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Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

To provide and support health care excellence in partnership with the communities we serve

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 5,231,749 including grants of \$) (Revenue \$ 20,657,879)

Located in the Northern Black Hills of South Dakota, Spearfish Regional Hospital is a 44-bed hospital offering extensive patient services centralized at one location, which includes both the hospital and Spearfish Regional Medical Clinic Patient care includes 24-hour emergency service, inpatient and outpatient care, labor and delivery, surgery, home health and hospice Spearfish Regional Hospital is a certified Trauma Level III facility Spearfish Regional Hospital serves the surgery and labor and delivery needs for a geographic area that extends into Wyoming and Montana The next closest surgery department is more than an hour away in Rapid City During FY2014, Spearfish Regional Hospital Surgery Department performed 1,647 total procedures--602 inpatient procedures and 1,045 outpatient procedures Inpatient procedures included surgeries in the areas of orthopedics (354), general (41), obstetrics/gynecology (138) and other types (69) The outpatient area performed surgeries in the following categories orthopedics (580), general surgery (162), ENT (78) and other types (41) Spearfish Regional Hospital also performed 25 inpatient endoscopies and 41 outpatient endoscopies during FY2014 Total inpatients served in FY2014 were 1,713

4b

(Code) (Expenses \$ 3,265,411 including grants of \$) (Revenue \$ 4,435,956)

Custer Regional Senior Care is part of Custer Regional Hospital Custer Regional Hospital's service area includes the central and southern Black Hills along with eastern Wyoming and northern Nebraska Our primary care clinics are operated in Hill City (Rural Health Clinic), Custer (Provider Based Clinic) and Hot Springs The nearest hospital is at least 45 minutes away if conditions are optimal Rugged terrain, bad weather and an influx of tourists during summer months can make the commute to another facility take more than an hour Our Long Term Care facility has 76 beds which includes a 16-bed secure Alzheimer’s unit The Assisted Living facility offers 16 private suites The occupancy rate of the long-term care facility was 97.29 percent and for the assisted living facility it was 84.45 percent

4c

(Code) (Expenses \$ 3,063,831 including grants of \$) (Revenue \$ 2,265,936)

Custer Clinic is a department of Custer Regional Hospital Custer Regional Hospital and Clinic service area includes the central and southern Black Hills, along with eastern Wyoming and northern Nebraska Our primary care clinics are operated in Hill City (Rural Health Clinic), Custer (Provider Based Clinic) and Hot Springs The nearest hospital is at least 45 minutes away if conditions are optimal Rugged terrain, bad weather and an influx of tourists during summer months can make the commute to another facility take more than an hour For fiscal year 2014, Custer Regional Hospital had 185 inpatient admissions, 28 Swing Bed admissions, 487 acute care patient days, 522 swing bed patient days, 2,800 emergency room visits, 20,049 outpatient registrations, 40,898 lab tests, 6,970 Radiology visits, and 32,464 clinic RVUs The total uncompensated care was \$1,411,293 and 54.2 percent of the inpatient stays were Medicare or Medicaid patients All patients are treated regardless of ability to pay Financial assistance is offered to patients that are uninsured or underinsured Custer Regional Hospital and Clinics provide training sites for medical and nursing students interested in rural and/or family practice medicine

(Code) (Expenses \$ 53,630,992 including grants of \$) (Revenue \$ 70,751,478)

The Regional Health Network, Inc. is a network of small hospitals, nursing homes, and assisted living facilities in western South Dakota These hospitals and long-term care facilities are located in small rural towns and provide a very necessary rural healthcare safety net

4d

Other program services (Describe in Schedule O)

(Expenses \$ 53,630,992 including grants of \$) (Revenue \$ 70,751,478)

4e

Total program service expenses

65,191,983

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

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	12	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	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
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	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 this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	No
15b	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
16b	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▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶Mark Thompson 2925 Regional Way Rapid City, SD 57701 (605) 755-9127

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

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,622,860	5,199,872	643,639

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶32

		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 Yes	
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
Alliance Recruiting Resources Inc PO Box 670416 Dallas TX 752670416	Temporary Physician Staffing Services	1,024,446
GE Medical Systems PO Box 414 Milwaukee WI 53201	Repairs & Support	416,765
Aegis Therapies Inc PO Box 8103 Fort Smith AR 72902	Patient Therapy Services	331,040
Sentra Data System Inc 800 Fairway Drive Suite 400 Deerfield Beach FL 33441	Pharmacy Claims Processing	321,412
DMS Health Technologies Inc 2101 N University Dr Fargo ND 58102	Mobil MRI Diagnostic Services	269,549

