirees below age 65 and noncontributory for retirees aged 65 and older In 1994, the plan was amended to eliminate subsidized coverage after age 65 for participants who retired after July 1, 1994 In 1999, the plan was amended to eliminate coverage for active employees who retired after December 31, 2000

The Hospital uses a December 31 measurement date for the postretirement plan

(In thousands)

The following tables provide a reconciliation of the changes in the plan's benefit obligations and fair value of assets over the periods ended December 31, 2011 and 2010, and a statement of funded status as of the same dates

		2011	2010
Change in benefit obligation			
Benefit obligation – beginning of year	$	8,264	8,150
Interest cost		338	399
Actuarial (gain)/loss		(112)	696
Benefit payments		(825)	(981)
Benefit obligation – end of year	$	7,665	8,264
Change in plan assets			
Fair value of plan assets – beginning of year	$	—	—
Employer contributions		825	981
Benefits paid		(825)	(981)
Fair value of plan assets – end of year	$	—	—
Amounts recognized in the statement of financial position consist of			
Current liabilities – salaries and other employee benefits payable	$	(844)	(906)
Noncurrent liabilities – postretirement benefit obligation		(6,821)	(7,358)
Total amount recognized	$	(7,665)	(8,264)
Amounts recognized in unrestricted net assets consist of			
Net gain	$	155	267
Prior service cost		(23)	(253)
Total amount recognized	$	132	14

The components of net periodic benefit cost for the plan for 2011 and 2010 were as follows

		2011	2010
Interest cost	$	338	399
Amortization of prior service cost		(230)	(230)
Recognized actuarial gain		—	—
Net periodic postretirement benefit cost	$	108	169

(Continued)

(In thousands)

Assumptions and health care trends for 2011 and 2010 were as follows

	2011	2010
Assumed health care cost trends		
Following year	7 90%	8 10%
Rate to which the cost trend rate is assumed to decline	4 50%	4 50%
Year that the rate reaches the ultimate trend rate	2029	2029
Assumptions used to determine benefit obligations		
Discount rate	4 00%	4 50%
Future compensation increase rates	—	—
Assumptions used to determine net periodic benefit costs		
Discount rate	4 50%	5 20%
Expected long-term rate of return	—	—

As an indicator of sensitivity, a one-percentage-point increase in the assumed healthcare cost trend rate for each year would increase the accumulated postretirement benefit obligation as of December 31, 2011 and 2010, by approximately 7 1% and 8 0% and postretirement healthcare expense for 2011 and 2010 by approximately 6 5% and 7 3%, respectively A one-percentage-point decrease in the assumed healthcare cost trend rate for each year would decrease the accumulated postretirement benefit obligation as of December 31, 2011 and 2010, by approximately 6 4% and 7 3% and postretirement healthcare expenses for 2011 and 2010 by approximately 6 0% and 6 7%, respectively

The following is the expected cash cost to the Hospital for the next 10 years using current healthcare cost assumptions

Year ending December 31	
2012	$ 844
2013	821
2014	795
2015	764
2016	729
2017 – 2021	3,021

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was signed into law The provisions of the Act provide for a federal subsidy for plans that provide prescription drug benefits and meet certain qualifications and, alternatively, would allow prescription drug plan sponsors to coordinate with the Medicare benefit The Hospital has delegated

responsibility to its contracted healthcare insurance provider in exchange for lower premiums for in-network retirees

(b) Pension Plan

Substantially, all full-time employees of the Hospital are covered by the Hospital's defined contribution retirement plan or by the defined benefit plans administered by the Public Employees Retirement Association of the State of Minnesota (PERA)

The Hospital sponsors a defined contribution retirement plan covering all employees over the age of 21 who have completed one year of eligible service and are not covered by PERA The plan provides for both a base contribution and a matching contribution funded by the employer based on employees' participation in a qualifying 403(b) plan The plan is a qualified plan under IRC Section 401(a) and satisfies the requirements of Section 401(m) The Hospital's contributions range from 4% to 6% of eligible employees' compensation Total contributions to the plan were $9,594 and $9,748 in 2011 and 2010, respectively

PERA is a contributory defined benefit retirement plan available to employees hired by the Hospital prior to September 3, 1986, who may, but are not obligated to continue PERA participation under provisions of Minnesota Statutes The PERA plan provides retirement benefits as well as disability benefits to members, and benefits to survivors upon death of eligible members Benefits are established by Minnesota State Statute and vest after three years of credited service Contributions by the Hospital to this plan are based on a percentage of eligible employees' salaries The contributory percentage is established by PERA Contributions to PERA were $474 and $626 in 2011 and 2010, respectively The Hospital's relative actuarial position and relative net assets available for benefits are not determinable

