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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)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011		calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REGIONS HOSPITAL FOUNDATION		D Employer identification number 41-1888902
	Doing Business As		E Telephone number (952) 883-6584
	Number and street (or P O box if mail is not delivered to street address) 8170 33RD AVENUE SOUTH PO BOX 1309	Room/suite	G Gross receipts \$ 19,510,195
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 554401309		
	F Name and address of principal officer BROCK D NELSON 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ WWW.REGIONSHOSPITAL.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1997	M State of legal domicile MN

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCH O - MISSION STATEMENT & SCH O - EXEMPT PURPOSE AND ACHIEVEMENTS		
	2 Check this box <input checked="" type="checkbox"/> 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	376
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,648,679	15,814,868
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,012	64,587
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,559,516	-356,639
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-74,276	-12,469
		6,237,931	15,510,347
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,050,866	12,319,313
	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)	1,540,719	1,598,235
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>584,067</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,703,258	1,621,345
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,294,843	15,538,893
	19 Revenue less expenses Subtract line 18 from line 12	943,088	-28,546
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	16,660,901	21,286,560
	21 Total liabilities (Part X, line 26)	354,068	5,159,498
	22 Net assets or fund balances Subtract line 21 from line 20	16,306,833	16,127,062

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	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2012-11-14</div> </div>
	<div> <div></div> <div>BROCK D NELSON DIRECTOR & PRESIDENT</div> </div> <div>Type or print name and title</div>			
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div> <div></div> <div>JASON DIVINE</div> </div> </div>	<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> <div> <input checked="" type="checkbox"/> <input type="checkbox"/> </div> </div>	<div> <div></div> <div>Preparer's taxpayer identification number (see instructions)</div> </div> <div>P01076050</div>
	<div> <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div></div> <div>KPMG LLP</div> </div> </div> <div> <div></div> <div>4200 WELLS FARGO CTR 90 S 7TH STREE</div> </div> <div> <div></div> <div>MINNEAPOLIS, MN 55402</div> </div> </div>			<div> <div></div> <div>EIN</div> <div>13-5665207</div> </div>
				<div> <div></div> <div>Phone no</div> <div>(612) 305-5000</div> </div>

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 ☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O - "MISSION STATEMENT"

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 \$ 14,664,242 including grants of \$ 12,319,313) (Revenue \$ 64,587)

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 \$ 14,664,242

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	Yes
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
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	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1	
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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
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?	7b	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d	If "Yes," indicate the number of Forms 8282 filed during the year.			
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	Yes	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
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		No
9	Sponsoring organizations maintaining donor advised funds.	9a		No
a	Did the organization make any taxable distributions under section 4966?	9b		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter	10a		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10b		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter	11a		
a	Gross income from members or shareholders.	11b		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
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.	13a		
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.	13b		
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.	13c		
c	Enter the aggregate amount of reserves on hand.			
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	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review 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	No
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	

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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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			
(1) THOR BECKEN DIRECTOR	30	X						0	0	0
(2) CHARLES R HAYNOR DIRECTOR	1 20	X						0	0	0
(3) JIM HUMPHREY DIRECTOR & SECRETARY	60	X						0	0	0
(4) JUDITH A KISHEL DIRECTOR	90	X						0	0	0
(5) DON MAIETTA DIRECTOR & VICE CHAIR	1 20	X						0	0	0
(6) ALLEN J MCNEE DIRECTOR & TREASURER	20	X						0	0	0
(7) DEBRA RECTENWALD DIRECTOR	30	X						0	0	0
(8) CHRISTINE SAND DIRECTOR	10	X						0	0	0
(9) WILLIAM SANDS DIRECTOR	30	X						0	0	0
(10) JOHN SOLBERG DIRECTOR & CHAIR	10	X						0	0	0
(11) JOHN SULLIVAN DIRECTOR	50	X						0	0	0
(12) KENNETH HOLMEN MD DIRECTOR	60 00	X						0	573,983	157,646
(13) BROCK D NELSON PRESIDENT & DIRECTOR	55 00	X		X				0	543,384	167,486
(14) PAULA K SKARDA MD DIRECTOR	55 00	X						0	400,436	76,698
(15) KEEVAN KOSIDOWSKI DIRECTOR, EXEC DIR & VP	55 00	X		X				0	126,667	39,327

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	1,644,470	441,157

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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 ►0

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	650,160			
	d	Related organizations	1d	1,253,302			
	e	Government grants (contributions)	1e	664,336			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,247,070			
	g	Noncash contributions included in lines 1a-1f \$ 151,225					
	h	Total. Add lines 1a-1f		15,814,868			
Program Service Revenue	2a	MEDICAL EDUCATION	Business Code 611710	64,587	64,587		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		64,587			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		574,772		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		-931,411			-931,411
8a		Gross income from fundraising events (not including \$ 650,160 of contributions reported on line 1c) See Part IV, line 18					
a			202,877				
b		Less direct expenses	b	215,346			
c		Net income or (loss) from fundraising events . .		-12,469			-12,469
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		15,510,347	64,587	0	-369,108	