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 ▶12

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	39,280			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	117,355			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	93,225			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		249,860			
Program Service Revenue	2a	Acute Care Hospital IP and OP	Business Code 623000	62,815,000	62,815,000		
	b	Long Term Care Facilities	623000	9,959,000	9,959,000		
	c	Physician Clinics	621110	2,849,000	2,849,000		
	d	Assisted Living Facilities	623000	2,247,000	2,247,000		
	e	Home Care Services	621610	2,064,000	2,064,000		
	f	All other program service revenue		18,177,249	15,434,011	2,743,238	
	g	Total. Add lines 2a-2f		98,111,249			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		152,544		152,544
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)				
8a		Gross income from fundraising events (not including \$ 39,280 of contributions reported on line 1c) See Part IV, line 18	a	88,831			
		b	Less direct expenses	b	43,951		
		c	Net income or (loss) from fundraising events		44,880		44,880
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			98,558,533	95,368,011	2,743,238	197,424

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,381,550	398,728	982,822	
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.	36,814,638	30,513,843	6,300,795	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	752,304	623,548	128,756	
9	Other employee benefits.	7,072,671	5,862,189	1,210,482	
10	Payroll taxes.	2,486,762	2,017,746	469,016	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	53,182		53,182	
c	Accounting.	100		100	
d	Lobbying.	13,008		13,008	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,278,451	3,326,900	951,551	
12	Advertising and promotion.	79,102	29,218	49,884	
13	Office expenses.	278,143	164,529	113,614	
14	Information technology.	628,068	529,656	98,412	
15	Royalties.				
16	Occupancy.	2,033,060	748,517	1,284,543	
17	Travel.	190,224	160,905	29,319	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	141,826	130,072	11,754	
20	Interest.	19,769	15	19,754	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,984,301	2,170,254	1,814,047	
23	Insurance.	278,422	53,386	225,036	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Intercompany Supplies a	10,669,194	2,245,835	8,423,359	
b	Medical Supplies	7,452,745	7,452,745		
c	Bad Debt Expense	5,470,634	5,470,634		
d					
e	All other expenses	4,898,171	3,293,263	1,604,908	
25	Total functional expenses. Add lines 1 through 24e.	88,976,325	65,191,983	23,784,342	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		188,242	1	42,948
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,612,167	4	13,675,818
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,357,499	8	1,400,821
	9	Prepaid expenses and deferred charges		451,839	9	482,432
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a94,258,158			
	b	Less accumulated depreciation	10b52,610,485	39,116,228	10c	41,647,673
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		271,573	13	288,886
	14	Intangible assets		62,430	14	62,430
	15	Other assets See Part IV, line 11		1,341,449	15	1,572,808
	16	Total assets. Add lines 1 through 15 (must equal line 34)		54,401,427	16	59,173,816
Liabilities	17	Accounts payable and accrued expenses		4,074,410	17	4,482,708
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		18,489,396	25	13,271,279
	26	Total liabilities. Add lines 17 through 25		22,563,806	26	17,753,987
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		30,640,869	27	40,079,421
	28	Temporarily restricted net assets		1,096,752	28	1,240,408
	29	Permanently restricted net assets		100,000	29	100,000
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		31,837,621	33	41,419,829
	34	Total liabilities and net assets/fund balances		54,401,427	34	59,173,816

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,558,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,976,325
3	Revenue less expenses Subtract line 2 from line 1	3	9,582,208
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,837,621
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,419,829

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Van Hyde	55 00				X			183,568	0	14,943
CEO of Sturgis Regional Hospital	0 00									
Krista B Birkelo DO	40 00					X		298,525	0	23,163
Family Medicine	0 00									
Christopher K Fromm MD	40 00					X		290,987	0	35,961
Family Medicine	0 00									
Curtis J Liedtke DO	40 00					X		205,455	0	7,615
Family Medicine	0 00									
Donald M Potts MD	40 00					X		258,967	0	28,391
Family Medicine	0 00									
Thomas Reid	40 00					X		185,329	0	13,549
Nurse Anesthetist	0 00									
Veronica L Schmidt	55 00									
CEO of Custer Regional Hospital	0 00						X	144,548	0	24,672

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Regional Health Network Inc	Employer identification number 46-0360899
---	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization Regional Health Network Inc	Employer identification number 46-0360899
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

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?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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?	Yes		13,008
	j Total Add lines 1c through 1i			13,008
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Annual dues are paid to the South Dakota Association of Healthcare Organizations. A portion of the dues are applicable to lobbying activities. For Calendar year 2014 dues, which were paid in fiscal year 2014, in the amount of \$86,703.70, 4.443% was used for lobbying purposes. In addition, annual dues were paid to the American Hospital Association, a portion of which is applicable to lobbying activities. For calendar year 2014 dues, which were paid in fiscal year 2014, in the amount of \$38,713.00, 23.65% was used for lobbying purposes.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Regional Health Network Inc