(12) Deferred Compensation Plan

The Hospital offers employees hired by the Hospital prior to September 3, 1986, a deferred compensation plan created in accordance with applicable provisions of the IRC The plan permits these eligible employees to defer a portion of their salaries until future years The accumulated deferred compensation balance is not available to employees until termination, retirement, death, or unforeseeable emergency All amounts of compensation deferred under the plan, and all income attributable to those amounts, are (until paid or made available to the employee or other beneficiary) solely the property of the Hospital, and the Hospital has all the related rights of ownership (not restricted to the payment of benefits under the plan), subject only to the claim of the Hospital's general creditors Participants' rights under the plan are equal to those of general creditors of the Hospital in an amount equal to the fair market value of the deferred account for each participant The related assets and liabilities are reported at fair market value

(13) Self-Insurance

The Hospital is self-insured for general and professional liability claims up to $5,000 per occurrence from February 2009 through December 2011, and $2,000 per occurrence and $8,000 annual aggregate from January 2008 through January 2009 The Hospital purchases insurance protection for potential claims in excess of the self-insured amounts, up to a maximum of $55,000 per occurrence and no annual aggregate

(In thousands)

in 2011 and 2010 The balance of the accrued professional liability claims is $15,635 and $19,452 as of December 31, 2011 and 2010, respectively, and is shown on the statements of financial position The Hospital has recorded a liability for claims incurred but not reported The Hospital legally dissolved its general and professional liability trust fund in 2006 The Hospital is also self-insured for workers' compensation claims up to $900 per loss occurrence for 2011 and 2010 (its retention limit with the Workers' Compensation Reinsurance Association) The Hospital has recorded a liability for claims incurred but not reported The balance of accrued workers compensation claims is $5,797 and $5,509, as of December 31, 2011 and 2010, respectively, and is shown on the statements of financial position within salaries and other employee benefits payable

The Hospital is self-insured for certain employee health and dental claims through HealthPartners Insurance Company (HPIC), a subsidiary of HealthPartners The Hospital has stop-loss insurance for claims in excess of $100 per person (individual) per year in 2011 and $100 per contract (family) per year in 2010, with an unlimited lifetime maximum for 2011 and a $2,000 lifetime maximum for 2010 The Hospital has recorded a liability for claims incurred but not reported The balance of accrued health and dental claims is $3,563 and $3,202 as of December 31, 2011 and 2010, respectively, and is shown on the statements of financial position within salaries and other employee benefits payable

(14) Commitments

(a) Operating Leases

The Hospital leases software, equipment, medical clinic space, and office space under operating lease agreements that expire at varying dates The leases provide for minimum monthly rental payments, plus additional rentals, based on the Hospital's pro rata share of utilities, maintenance, taxes, insurance, and building management expenses

These aggregate future minimum rental payments include semiannual parking ramp lease payments commencing January 1, 2010

The following is a five-year schedule of future minimum rental payments required under these leases

Year ending December 31		
2012	$	6,794
2013		6,022
2014		5,592
2015		5,277
2016		4,987
Thereafter		38,251
	$	66,923

Rental expense totaled $9,478 and $8,015 for 2011 and 2010, respectively, and includes the operating lease payments noted above, certain rent payments to Ramsey County in conjunction with

the lease agreement, and other monthly rent payments, and is included in purchased services and other in the statements of activities

(b) Deferred Lease Revenue

The Hospital entered into space lease agreements in 2007 and 2005 to sublease space in the Hospital through August 31, 2031 and December 31, 2031, respectively The subleases required one-time, prepaid, lump-sum payments from the lessee of $5,451 and $2,070 in 2007 and 2005, respectively, these prepayments were recognized as deferred revenue and will be amortized over the term of the lease using the straight-line method The remaining deferred lease revenue recorded at December 31, 2011 and 2010 was $6,000 and $6,304, respectively, and is included in deferred lease revenue in the statements of financial position

(15) Affiliated Organizations

The Hospital paid affiliated organizations for physicians' and administrative services in 2011 and 2010, in the amounts of $46,194 and $42,605, respectively The Hospital contributed to its affiliates $5 and $71 during 2011 and 2010, respectively

The Hospital also provides medical care to patients who are participants in various health maintenance plans and programs of HealthPartners Net patient service revenue related to such patients in 2011 and 2010 were $88,636 and $87,548, respectively

The Hospital's net accounts receivable from affiliates related to the various medical care to patients noted above were $9,386 and $6,201 at December 31, 2011 and 2010, respectively, which are included in patient accounts receivable on the statements of financial position

HealthPartners processes accounts payable payments for the Hospital As a result of the timing of these payments during the year, the Hospital has recorded net amounts due to HealthPartners of $8,006 and $6,750 for December 31, 2011 and 2010, respectively

The Hospital provided operating support to affiliates of $1,000 during 2011 to support medical education, included in purchased services and other, and $175 during 2010, in interest revenue in 2010

During 2006, the Hospital loaned $4,000 to WH The loan bears interest at 4 5% and calls for WH to pay the Hospital in installments of $175 through January 2016, at which time the loan is due and payable in full The Hospital recorded $135 and $73 in interest revenue during 2011 and 2010, respectively The loan balance at December 31, 2011 and 2010 was $2,833 and $3,048, respectively, and is included in other assets in the statements of financial position The Hospital made a net asset transfer of $104 in 2010 to WH, for the forgiveness of the December note payment