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	12,319,313	12,319,313		
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	165,994		165,994	
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	1,432,241	905,475	78,002	448,764
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	372,243	319,115	13,512	39,616
12	Advertising and promotion	241,121	197,852	11,004	32,265
13	Office expenses	268,891	234,817	8,666	25,408
14	Information technology	37,797	21,181	4,226	12,390
15	Royalties				
16	Occupancy	6,373	6,373		
17	Travel	94,766	90,305	1,135	3,326
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	218,173	212,484	1,447	4,242
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56		56	
23	Insurance				
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	SUPPLIES & EQUIPMENT	238,096	237,670	108	318
b	MISCELLANEOUS	82,259	61,551	5,553	15,155
c	TRAINING/EDUCATION	49,970	49,372	152	446
d	CHARITY CARE	5,902	5,902		
e					
f	All other expenses	5,698	2,832	729	2,137
25	Total functional expenses. Add lines 1 through 24f	15,538,893	14,664,242	290,584	584,067
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			114,664	1	192,713
	2	Savings and temporary cash investments			2,121,421	2	7,112,173
	3	Pledges and grants receivable, net			1,457,215	3	1,466,785
	4	Accounts receivable, net			35,065	4	33,744
	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				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	2,970
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	104,407			
	b	Less: accumulated depreciation	10b	104,231	232	10c	176
	11	Investments—publicly traded securities			12,932,304	11	12,477,999
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,660,901	16	21,286,560
Liabilities	17	Accounts payable and accrued expenses			331,624	17	5,159,498
	18	Grants payable				18	
	19	Deferred revenue			22,444	19	
	20	Tax-exempt bond liabilities				20	
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			354,068	26	5,159,498
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,246,413	27	2,749,829
	28	Temporarily restricted net assets			12,467,940	28	12,766,928
	29	Permanently restricted net assets			592,480	29	610,305
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			16,306,833	33	16,127,062
	34	Total liabilities and net assets/fund balances			16,660,901	34	21,286,560

Part XI Reconciliation 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	15,510,347
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,538,893
3	Revenue less expenses Subtract line 2 from line 1	3	-28,546
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,306,833
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-151,225
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	16,127,062

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	Yes	
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	Yes	

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 FOUNDATION	Employer identification number 41-1888902
---	--

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 Se**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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.")	11,085,913	6,891,127	4,526,913	4,648,679	6,017,745	33,170,377
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	11,085,913	6,891,127	4,526,913	4,648,679	6,017,745	33,170,377
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)						1,108,549
6 Public Support. Subtract line 5 from line 4						32,061,828

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	11,085,913	6,891,127	4,526,913	4,648,679	6,017,745	33,170,377
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	243,349	321,696	64,045	404,021	574,772	1,607,883
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)						34,778,260

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

12489,328

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	92 190 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 950 %

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 IIIPart 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: 41-1888902
Name: REGIONS HOSPITAL FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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 REGIONS HOSPITAL FOUNDATION	Employer identification number 41-1888902
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		
	j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	REGIONS HOSPITAL FOUNDATION PAYS FOR CERTAIN CORPORATE PROFESSIONAL ASSOCIATION MEMBERSHIPS. A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES.

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 FOUNDATION

Employer identification number
41-1888902

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	16
2	Aggregate contributions to (during year)	17,825
3	Aggregate grants from (during year)	11,474
4	Aggregate value at end of year	790,854

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
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	750,986	723,320	705,731	725,321
b	Contributions	17,825	7,457	18,174	10,400
c	Investment earnings or losses	33,517	24,598	1,417	-12,504
d	Grants or scholarships				
e	Other expenditures for facilities and programs	11,474	7,389	2,002	17,486
f	Administrative expenses				
g	End of year balance	790,854	750,986	723,320	705,731

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 77 170 %

c

Term endowment ▶ 22 830 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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				
b Buildings				
c Leasehold improvements				
d Equipment		104,407	104,231	176
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				176

Schedule D (Form 990) 2011

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	15,510,347
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,538,893
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-28,546
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	-151,225
9	Total adjustments (net) Add lines 4 - 8	9	-151,225
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-179,771

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	15,574,468
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	15,574,468
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	-64,121
c	Add lines 4a and 4b	4c	-64,121
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	15,510,347

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	15,754,239
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	215,346
e	Add lines 2a through 2d	2e	215,346
3	Subtract line 2e from line 1	3	15,538,893
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	15,538,893

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED FOR CAPITAL, PATIENT CARE, MEDICAL RESEARCH, AND MEDICAL EDUCATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		NON-CASH GIFTS IN KIND -151,225
PART XII, LINE 4B - OTHER ADJUSTMENTS		NON-CASH GIFTS IN KIND 151,225 SPECIAL EVENT EXPENSE -215,346
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE 215,346

OMB No 1545-0047

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

41-1888902

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WINE AUCTION (event type)	BURNAID GOLF CLASSIC (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	805,588	47,449	853,037
	2	Less Charitable contributions	608,125	42,035	650,160
	3	Gross income (line 1 minus line 2)	197,463	5,414	202,877
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	44,310	740	45,050
	6	Rent/facility costs	18,402		18,402
	7	Food and beverages	84,102	18,636	102,738
	8	Entertainment	1,875		1,875
	9	Other direct expenses	45,824	1,457	47,281
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			

Part III Gaming.

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

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

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
REGIONS HOSPITAL FOUNDATION

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

Employer identification number
41-1888902

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) HEALTHPARTNERS RESEARCH FOUNDATION 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1670163	501(C)(3)	1,912,821				ALZHEIMERS RESEARCH PROGRAM SUPPORT
(2) REGIONS HOSPITAL 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309	41-0956618	501(C)(3)	10,401,367				CAPITAL EXPENDITURES

2

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

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
(1) SCHOLARSHIPS PROVIDED TO EMPLOYEES OF REGIONS HOSPITAL, SISTER CORPORATION OF REGIONS HOSPITAL FOUNDATION	17	16,500			

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 FOUNDATION(THE FOUNDATION) MANAGEMENT STAFF REVIEW THE MISSION AND PURPOSE OF POTENTIAL GRANTEE ORGANIZATIONS TO ASSURE CONSISTENCY WITH THE FOUNDATION'S MISSION AND PURPOSE AMOUNTS SUBSEQUENTLY GRANTED ARE SUBJECT TO THE FOUNDATION'S FORMAL SPENDING APPROVAL AND DOCUMENTATION PROCESS BASED ON AMOUNT OF THE EXPENDITURE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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.