Employer identification number
46-0360899

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	100,000	100,000	100,000	100,000	100,000
b Contributions					
c Net investment earnings, gains, and losses	16,730				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	116,730	100,000	100,000	100,000	100,000

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

0 %

b

Permanent endowment

85 670 %

c

Temporarily restricted endowment

14 330 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 8,868,079 | | 8,868,079 |
| b Buildings | | 48,990,515 | 24,365,774 | 24,624,741 |
| c Leasehold improvements | | | | |
| d Equipment | | 34,312,505 | 26,636,098 | 7,676,407 |
| e Other | | 2,087,059 | 1,608,613 | 478,446 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 41,647,673 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	Endowed funds are permanently restricted from use and are held in an interest bearing account. The interest earned may be used by the organization at its discretion.
Part X, Line 2	Regional Health Network, Inc. is organized as a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Regional Health Network, Inc. is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the Internal Revenue Service (IRS). In addition, Regional Health Network, Inc. may be subject to income tax on income that is derived from business activities that are unrelated to its tax exempt purpose. Regional Health Network, Inc. believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. Regional Health Network, Inc. would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. Regional Health Network's federal Form 990T filings are no longer subject to federal tax examinations by tax authorities for years before 2010.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Regional Health Network Inc	Employer identification number 46-0360899
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>Hospice Ball</u>	<u>Hospice Golf</u>	<u>2</u>	(add col (a) through	
			(event type)	Tournament	(total number)	col (c))	
				(event type)			
1	Gross receipts	. . .	73,423	21,643	33,045	128,111	
2	Less Contributions	. .	3,075	3,160	33,045	39,280	
3	Gross income (line 1 minus line 2)	. . .	70,348	18,483		88,831	
Direct Expenses	4	Cash prizes	. . .		700	700	
	5	Noncash prizes	. .	7,780	176	7,956	
	6	Rent/facility costs	. .	17,715	9,268	26,983	
	7	Food and beverages	.		359	359	
	8	Entertainment	. . .	2,775	344	3,119	
	9	Other direct expenses	.	4,834		4,834	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(43,951)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					44,880

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.

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

9 Enter the state(s) in which the organization 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 _____

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

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

Name ▶

Address ▶

15a

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

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Regional Health Network Inc

Employer identification number
46-0360899

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	No
b	If "Yes," did the organization make it available to the public?	5c	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,700,114		2,700,114	3 230 %
b Medicaid (from Worksheet 3, column a)			10,115,836	8,937,453	1,178,383	1 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . .						
d Total Financial Assistance and Means-Tested Government Programs . .			12,815,950	8,937,453	3,878,497	4 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	1,409	18,151		18,151	0 020 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	603	71,939		71,939	0 090 %
j Total Other Benefits	20	2,012	90,090		90,090	0 110 %
k Total . Add lines 7d and 7j . .	20	2,012	12,906,040	8,937,453	3,968,587	4 750 %

Part III

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	2	43	20,724		20,724	0.020 %
9 Other						
10 Total	2	43	20,724		20,724	0.020 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

1

Yes

2

5,470,634

3

149,505

9a

Yes

9b

Yes

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

6

Enter Medicare allowable costs of care relating to payments on line 5.

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

5

22,952,827

6

23,495,891

7

-543,064

9a

Yes

9b

Yes

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9b

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

9a

Yes

9b

Yes

Part IV

Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Schedule H (Form 990) 2013

Section A. Hospital Facilities

Name, address, primary website address,
and state license number

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a ☒ Hospital facility's website (list url) <u>www.regionalhealth.com/chna</u>		
b ☐ Other website (list url)		
c ☒ Available upon request from the hospital facility		
d ☐ Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b ☒ Execution of the implementation strategy		
c ☐ Participation in the development of a community-wide plan		
d ☐ Participation in the execution of a community-wide plan		
e ☐ Inclusion of a community benefit section in operational plans		
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g ☒ Prioritization of health needs in its community		
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i ☒ Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>250 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a ☒ Income level			
b ☒ Asset level			
c ☒ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☒ The policy was available upon request			
g ☒ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

b ☐ Notified individuals of the financial assistance policy prior to discharge

c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22	Yes	
If "Yes," explain in Part VI			

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

[illegible]