The Hospital finances trade payables processed by HealthPartners with a revolving working capital line of credit made available to the Hospital by HealthPartners At December 31, 2011 and 2010, the outstanding balance under the revolving working capital line of credit of $8,006 and $6,750, respectively, is included in due to affiliates Interest varies monthly, based on an average money market yield, which was 3 25% at

(In thousands)

December 31, 2011 and 2010 In 2011 and 2010, the Hospital paid HealthPartners no interest on the line of credit

The Hospital has an agreement with HealthPartners to sublease approximately 26,580 of rentable square feet of space in the HealthPartners Specialty Center (HPSC) Total rents paid in 2011 and 2010 were $921 and $931, respectively

The Hospital has purchased stop-loss coverage for certain employee health and dental claims This coverage was purchased through HPIC, a subsidiary of HealthPartners The Hospital paid HPIC $3,166 and $2,912 in 2011 and 2010, respectively, for this coverage The Hospital has recovered from HPIC $2,977 and $4,091 in 2011 and 2010, respectively, for claims in excess of coverage limits

The Hospital received a net asset transfer of $10,401 and $49 in 2010, respectively, from the Foundation, including $10,000 in 2011 for the construction of the new mental health building, expected to be completed in 2012, and the purchase of property, plant, and equipment

The Hospital made a net asset transfer of $103 and $74 in 2011 and 2010, respectively, to WWEMS for the purchase of a long term investment in St Croix Valley EMS in 2011 and for ambulances in 2010

The Hospital made a net asset transfer of $30 and $0 in 2011 and 2010, respectively, to Capital View Transitional Care for the purchase of equipment

(16) Classification of Expenses

The Hospital's expenses are classified as follows

		2011	2010
Healthcare services	$	515,681	493,577
General and administrative		36,995	37,016
Taxes and assessments		21,263	11,320
Total expenses	$	573,939	541,913

(17) Contingencies

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time Government activity has increased with respect to investigations and allegations concerning possible regulatory violations by healthcare providers, which could result in the imposition of significant fines and penalties as well as significant repayments of previously billed and collected revenues for patient services The Hospital operates a corporate compliance plan designed in accordance with federal guidelines As part of the Hospital's compliance efforts, the Hospital investigates and attempts to resolve and remedy all reported or suspected incidents of material noncompliance with applicable laws, regulations, or policies on a timely

(In thousands)

basis Management of the Hospital believes that the Hospital's compliance programs and procedures lead to substantial compliance with current laws and regulations

The Hospital has estimated and recorded a liability for certain billing and regulatory compliance matters in both 2011 and 2010, which is included in due to third-party payors on the statements of activities Actual settlements could differ from those estimates

The Hospital is involved in other litigation and regulatory investigations and audits arising in the normal course of business It is management's opinion that these matters will be resolved without material adverse effect on the Hospital's financial position or results of operations

(18) Community Services and Uncompensated Care

In furtherance of its charitable purpose, the Hospital provides a variety of benefits to the community The Hospital maintains records to identify, measure, and estimate the cost for community service programs

The Hospital also conducts medical research, and provides medical education programs in furtherance of its commitment to improving the healthcare available to its community

The Hospital provides medical care without charge or at reduced cost to low-income community residents, primarily through (a) the services provided to patients expressing a willingness to pay but who are determined to be unable to pay and (b) participation in public program payments (primarily Medicare and Medicaid) In 2010, the State of Minnesota General Assistance Medical Care (GAMC) program was terminated and replaced with the Coordinated Care Delivery System (CCDS) CCDS was treated as charity care for financial reporting purposes with the cost of services delivered offset with the grant revenue received In 2011, the CCDS program was terminated on February 28 CCDS represents $1,555 and $7,079 of the total Cost of Charity Care in 2011 and 2010, respectively

The cost of charity care, community services, graduate medical education, and cost in excess of public program payments and assessments for the years ended December 31 were as follows

		2011	2010
Cost of charity care	$	16,178	24,824
Community services		7,639	5,696
Medical education		13,385	9,252
Minnesota Care tax and MA surcharge		11,750	11,318
Total	$	48,952	51,090
Percentage of operating cost		9 15%	9 55%

(Continued)

(In thousands)

The charges and related costs of uncompensated care for the years ended December 31 were as follows

	2011		2010	
	Charges	Cost	Charges	Cost
Gross uncompensated care	$ 43,624	16,178	82,513	24,824
Cost as percentage of charges		37 09%		30 08%

Uncompensated services provided by HealthPartners Medical Group physicians at the Hospital's facilities are not included in the above amounts

(19) Subsequent Events

The Hospital has evaluated subsequent events from the statement of financial position date through March 29, 2012, the date at which the financial statements were available to be issued, and determined there are no other items to disclose