[illegible]

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: KENNETH HOLMEN, M.D. \$ 22,824; BROCK D. NELSON \$ 34,781 ----- TOTAL \$ 57,605.
	PART I, LINE 6	REGIONS HOSPITAL FOUNDATION (RHF) DOES NOT HAVE ANY EMPLOYEES, HOWEVER, RHF'S EXECUTIVE DIRECTOR'S COMPENSATION IS PAID BY REGIONS HOSPITAL (REGIONS) AND REIMBURSED BY RHF. REGIONS MANAGEMENT INCENTIVE PROGRAM INCENTS AND REWARDS REGIONS BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAM IS A KEY ELEMENT OF THE PARTICIPANT'S REGIONS TOTAL COMPENSATION PACKAGE. THE REGIONS MANAGEMENT INCENTIVE PROGRAM 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.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEDICAL EQUIPMENT)	X	7	4,550	RETAIL VALUE
26 Other ► (PROFESSIONAL SVCS)	X	2	3,200	BILL REDUCTION AMT
27 Other ► (ACCOMODATIONS)	X	14	20,225	RETAIL VALUE
28 Other ► (MISC AUCTION ITEMS)	X	111	42,848	RETAIL VALUE
Other ► (GIFT CARDS)	X	24	2,095	RETAIL VALUE
Other ► (WINE FOR AUCTION)	X	88	23,176	RETAIL VALUE
Other ► (JEWELRY FOR WINE AUCTION)	X	4	36,332	RETAIL VALUE
Other ► (SPORT OR RECREATION PASSES)	X	57	18,799	RETAIL VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Yes	No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 FOUNDATION**Employer identification number**

41-1888902

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1	THE MISSION OF REGIONS HOSPITAL FOUNDATION (RHF) IS TO ADVOCATE AND DEVELOP AWARENESS, BUILD COMMUNITY PARTNERSHIPS, AND RAISE CHARITABLE CONTRIBUTIONS FOR PATIENT CARE, RESEARCH AND HEALTH PROFESSIONAL EDUCATION ESTABLISHED IN 1997, RHF RAISES FUNDS TO FINANCIALLY SUPPORT THE PROGRAMS AND CAPITAL NEEDS OF REGIONS HOSPITAL AND ITS RELATED CLINICS IN ORDER TO PROVIDE THE BEST CARE AND BEST EXPERIENCE FOR OUR PATIENTS RHF ALSO RAISES FUNDS FOR THE RESEARCH ACTIVITIES OF HEALTHPARTNERS RESEARCH FOUNDATION AND THE PROFESSIONAL TRAINING ACTIVITIES OF HEALTHPARTNERS INSTITUTE FOR MEDICAL EDUCATION IN 2011, RHF RECEIVED FUNDING FROM A VARIETY OF SOURCES INCLUDING INDIVIDUALS AND ESTATES, FOUNDATIONS, CORPORATIONS AND ORGANIZATIONS, AND GOVERNMENT GRANTS