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address		Type of Facility (describe)
1	Custer Regional Senior Care 1065 Montgomery Street Custer, SD 57730	Skilled long-term nursing home facility
2	Sturgis Regional Senior Care 949 Harmon Street Sturgis, SD 57785	Skilled long-term nursing home facility
3	Hill City Clinic 238 Elm Street Hill City, SD 57745	Clinic
4	Hot Springs Regional Medical Clinic 130 North 15th St Hot Springs, SD 57747	Clinic
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Part I, Line 3c	Form 990, Schedule H References to "Regional Health" apply to all entities controlled or leased by Regional Health, Inc This includes the reporting entity Part I, Line 3c Financial assistance debt reduction write-offs for free or discounted care are based on an income matrix utilizing the current Federal Poverty Level (FPL) income guidelines after satisfying applicable co-pay requirements The income matrix may be updated annually as the FPL guidelines are released

Form and Line Reference	Explanation
Part I, Line 6a	A community benefit report is completed by Regional Health, the parent organization, for all related organizations and made available to the public on its website at http //www regionalhealth com/About-Us/Community-Report.aspx

Form and Line Reference	Explanation
Part I, Line 7	Ratio of patient care cost to charges is used for the calculation of cost of services provided for lines 7a, 7b and 7g Actual costs are used for the calculation of costs of services provided for lines 7e and 7i

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 5,470,634

Form and Line Reference	Explanation
Part II, Community Building Activities	Regional Health provides numerous community benefit health events and screenings throughout the Black Hills Region. Regional Health also provides financial support to other nonprofit organizations to help support community health outreach. Additionally, Regional Health provides in-kind support and employee volunteers to help support community health events and activities.

Form and Line Reference	Explanation
Part III, Line 2	The bad debt reported on line 2 is at charges as reported on the financial statements

Form and Line Reference	Explanation
Part III, Line 3	The estimated amount of bad debt attributable to patients eligible under the financial assistance policy is determined through a review of the bad debt records to identify patient accounts that would be eligible for a discount under the financial assistance policy. The organization follows HFMA Statement 15, however the amount reported on Part III, Line 3 reflects amounts not previously determined to be charity care in prior years, however were determined in the current year to be charity care amounts.

Form and Line Reference	Explanation
Part III, Line 4	The footnote to the financial statements that describes bad debt expense is located on pages seven and eight of the audited financials

Form and Line Reference	Explanation
Part III, Line 8	The Medicare shortfall is derived from the actual payments received from the Medicare program for services provided to patients with Medicare coverage. The payments are compared to the actual cost of providing the service as arrived at through the Medicare cost reports. The result is a shortfall with costs exceeding the reimbursement. Medical services are provided to patients with Medicare coverage regardless of whether or not a surplus or deficit is realized. Providing Medicare services promotes access to healthcare services which are vitally needed by our community.

Form and Line Reference	Explanation
Part III, Line 9b	The collection policy requires invoking of the financial assistance policy at any time a patient expresses financial difficulty in meeting their debt obligation. Upon invoking the FAP, all collection activity is suspended. If the patient is approved for charity, then the account is closed out of the collection process and classified as charity. If a patient expresses financial concern but fails to complete the application process, additional notification is sent to the patient prior to re-instituting collection activity. We are following the 501(r) Proposed Regulations timelines for notifications and collections.

Form and Line Reference	Explanation
Part VI, Line 2	The Community Health Needs Assessment was conducted in FY2013 by Regional Health, including Rapid City Regional Hospital, Same Day Surgery Center, Spearfish Regional Hospital, Spearfish Regional Surgery Center, Sturgis Regional Hospital, Lead-Deadwood Regional Hospital, Custer Regional Hospital, and Hans P. Peterson Memorial Hospital. In July 2012, we contracted with Professional Research Consultants, Inc. (PRC) to conduct the needs assessment. PRC is a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994. The assessment incorporated data from both quantitative and qualitative sources. Quantitative data input included primary research (the PRC Community Health Survey, November 2012) and secondary research (vital statistics and other existing health-related data); these quantitative components allowed for trending and comparison to benchmark data at the state and national levels. Qualitative data input included primary research gathered through a Key Informant Focus Group. A variety of existing (secondary) data sources was consulted to complement the research quality of the Community Health Needs Assessment. Data for the service area were obtained from the following sources: * Centers for Disease Control & Prevention * GeoLytics Demographic Estimates & Projections * National Center for Health Statistics * South Dakota Department of Public Health * US Census Bureau * US Department of Health and Human Services * US Department of Justice, Federal Bureau of Investigation As part of the needs assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, other health professionals, social service providers, and other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions. The needs assessment report was completed in February 2013. After reviewing the findings, the Community Health Needs Assessment Steering Committee met regularly during the month of March, to determine the health needs to be prioritized for action in FY2014-FY2016. Following a detailed presentation of the Community Health Needs Assessment findings by PRC, steering committee members were led through a process of understanding key local data findings (Areas of Opportunity) and ranked identified health issues against the following established, uniform criteria: * Magnitude: The number of persons affected, also taking into account variance from benchmark data and Healthy People targets. * Impact/Seriousness: The degree to which the issue affects or exacerbates other quality of life and health-related issues. * Feasibility: The ability to reasonably impact the issue, given available resources. * Consequences of Inaction: The risk of not addressing the problem at the earliest opportunity. A proposed Implementation Strategy was then written to address the community's health needs. In the months of May and June, 2013, the organization's Board as well as the Board of Regional Health reviewed, discussed and approved the implementation strategies for addressing the community health priorities identified through the Community Health Needs Assessment.

Form and Line Reference	Explanation
Part VI, Line 3	We provide information on all statements, on our website, we have information available at all admission areas, we contract with Midland Medical Group (an unrelated entity) to meet with all uninsured patients to assist them with finding a funding source or applying for financial assistance, and our self-pay outsource partner also communicates any funding and financial assistance opportunities with our patients

Form and Line Reference	Explanation
Part VI, Line 4	Regional Health serves the people of the Black Hills Region. The area is mostly rural in nature with only one city of over 50,000 people. Regional Health is the primary medical services provider for the region.

Form and Line Reference	Explanation
Part VI, Line 5	Regional Health is governed by a community board that provides leadership to the organization to meet the community needs. Regional Health partners with the educational institutions to provide numerous clinical training programs, that if they were not provided by Regional Health, would not exist in our region. Regional Health provides numerous community health education events and screenings throughout the Black Hills Region. Regional Health also provides financial support to other nonprofit organizations to help support community health outreach. Additionally, Regional Health provides in-kind support and employee volunteers to help support community health events and activities and other charitable programs.

Form and Line Reference	Explanation
Part VI, Line 6	Regional Health is committed to partnering with the communities it serves to meet the needs of each respective community. Regional Health, Inc. is the parent organization of Rapid City Regional Hospital, Inc., Regional Health Network, Inc., and Regional Health Physicians, Inc. These corporations work together to meet the health care needs of the region.

Additional Data

Software ID:
Software Version:
EIN: 46-0360899
Name: Regional Health Network Inc

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

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

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Spearfish Regional Hospital, - Facility 2 Custer Regional Hospital, - Facility 3 Sturgis Regional Hospital, - Facility 4 Lead-Deadwood Regional Hospital

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

Form and Line Reference	Explanation
Facility 1 -- Spearfish Regional Hospital Part V, Section B, line 3	As part of the community health needs assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, other health professionals, social service providers, and other community leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

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

Form and Line Reference	Explanation
Facility 1 -- Spearfish Regional Hospital Part V, Section B, line 4	The Community Health Needs Assessment was undertaken by Regional Health, including Rapid City Regional Hospital, Same Day Surgery Center, Spearfish Regional Hospital, Spearfish Regional Surgery Center, Sturgis Regional Hospital, Lead-Deadwood Regional Hospital and Custer Regional Hospital Under a management contract with Regional Health, Hans P Peterson Memorial Hospital in Philip, SD, also collaborated on the project Hans P Peterson Memorial Hospital provided funding for their portion of the assessment

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

Form and Line Reference	Explanation
Facility 1 -- Spearfish Regional Hospital Part V, Section B, line 6i	The implementation strategy is available at http //www regionalhealth com/About-Us/Community-Needs-Assessment.aspx?furl=chna or upon request

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

Form and Line Reference	Explanation
Facility 1 -- Spearfish Regional Hospital Part V, Section B, line 7	In review of the needs identified in the CHNA, Spearfish Regional Hospital has identified the areas below that will not be addressed due to prioritization of health needs 1) Maternal, Infant, Child Health As a provider of maternal, infant and child hospital care in the community, SPRH believes it fulfills its role in this area It was therefore given a lower priority that excluded this as an area chosen for action 2) Oral Health SPRH has limited expertise available to address oral health and access to oral health insurance Other community organizations have infrastructure and programs in place to better meet this need Limited expertise excluded this as an area chosen for action 3) Nutrition, Physical Activity & Weight Status It was determined that more pressing health needs exist Limited resources and lower priority excluded this as an area chosen for action 4) Respiratory Diseases SPRH believes this priority area falls within the purview of other available community resources, including outpatient clinical settings Participation with the Good Shepherd Clinic positively impacts the ability for those with chronic respiratory disease to access the health care system 5) Substance Abuse SPRH believes efforts outlined in its plan for mental health and mental health resources will also have a positive impact on substance abuse A separate set of specific initiatives in this area is not justified at this time 6) Tobacco Use SPRH is a tobacco-free facility The facility provides smoking cessation screening to our patients and refers patients and employees to the South Dakota Quit Line for ongoing support Lower priority excluded this as an area chosen for action SPRH began to execute the implementation strategy during fiscal year 2014 The needs that are being addressed are as follows 1) access to health services, 2) conditions of aging, 3) diabetes, 4) injury and violence prevention, and 5) mental health and mental disorders