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>I ORGANIZATION AND GOVERNANCE REGIONS HOSPITAL FOUNDATION (RHF) IS A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) RHF IS PART OF THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS HEALTHPARTNERS, INC , A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(4), IS THE PARENT OF THE HEALTH SYSTEM AND IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY HPI -RAMSEY IS A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF RHF, AND ITS SISTER ORGANIZATIONS, REGIONS HOSPITAL, CAPITAL VIEW TRANSITIONAL CARE CENTER, LAKEVIEW HEALTH SYSTEM, RH-WISCONSIN, INC AND RAMSEY INTEGRATED HEALTH SERVICES (A HOME CARE AGENCY), ALL OF WHICH ARE ALSO NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) HEALTHPARTNERS, INC ALSO IS THE SOLE CORPORATE MEMBER OF THE FOLLOWING ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) GROUP HEALTH PLAN, INC (A STAFF MODEL HMO) WHICH IS ITSELF THE SOLE CORPORATE MEMBER OF HEALTHPARTNERS RESEARCH FOUNDATION, HEALTHPARTNERS CENTRAL MINNESOTA CLINICS (FORMERLY KNOWN AS CENTRAL MINNESOTA GROUP HEALTH, INC), AND PHYSICIANS NECK & BACK CLINICS WHICH ARE EXEMPT UNDER SECTION 501(C)(3), HEALTHPARTNERS INSTITUTE FOR MEDICAL EDUCATION, AND RHSC, INC RH-WISCONSIN, INC AND GROUP HEALTH PLAN, INC ARE CORPORATE MEMBERS OF HUDSON HOSPITAL, INC AND WESTFIELDS HOSPITAL, INC , BOTH OF WHICH ARE WISCONSIN NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) RH-WISCONSIN, INC IS ALSO THE SOLE CORPORATE MEMBER OF WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES COMPANY, AN AMBULANCE SERVICE WHICH IS A WISCONSIN NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) TOGETHER, ALL OF THESE RELATED ORGANIZATIONS COMPRISE THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS (HEALTHPARTNERS), WHICH IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT COMBINES THE DELIVERY AND FINANCING OF HEALTH CARE SERVICES, FOR THE PURPOSE OF IMPROVING THE HEALTH OF ITS VARIOUS ENTITIES' MEMBERS, PATIENTS, AND THE BROADER COMMUNITY HEALTHPARTNERS 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, HEALTHPARTNERS 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 AND THE EXPERIENCE OF EACH INDIVIDUAL AND REDUCE PER CAPITA HEALTH CARE COSTS RHF IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS COMPRISED OF 15 MEMBERS, 11 OF WHOM ARE COMMUNITY REPRESENTATIVES AND 4 OF WHOM ARE PROFESSIONALS EMPLOYED WITHIN THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS RHF'S MISSION IS TO ADVOCATE AND DEVELOP AWARENESS, BUILD COMMUNITY PARTNERSHIPS AND RAISE CHARITABLE CONTRIBUTIONS FOR PATIENT CARE, RESEARCH AND HEALTH PROFESSIONAL EDUCATION II ACTIVITIES PROGRAM SUPPORT RHF PROVIDED FUNDING FOR 75 PROGRAMS AT REGIONS HOSPITAL IN 2011 RHF ALSO PROVIDED PATIENT CARE GRANT SUPPORT TO 25 PROGRAMS THROUGH THE SHARING AT WORK CAMPAIGN THESE GRANTS FUNDED PROJECTS AT REGIONS HOSPITAL , GROUP HEALTH PLAN, INC , HEALTHPARTNERS MEDICAL GROUP AND CLINICS, AND OTHER HEALTH-RELATED ORGANIZATIONS CONSISTENT WITH RHF'S MISSION BECAUSE RHF'S ADMINISTRATIVE COSTS ARE PAID FOR USING HOSPITAL SUPPORT AND INCOME ON INVESTMENTS, ALL GENERAL OPERATING CONTRIBUTIONS ARE USED TO FUND SPECIAL PROGRAM, EQUIPMENT AND FACILITY EXPENSES IN 2011, RHF GAVE SIGNIFICANT SUPPORT TO MENTAL HEALTH, INTERPRETER SERVICES, THE BURN CENTER, INFECTIOUS DISEASES - HIV CLINIC, THE ALZHEIMER'S RESEARCH CENTER, THE CENTER FOR DEMENTIA AND ALZHEIMER'S CARE, EMERGENCY PROGRAMS, THE CANCER CARE CENTER, THE BREAST HEALTH CENTER, HEALTHPARTNERS HOSPICE, AND THE TRAUMA DEPARTMENT SOME SPECIFIC PROGRAM HIGHLIGHTS ARE LISTED BELOW - MENTAL HEALTH SERVICES REGIONS HOSPITAL AND GROUP HEALTH PLAN, INC 'S HEALTHPARTNERS MEDICAL GROUP MENTAL HEALTH