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

Form and Line Reference	Explanation
Facility 1 -- Spearfish Regional Hospital Part V, Section B, line 14g	A summary of the Hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, emergency and waiting rooms, and admissions office The policy in its entirety is also available upon request

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

Form and Line Reference	Explanation
Facility 1 -- Spearfish Regional Hospital Part V, Section B, line 22	All individuals eligible under the hospital financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

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

Form and Line Reference	Explanation
Facility 2 -- Custer Regional Hospital Part V, Section B, line 3	As part of the community health needs assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, other health professionals, social service providers, and other community leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

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

Form and Line Reference	Explanation
Facility 2 -- Custer Regional Hospital Part V, Section B, line 4	The Community Health Needs Assessment was undertaken by Regional Health, including Rapid City Regional Hospital, Same Day Surgery Center, Spearfish Regional Hospital, Spearfish Regional Surgery Center, Sturgis Regional Hospital, Lead-Deadwood Regional Hospital and Custer Regional Hospital Under a management contract with Regional Health, Hans P Peterson Memorial Hospital in Philip, SD, also collaborated on the project Hans P Peterson Memorial Hospital provided funding for their portion of the assessment

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

Form and Line Reference	Explanation
Facility 2 -- Custer Regional Hospital Part V, Section B, line 6i	The implementation strategy is available at http //www regionalhealth com/About-Us/Community-Needs-Assessment.aspx?furl=chna or upon request

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

Form and Line Reference	Explanation
Facility 2 - - Custer Regional Hospital Part V, Section B, line 7	In review of the needs identified in the CHNA, Custer Regional Hospital has identified the areas below that will not be addressed due to prioritization of health needs 1) Access to Health Services The specific concern identified here was annual checkups for children ages 0-17 National standards deem a checkup every three years as the standard of care for children older than three years of age Local medical staff adheres to this standard CRH was a recipient of a grant in FY 12 providing wellness checkups for kids when finances are a barrier to receiving care 2) Cancer CRH partners with the All Women Count program promoting early detection for women who have financial barriers to breast cancer screening Awareness activities through the American Cancer Society currently exist in the community and surrounding area The provider for mobile mammography services discontinued services in Western South Dakota in 2012 Efforts continue to replace this service yet won't have impact in the timeline and scope of this implementation plan 3) Conditions of Aging In the area of Alzheimer's deaths, Custer Regional Senior Care is a licensed skilled nursing facility providing services to the elderly of the community Services include a special care unit specifically serving residents with Alzheimer's and dementia related diagnoses The Department of Social Services Adult Services and Aging department provides in-home services and case management to elders in the community with conditions of aging, such as difficulty seeing and hearing, assisting in obtaining adaptive equipment and transportation 4) Injury & Violence Prevention There are numerous activities currently provided to the community in the area of injury prevention which CRH will continue to be open to for opportunities for partnerships CRH currently provides physician education presentations to employee groups surrounding safe logging practices and the Custer High School students on healthy decisions, CRH partners with the Custer School District in providing hands-on, experiential education, namely Freshman Impact, on distracted driving and driving under the influence and the negative consequences associated with those unsafe practices, Custer School District has an active Students Against Destructive Decisions group, firearm and hunter safety courses are currently provided, Custer Rotary Club provides area youth bicycle helmets at a community bike rodeo 5) Mental Health & Mental Disorders The Service Area currently has several programs and services in place to assist in addressing mental health issues Mental health issues are best addressed as a community as a whole and although deemed out of the scope for a Critical Access Hospital, CRH will continue to seek opportunities for partnerships with area entities to assist in addressing this issue in its primary service area Current programs include the Helpline Center, Front Porch Coalition, Suicide Awareness Education in the schools, Veteran Administration Hospital in Fall River County addresses mental health concerns for military veterans, licensed mental health professionals provide counseling services, Department of Social Services provide case management services 6) Oral Health Insurance coverage for dental insurance was considered the barrier to adequate oral health and is currently addressed by a Mobile Dental Program providing no cost dental exams to area youth, local dentists provide in-class oral health education to elementary students and provide free dental screenings to children entering kindergarten 7) Respiratory Diseases Tobacco Use was not an area of need identified Chronic respiratory disease and pneumonia/influenza are currently addressed through community flu shot clinics and education of the public and health care personnel on importance of flu shots 8) Substance Abuse Substance abuse issues are currently addressed with existing area programs and services to include Custer Regional Hospital's existing partnership with the Freshman Impact program previously noted Other area programs and services include Custer Schools Students Against Destructive Decisions group, Southern Hills Alcohol and Drug Center provides substance abuse related services, Veteran's Administration in Fall River County provides Substance Abuse treatment for military veterans CRH has begun to execute the implementation strategy during fiscal year 2014 The needs that are being addressed are as follows 1) diabetes, 2) heart disease and stroke, and 3) nutrition, physical activity and weight status

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

Form and Line Reference	Explanation
Facility 2 -- Custer Regional Hospital Part V, Section B, line 14g	A summary of the Hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, emergency and waiting rooms, and admissions office. The policy in its entirety is also available upon request.