SERVICES IS THE LEADING PROVIDER OF COMPREHENSIVE MENTAL AND CHEMICAL HEALTH SERVICES IN THE TWIN CITIES EAST METRO AREA AND WESTERN WISCONSIN IN 2011, RHF BEGAN RAISING MONEY FOR A NEW MENTAL HEALTH FACILITY, WHICH WILL OPEN IN DECEMBER, 2012 RHF IS RAISING MONEY FOR THE FACILITY'S CAPITAL EXPENSES AND GROUNDBREAKING NEW PROGRAMS AS WELL AS FOR A CAMPAIGN TO FIGHT THE STIGMA ASSOCIATED WITH MENTAL ILLNESS THE NEW FACILITY WILL ALLOW REGIONS TO PROVIDE STATE-OF-THE-ART CARE IN A WAY THAT HELPS PATIENTS RETAIN THEIR PRIVACY AND DIGNITY REGIONS AND HEALTHPARTNERS ARE ALSO LEADERS IN BRINGING MENTAL HEALTH PROVIDERS TOGETHER TO IMPROVE THE QUALITY</p>

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>TY, AFFORDABILITY AND ACCESSIBILITY OF CARE AND THE NEW FACILITY WILL ACT AS A HUB FOR THE SE ACTIVITIES IN 2011, RHF RAISED \$11,362,758 ON BEHALF OF THIS FUNDRAISING EFFORT DONOR S INCLUDED THE SAINT PAUL FOUNDATION, F R BIGELOW FOUNDATION, HARDENBERGH FOUNDATION AND SEVERAL GENEROUS INDIVIDUALS IN OCTOBER 2011, MORE THAN 1,000 COMMUNITY MEMBERS ATTENDED THE 22ND ANNUAL WINE AUCTION, WHICH RAISED MONEY FOR DAYBRIDGE, A NEW ADULT MENTAL HEALTH PROGRAM AT REGIONS DAYBRIDGE WILL PROVIDE AN INTENSIVE TREATMENT PROGRAM FOR PATIENTS WHO CAN LIVE IN THE COMMUNITY WITH THE SUPPORT OF FAMILY AND FRIENDS BUT WHO CAN BENEFIT FROM INPATIENT-LIKE CARE DURING THE DAY THE PROGRAM WILL GIVE REGIONS ANOTHER PROVEN TREATMEN T OPTION FOR STABILIZING ACUTE EPISODES OF MENTAL ILLNESS WHILE AVOIDING UNNECESSARY HOSPI TAL ADMISSIONS AND REDUCING COST OF CARE THE 2011 WINE AUCTION RAISED \$662,113 ON BEHALF OF THE PROGRAM RHF RAISED \$1,735 TO SUPPORT THE ACTIVITIES OF RHSC, INC 'S SAFE HOUSE AND SAFE ALTERNATIVES PROGRAMS THESE PROGRAMS PROVIDE TRANSITIONAL HOUSING TO PATIENTS DISCH ARGED FROM THE MENTAL HEALTH UNITS AT REGIONS HOSPITAL SAFE HOUSE PROVIDES SERVICES TO AP PROXIMATELY 60 ADULTS PER YEAR, WHILE SAFE ALTERNATIVES PROVIDES HOUSING AND SUPPORT SERVI CES TO OVER 200 ADULTS WITH MENTAL AND CHEMICAL HEALTH PROBLEMS EACH YEAR RHF RAISES FUND S FOR AND ACTS AS FISCAL AGENT FOR THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) MHDA P ALLEVIATES OR AVERTS MANY MENTAL HEALTH CRISES IN THE EAST METRO AREA BY COVERING THE FU LL COST OR CO-PAYS OF MEDICATIONS FOR UN-INSURED AND UNDER-INSURED PATIENTS WHO CANNOT AFF ORD THEIR OWN MEDICATIONS KEY SOCIAL WORKERS AND CARE PROVIDERS OF THE EAST METRO'S THREE LARGEST EMERGENCY DEPARTMENTS AND SELECT MENTAL HEALTH CLINICS ARE GIVEN THE ABILITY TO D ISTRIBUTE PRESCRIPTIONS TO PATIENTS WITH SEVERE MENTAL ILLNESS WHO LACK IMMEDIATE ACCESS T O AFFORDABLE MEDICATIONS IN 2011, RHF RECEIVED \$226,667 IN DONATIONS FOR MHDAP - HIV/AIDS CLINIC IN 1985, GROUP HEALTH PLAN, INC 'S HEALTHPARTNERS MEDICAL GROUP'S INFECTIOUS DIS EASE (ID) CLINIC BECAME THE FIRST DESIGNATED HIV/AIDS CLINIC PROGRAM IN MINNESOTA USING A MULTI-DISCIPLINARY APPROACH THAT INCLUDES PHYSICIANS SPECIALIZING IN HIV, NURSES, CASE MA NAGERS, AND PSYCHIATRISTS, THE ID CLINIC PROVIDES A HOLISTIC APPROACH TO CARE THE CLINIC RECEIVES GRANTS FOR CASE MANAGEMENT SERVICES, COMPREHENSIVE PRIMARY CARE SERVICES REGARDLE SS OF INCOME OR INSURANCE STATUS, TRANSPORTATION TO AND FROM MEDICAL AND SOCIAL SERVICE AP POINTMENTS, HIV-RELATED LABORATORY SERVICES AND MEDICAL ADHERENCE SERVICES IN 2011, RHF SECURED \$722,263 IN FEDERAL GOVERNMENT GRANT FUNDING FOR THESE PROGRAMS THROUGH SUB GRANTS FROM MINNESOTA'S HENNEPIN COUNTY AND THE MINNEAPOLIS MEDICAL RESEARCH FOUNDATION THE CLIN IC ALSO RECEIVED \$9,000 IN FUNDING FROM THE HUGH J ANDERSEN FOUNDATION AND \$10,000 FROM T HE SHARING AT WORK EMPLOYEE GIVING CAMPAIGN OF REGIONS HOSPITAL AND HEALTHPARTNERS FOR AN HIV/AIDS MEDICATIONS ASSISTANCE PROGRAM</p>

Identifier	Return Reference	Explanation
		<p>- ALZHEIMER'S AND DEMENTIA RESEARCH AND CARE IT IS RARE OUTSIDE OF ACADEMIA TO SEE THE INTEGRATION OF GROUNDBREAKING ALZHEIMER'S RESEARCH AND OPTIMAL CARE IN ONE ORGANIZATION AS YOU SEE WITHIN HEALTHPARTNERS BY COMBINING THESE SERVICES, HEALTHPARTNERS CAN TAKE A RESEARCH CONCEPT FROM THE ALZHEIMER'S RESEARCH CENTER AT REGIONS HOSPITAL AND BRING IT INTO THE CLINICAL PRACTICE OF THE CENTER FOR DEMENTIA AND ALZHEIMER'S CARE (CDAC) IN A VERY TIMELY FASHION IN 2011, RHF RAISED \$626,242 ON BEHALF OF THESE PROGRAMS OF THIS AMOUNT, \$607,005 WAS RAISED ON BEHALF OF THE ALZHEIMER'S RESEARCH CENTER, ONE OF THE LARGEST ALZHEIMER'S RESEARCH CENTERS IN THE COUNTRY THE CENTER CONDUCTS INTERNATIONALLY-RECOGNIZED RESEARCH THAT HAS LED TO THE DEVELOPMENT OF PROMISING NEW TREATMENTS FOR ALZHEIMER'S, PARKINSON'S, STROKE AND OTHER BRAIN DISORDERS IN 2011, RHF BEGAN RAISING FUNDS FOR A LARGE HUMAN STUDY OF INTRANASAL INSULIN, WHICH WOULD INVOLVE INTERNATIONALLY RENOWNED NEUROSCIENTISTS WITHIN CDAC INTRANASAL INSULIN IS AMONG THE MOST PROMISING TREATMENTS INVENTED BY THE ALZHEIMER'S RESEARCH CENTER AND SHOWS THE PROMISE OF BEING A TRUE THERAPY FOR PEOPLE DIAGNOSED WITH ALZHEIMER'S DONATIONS ALSO HELPED FUND THE MINNESOTA MEMORY PROJECT, A LONG-TERM STUDY THAT FOLLOWS ADULTS WITH AND WITHOUT DIAGNOSED MEMORY LOSS IN ORDER TO COLLECT INFORMATION ON MEMORY CHANGES IN JUNE 2011, RHF HOSTED THE FIRST ANNUAL FUNDRAISING BREAKFAST TO BENEFIT ALZHEIMER'S RESEARCH AND CARE ONE HUNDRED AND FORTY-NINE COMMUNITY MEMBERS ATTENDED THE EVENT, WHICH RAISED \$31,625</p> <p>- EMERGENCY CENTER REGIONS HOSPITAL HAS THE LARGEST EMERGENCY CENTER SERVING THE EAST METRO AREA AND WESTERN WISCONSIN, AND IS A RECOGNIZED LEADER IN CRITICAL AND EMERGENCY CARE USING CHARITABLE DONATIONS, THE EMERGENCY DEPARTMENT (ED) FINISHED RENOVATING ITS POD E IN JUNE 2011 THE 13-ROOM UNIT, WHICH SERVES PATIENTS WHO HAVE EXPERIENCED TRAUMA INJURIES, WAS THE ONLY PART OF THE ED THAT HAD NOT BEEN IMPROVED BY A 2009 EXPANSION THAT HAD ALSO BEEN FUNDED THROUGH CHARITABLE CONTRIBUTIONS THE POD E RENOVATION WAS PAID FOR USING \$120,000 IN DONATIONS DESIGNATED TO THE ED AND \$242,000 IN GENERAL OPERATING CONTRIBUTIONS IN 2011, RHF RECEIVED A \$25,101 GRANT FROM THE FRED C AND KATHERINE B ANDERSEN FOUNDATION TO SUPPORT THE EMERGENCY CARE TRAINING OF PHYSICIANS IN THE OSCEOLA MEDICAL CENTER, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER AND LAKEVIEW HOSPITAL RHF ALSO RECEIVED \$35,250 FROM THE EDWARDS MEMORIAL TRUST FOR THE EDWARDS INDIGENT FUND, WHICH PROVIDES ASSISTANCE TO HOMELESS AND INDIGENT PATIENTS WHO CANNOT AFFORD CRITICAL MEDICINES, TRANSPORTATION FROM REGIONS HOSPITAL, A WARM, SAFE PLACE TO STAY WHILE THEY RECOVER FROM AN ILLNESS OR INJURY, AND BASIC NEEDS SUCH AS FOOD AND CLOTHING OF THE CONTRIBUTION, \$6,000 WILL BE USED TO PROVIDE CONTINUING EDUCATION TO SOCIAL WORKERS STAFFING THE REGIONS EMERGENCY CENTER DONORS CONTRIBUTED \$3,860 TO RHF TO SUPPORT THE EMERGENCY MEDICINE RESIDENCY PROGRAM IN 2011 THE FUNDS ARE USED TO HELP EDUCATE THE NEXT GENERATION OF EMERGENCY MEDICINE PHYSICIANS BY FUNDING PROGRAMS SUCH AS THE PROCEDURAL SKILLS LAB AND INTERNATIONAL ROTATIONS</p> <p>- BURN CENTER PATIENTS THE BURN CENTER AT REGIONS HOSPITAL SERVES PATIENTS FROM ACROSS THE MIDWEST, PROVIDING CARE AND SPECIALIZED TREATMENT FOR THERMAL, ELECTRICAL, CHEMICAL AND OTHER BURNS THE BURN CENTER IS THE MOST COMPLETE AND EXTENSIVE FACILITY OF ITS KIND IN THE UPPER MIDWEST AND IS VERIFIED BY THE COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION THE BURN CENTER IS EQUIPPED WITH THE LATEST EQUIPMENT, TEMPERATURE CONTROLLED PRIVATE ROOMS, SPECIALLY DESIGNED BATH TUBS, AND A LARGE REHABILITATION DEPARTMENT IN 2011, RHF RAISED \$232,758 TO SUPPORT BURN CENTER PROGRAMS THIS INCLUDED \$47,449 FROM THE BURNAID GOLF CLASSIC, WHICH IS CO-HOSTED BY THE NATIONAL FIRE SPRINKLER ASSOCIATION - MINNESOTA CHAPTER AND RHF IN COOPERATION WITH THE STATE FIRE MARSHAL DIVISION RHF RECEIVED A \$150,000 GRANT FROM THE MINNESOTA FAIR PLAN TO FUND THE HEAT PROGRAM, WHICH IS OVERSEEN BY REGIONS HOSPITAL'S BURN CENTER HEAT PROVIDES POSITIVE SOLUTIONS TO REDUCE THE INJURY, DEATH AND PROPERTY LOSS THAT IS DUE TO JUVENILES SETTING FIRES AS WELL AS UNSAFE ENVIRONMENTS AND PRACTICES THE PROGRAM'S 2011 ACTIVITIES INCLUDED THE CREATION OF A TRAINING VIDEO AND TELEVISION PUBLIC SERVICE ANNOUNCEMENT REGARDING THE INAPPROPRIATE USE OF FLAMMABLE LIQUIDS AND AEROSOLS AMONG YOUNG PEOPLE AMONG OTHER USES FOR CHARITABLE CONTRIBUTIONS, DONATIONS FUNDED PROGRAMS FOR CHILDREN AND ADULTS WHO RECEIVE CARE AT REGIONS HOSPITAL'S BURN CENTER ONE PROGRAM IS THE BURN CAMP, WHERE SCHOLARSHIPS ALLOW YOUNG PEOPLE WHO HAVE SUFFERED A BURN TO SPEND EXTENDED TIME WITH OTHER BURN VICTIMS IN AN OUTDOOR AND INFORMAL SETTING WITH COUNSELORS SPECIFICALLY TRAINED FOR DEALING WITH BURN PATIENTS ANOTHER PROGRAM IS A BURN INJURY SUPPORT GROUP LED BY BURN CENTER STAFF, SOCIAL WORKERS AND A CHAPLAIN APPRO</p>