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

Form and Line Reference	Explanation
Facility 2 -- Custer Regional Hospital Part V, Section B, line 22	All individuals eligible under the hospital financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

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

Form and Line Reference	Explanation
Facility 3 -- Sturgis Regional Hospital Part V, Section B, line 3	As part of the community health needs assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, other health professionals, social service providers, and other community leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

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

Form and Line Reference	Explanation
Facility 3 -- Sturgis Regional Hospital Part V, Section B, line 4	The Community Health Needs Assessment was undertaken by Regional Health, including Rapid City Regional Hospital, Same Day Surgery Center, Spearfish Regional Hospital, Spearfish Regional Surgery Center, Sturgis Regional Hospital, Lead-Deadwood Regional Hospital and Custer Regional Hospital Under a management contract with Regional Health, Hans P Peterson Memorial Hospital in Philip, SD, also collaborated on the project Hans P Peterson Memorial Hospital provided funding for their portion of the assessment

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

Form and Line Reference	Explanation
Facility 3 -- Sturgis Regional Hospital Part V, Section B, line 6i	The implementation strategy is available at http //www regionalhealth com/About-Us/Community-Needs-Assessment.aspx?furl=chna or upon request

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

Form and Line Reference	Explanation
Facility 3 -- Sturgis Regional Hospital Part V, Section B, line 7	In review of the needs identified in the CHNA, Sturgis Regional Hospital has identified the areas below that will not be addressed due to prioritization of health needs 1) Access to Health Services SRH believes more pressing health needs existed Lower priority excluded this as an area chosen for action 2) Injury & Violence Prevention SRH has limited expertise available to address injury and violence prevention The facility will work in collaboration with community partners as opportunity arises 3) Maternal, Infant, Child Health SRH does not provide obstetrical services at the facility There are other available resources in the community that serve this need Limited expertise excluded this as an area chosen for action 4) Oral Health SRH has limited expertise available to address oral health The facility will work in collaboration with community partners as opportunity arises 5) Respiratory Diseases SRH believes more pressing health needs exist Lower priority excluded this as an area chosen for action 6) Substance Abuse SRH has limited expertise available to address alcohol and other drug issues Other community organizations have infrastructure and programs in place to better meet this need Limited expertise excluded this as an area chosen for action 7) Tobacco Use Lower priority excluded this as an area chosen for action SRH began to execute the implementation strategy The needs that are being addressed are as follows 1) conditions of aging, 2) diabetes, 3) mental health and mental disorders, and 4) nutrition, physical activity and weight status

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

Form and Line Reference	Explanation
Facility 3 -- Sturgis Regional Hospital Part V, Section B, line 14g	A summary of the Hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, emergency and waiting rooms, and admissions office. The policy in its entirety is also available upon request.

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

Form and Line Reference	Explanation
Facility 3 -- Sturgis Regional Hospital Part V, Section B, line 22	All individuals eligible under the hospital financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

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

Form and Line Reference	Explanation
Facility 4 -- Lead-Deadwood Regional Hospital Part V, Section B, line 3	As part of the community health needs assessment, one focus group was held on September 24, 2012. The focus group participants were comprised of 13 key informants, including representatives from public health, Indian Health Services, other health professionals, social service providers, and other community leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

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

Form and Line Reference	Explanation
Facility 4 -- Lead-Deadwood Regional Hospital Part V, Section B, line 4	The Community Health Needs Assessment was undertaken by Regional Health, including Rapid City Regional Hospital, Same Day Surgery Center, Spearfish Regional Hospital, Spearfish Regional Surgery Center, Sturgis Regional Hospital, Lead-Deadwood Regional Hospital and Custer Regional Hospital Under a management contract with Regional Health, Hans P Peterson Memorial Hospital in Philip, SD, also collaborated on the project Hans P Peterson Memorial Hospital provided funding for their portion of the assessment

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

Form and Line Reference	Explanation
Facility 4 -- Lead-Deadwood Regional Hospital Part V, Section B, line 6i	The implementation strategy is available at http //www regionalhealth com/About-Us/Community-Needs-Assessment.aspx?furl=chna or upon request