Identifier	Return Reference	Explanation
		<p> XIMATELY 70 PEOPLE PARTICIPATE IN THE GROUP EACH YEAR - HEALTH AND WELLNESS FOR DEAF AND HARD OF HEARING HEALTH AND WELLNESS IS ONE OF THE PROGRAMS THAT GETS STATE FUNDING TO PRO VIDE OUTPATIENT MENTAL HEALTH SERVICES TO DEAF AND HARD OF HEARING PEOPLE RHF IS RESPONSIB LE FOR SECURING THOSE GOVERNMENT GRANTS AND PROVIDING APPROPRIATE STEWARDSHIP THE HEALTH AND WELLNESS PROGRAM IS OPERATED BY REGIONS HOSPITAL AND RECEIVED GOVERNMENT GRANTS WORTH \$93,759 IN 2011 THESE GRANTS FUNDED SERVICES LIKE INDIVIDUAL, COUPLE, GROUP AND FAMILY T HERAPY, CONSULTATION TO OTHER PROVIDERS, AND A COMMUNITY WORKSHOP - CANCER CARE RHF RECEIVED \$38,500 FROM THE HOPE CHEST FOR BREAST CANCER FOUNDATION, LYN NDA LAUBACH BREAST CANCER AWARENESS RIDE, AND SUSAN G KOMEN FOR THE CURE MINNESOTA TO HELP LOW-INCOME BREAST CANCER PATIENTS MEET THEIR BASIC NEEDS THE ANNA M HEILMAIER CHARITABLE FOUNDATION DONATED \$1 0,000 TO FUND A MASSAGE THERAPIST IN THE CANCER CARE CENTER - HEALTHPARTNERS HOSPICE HEA LTHPARTNERS HOSPICE SUPPORTS PATIENTS AND THEIR LOVED ONES WHO ARE DEALING WITH A SERIOUS OR LIFE-LIMITING ILLNESS IT ALSO HELPS FAMILY MEMBERS THROUGH THE GRIEVING PROCESS AFTER THEIR LOVED ONE HAS DIED IN 2011, RHF SECURED \$28,125 TO FUND SERVICES NOT COVERED BY EVE RYDAY REVENUE, INCLUDING COMPLEMENTARY THERAPIES, A VOLUNTEER PROGRAM AND BEREAVEMENT COUN SELING - CHARITY CARE REGIONS HOSPITAL IS THE PRIMARY "SAFETY NET" HOSPITAL IN THE EAST METRO, PROVIDING CHARITY CARE FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN 2011, R HF RECEIVED A \$10,000 CONTRIBUTION FROM THE J ELMER AND ESTHER HANSMAN CHARITABLE TRUST T O SUPPORT THE CHARITY CARE REGIONS HOSPITAL OFFERS TO CHILDREN - LEVEL 1 PEDIATRIC TRAUMA CENTER IN MAY 2009, REGIONS HOSPITAL, IN PARTNERSHIP WITH GILLETTE CHILDREN'S SPECIALTY HEALTHCARE, BECAME THE FIRST HOSPITAL IN MINNESOTA AND THE UPPER MIDWEST TO RECEIVE A LEVE L I PEDIATRIC TRAUMA CENTER DESIGNATION BY THE COLLEGE OF SURGEONS, WHICH CONFIRMS REGIONS HOSPITAL'S ABILITY TO OFFER THE VERY BEST CARE TO CRITICALLY-INJURED CHILDREN RHF RECEIV ED \$7,182 IN CHARITABLE COMMITMENTS TO THE PROGRAM IN 2011 - TRAUMAROO PROGRAM TRAUMAROO IS A CHILDREN'S SAFETY PROGRAM THAT EMPLOY S THE SERVICES OF THE ANIMATED CHARACTER, TROO, TO TEACH IMPORTANT SAFETY HABITS TRAUMAROO SEGMENTS INCLUDE BICYCLE SAFETY, PLAYGROUND S AFETY, STAYING FRIENDS, HOME SAFETY AND PLAYING IT SAFE THE PROGRAM HELPS CHILDREN DEVELO P SAFE BEHAVIOR PATTERNS IN AN EFFORT TO REDUCE PREVENTABLE INJURIES AMONG CHILDREN RHF R ECEIVED A \$2,000 GRANT FROM RBC FOUNDATION - USA TO FUND THE TRAUMAROO PROGRAM IN 2011 - PROJECT READ PROJECT READ IS A VOLUNTEER-DRIVEN CHILDHOOD AND FAMILY LITERACY INITIATIVE BASED IN COMMUNITY CLINICS AS PART OF PROJECT READ, PROGRAM VOLUNTEERS READ STORIES TO CH ILDREN WHO VISIT THE PEDIATRICS DEPARTMENTS IN SEVEN HEALTHPARTNERS CLINICS THESE SERVICE S ACT AS AN INCENTIVE FOR CHILDREN TO READ TO ENCOURAGE PARENTS TO READ TO THEIR CHILDREN AT HOME, CHILDREN ARE GIVEN AGE-APPROPRIATE BOOKS TO KEEP RHF RECEIVED A \$2,000 GRANT FR OM TARGET FOR THE PROGRAM IN 2011 </p>

Identifier	Return Reference	Explanation
		SCHOLARSHIPS RHF RAISES MONEY AND DISTRIBUTES SCHOLARSHIP FUNDS TO EMPLOYEES SOME SPECIFIC SCHOLARSHIP PROGRAMS INCLUDE - THE ANCKER NURSES SCHOLARSHIP FUND GRADUATES FROM THE ANCKER HOSPITAL SCHOOL OF NURSING ESTABLISHED FUNDS TO ASSIST REGIONS HOSPITAL EMPLOYEES WHO ARE PURSUING A NURSING EDUCATION RHF RAISED \$17,785 FOR THESE FUNDS IN 2011 - THE GLORIA FOX NURSING SCHOLARSHIP FUND THE FUND ANNUALLY AWARDS SCHOLARSHIPS TO REGIONS HOSPITAL EMPLOYEES PURSUING NURSING CAREERS IN 2011, RHF RAISED \$6,469 FOR THE FUND EMPLOYEE GIVING IN 2011, REGIONS HOSPITAL AND GROUP HEALTH PLAN, INC EMPLOYEES DONATED \$496,197 TO RHF'S ANNUAL SHARING AT WORK CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED OVER \$1 MILLION PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN THE WISHING WELL (WHICH PROVIDES BASIC NECESSITIES AND MEDICATIONS TO NEEDY PATIENTS), DRUG ASSISTANCE PROGRAMS, PATIENT EDUCATION MATERIALS, THE VOLUNTEER SERVICES COFFEE CART, AND CARE IMPROVEMENT GRANTS LAST YEAR, 25 PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	HPL-RAMSEY, A MINNESOTA NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), IS THE SOLE CORPORATE MEMBER OF RHF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	HPI-RAMSEY , AS THE SOLE CORPORATE MEMBER, APPOINTS THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	HPI-RAMSEY , AS THE SOLE CORPORATE MEMBER MUST APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS AS FOLLOWS - AMENDMENT OF ARTICLES OR BY LAWS - ANNUAL OPERATING AND CAPITAL BUDGETS AND LONG-RANGE PLANS - UNBUDGETED SPECIAL PROJECTS IN EXCESS OF \$10,000 - GUARANTEEING THE DEBT OF ANY OTHER PERSON OR ENTITY - A LOAN OR OTHER INDEBTEDNESS IN EXCESS OF \$10,000 - MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION - DISPOSITION OF SUBSTANTIALY ALL ASSETS - DISSOLUTION - ELECTION OF THE OFFICERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	RHF'S 990 RETURN HAS A COMPREHENSIVE REVIEW PROCESS THAT IS FOLLOWED BEFORE IT IS PRESENTED TO THE GOVERNING BODY OF RHF. THE REVIEW PROCESS INCLUDES A LAYERED REVIEW BY THE TAX DEPARTMENT OF GROUP HEALTH PLAN, INC. (GHI), THE MANAGEMENT TEAM OF RHF, GHI'S INTERNAL LEGAL DEPARTMENT AND RHF'S 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 RHF. ONCE THAT REVIEW PROCESS HAS BEEN COMPLETED, IT IS THE POLICY OF RHF TO MAKE AVAILABLE TO THE BOARD OF DIRECTORS OF RHF A COPY OF THE 990 PRIOR TO THE FILING OF THE 990 RETURN. THIS COPY WILL BE PROVIDED IN THE BOARD PACKET OF A BOARD MEETING PRIOR TO THE FILING OF THE 990 AND WILL BE AN AGENDA ITEM AT A BOARD MEETING. THIS PROCESS WILL BE NOTED AND DOCUMENTED IN THE WRITTEN BOARD MINUTES OF THE MEETING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	RHF IS GOVERNED BY A BOARD OF DIRECTORS AS REQUIRED BY THE BYLAWS OF RHF, THE BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY , ALL BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS AND KEY EMPLOYEES ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST THE GENERAL COUNSEL WILL SUMMARIZE THE FINDINGS FOLLOWING REVIEW OF THE QUESTIONNAIRE AND SUBMIT A REPORT TO THE CHAIR, PRESIDENT AND THE EXECUTIVE DIRECTOR BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>RHF HAS NO EMPLOYEES. ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE PAID BY GROUP HEALTH PLAN, INC. (GHI) AND REGIONS HOSPITAL, RELATED ORGANIZATIONS WHICH HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF RHF'S EXECUTIVE DIRECTOR AND ITS OTHER OFFICERS. EACH YEAR, UNDER THE DIRECTION OF THE GHI BOARD OF DIRECTORS' COMPENSATION COMMITTEE (COMPENSATION COMMITTEE), AN ANNUAL TOTAL COMPENSATION MARKET REVIEW IS COMPLETED. 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:</p> <ul style="list-style-type: none"> - INDEPENDENT BODY - COMPENSATION COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE - STAFF IS NOT IN ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS - AUTHORIZED BODY - GHI'S BOARD OF DIRECTORS HAS DELEGATED TO THE COMPENSATION COMMITTEE THE ACCOUNTABILITY AND AUTHORITY TO REVIEW AND APPROVE THE COMPARABILITY DATA OF ALL OFFICERS - THE GHI BOARD OF DIRECTORS HAS DELEGATED TO THE COMPENSATION COMMITTEE THE ACCOUNTABILITY TO CONDUCT AN ANNUAL PERFORMANCE EVALUATION AND TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER OFFICERS BASED ON THE PERFORMANCE REVIEW AND THE MARKET COMPARABILITY DATA - COMPARABILITY DATA - 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 COMPENSATION 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 COMPENSATION COMMITTEE DETERMINES MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH OFFICER. IN INTERIM YEARS, THE GHI'S HUMAN RESOURCE DEPARTMENT, UNDER THE COMPENSATION 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 OFFICER. - THE ELEMENTS OF TOTAL COMPENSATION ARE SALARY, INCENTIVES, BENEFITS AND PERQUISITES - PROPER CONTEMPORANEOUS DOCUMENTATION - MINUTES OF THE COMPENSATION COMMITTEE ARE PREPARED AFTER EACH MEETING AND APPROVED AT THE NEXT MEETING - 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	RHF'S FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM RHF OR HEALTHPARTNERS, INC RHF'S ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE RHF'S CONFLICT OF INTEREST POLICY THROUGH IT'S RELATED ORGANIZATIONS, HEALTHPARTNERS, INC AND GROUP HEALTH PLAN, INC CAN BE VIEWED THROUGH THE HEALTHPARTNERS COM WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NON-CASH GIFTS IN KIND -151,225 TOTAL TO FORM 990, PART XI, LINE 5 -151,225

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 FOUNDATION

Employer identification number
41-1888902

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

Part IV

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

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)			

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	
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Software ID:
Software Version:
EIN: 41-1888902
Name: REGIONS HOSPITAL FOUNDATION

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 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309 41-0956618	HOSPITAL	MN	501(C) (3)	170(B)(1) (A)(III)	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 AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C) (3)	170(B)(1) (A)(III)	STILLWATER HEALTH SYSTEM		No
ST CROIX VALLEY HEALTHCARE & 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

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return REGIONS HOSPITAL FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 41-1888902
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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	56

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	56
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? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
25Special 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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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	