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

Form and Line Reference	Explanation
Facility 4 -- Lead-Deadwood Regional Hospital Part V, Section B, line 7	In review of the needs identified in the CHNA, Lead-Deadwood Regional Hospital has identified the areas below that will not be addressed due to prioritization of health needs 1) Access to Health Services LDRH believes more pressing health needs existed Lower priority excluded this as an area chosen for action 2) Conditions of Aging In the area of Alzheimer's deaths, Golden Ridge Regional Senior Care is a licensed assisted living facility providing services to the elderly of the community Other organizations provide in-home services and case management to elders in the community with conditions of aging, such as difficulty seeing and hearing, assisting in obtaining adaptive equipment and transportation 3) Maternal, Infant, Child Health LDRH does not provide obstetrical services at the facility There are other available resources in the community that serve this need Limited expertise excluded this as an area chosen for action 4) Oral Health LDRH has limited expertise available to address oral health and access to oral health insurance Other community organizations have infrastructure and programs in place to better meet this need Limited expertise excluded this as an area chosen for action 5) Respiratory Diseases LDRH believes this priority area falls within the purview of other available community resources, including outpatient clinical settings 6) Substance Abuse LDRH believes efforts outlined in its plan for mental health and mental health resources will also have a positive impact on substance abuse A separate set of specific initiatives in this area is not justified at this time 7) Tobacco Use LDRH is a tobacco-free facility The facility provides smoking cessation screening to our patients and refers patients and employees to the South Dakota Quit Line for ongoing support Lower priority excluded this as an area chosen for action LDRH began to execute the implementation strategy during fiscal year 2014 The needs that are being addressed are as follows 1) diabetes, 2) injury and violence prevention, 3) mental health and mental disorders, and 4) nutrition, physical activity and weight status

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

Form and Line Reference	Explanation
Facility 4 -- Lead-Deadwood Regional Hospital Part V, Section B, line 14g	A summary of the Hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, emergency and waiting rooms, and admissions office. The policy in its entirety is also available upon request.

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

Form and Line Reference	Explanation
Facility 4 -- Lead-Deadwood Regional Hospital Part V, Section B, line 22	All individuals eligible under the hospital financial assistance policy are provided a discount for emergency and other medically necessary care The financial assistance policy does not apply to elective procedures Therefore, FAP-eligible patients without insurance may be charged gross charges on elective procedures

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Regional Health Network Inc

Employer identification number
46-0360899

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	The audit and compliance committee, which is a committee of the Regional Health (parent) Board, reviews and approves base salary and total compensation ranges for all executives within the Regional Health System. Please see Form 990, Part VI, Lines 15a & 15b disclosure on Schedule O.
Part I, Lines 4a-b	Regional Health made severance payments to the following: Dale Gisi - \$98,500. Regional Health provides a supplemental nonqualified retirement plan and a flexible benefit plan that can include deferred compensation for its executives. The following individuals had amounts deferred into the account as reported in column c on Schedule J: Lee B. Bailey, MD \$16,842; Terry Graber, MD \$20,483; Thomas Groeger, MD \$11,384; Mark A. Thompson \$28,714; David L. Klocke, MD \$17,102; Joseph C. Sluka, Jr. \$33,829; Sharmila M. Chandran \$6,773; Jennifer Horton \$10,543; Larry W. Veitz \$12,891; Krista B. Birkelo, DO \$13,546; Christopher K. Fromm, MD \$18,729; Donald M. Potts, MD \$16,334; Veronica L. Schmidt \$7,871.
Part I, Line 7	Executives and Other Employees of System Entities will be eligible to receive annual incentive awards that are competitive with the incentives offered by the organizations in the System's Peer group(s) in accordance with the terms of the Regional Health, Inc. Annual Incentive Plan for Selected Executives and Other Employees (Incentive Plan). In accordance with this plan, the Board of Directors will review and approve all incentives as recommended from the Compensation Committee.

Additional Data

Software ID:
Software Version:
EIN: 46-0360899
Name: Regional Health Network Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Lee B Bailey MD Director	(i) (ii)	314,012 0	0 0	0 0	29,596 0	6,000 0	349,608 0	10,644 0
Terry Graber MD Director	(i) (ii)	0 413,510	0 0	0 17,500	0 33,768	0 4,750	0 469,528	0 0
Thomas Groeger MD Director	(i) (ii)	0 180,677	0 3,400	0 11,442	0 22,231	0 7,604	0 225,354	0 0
Charles E Hart MD President & CEO	(i) (ii)	0 895,584	0 135,197	0 23,418	0 18,626	0 6,067	0 1,078,892	0 135,856
Timothy H Sughrue CEO RCRH, RHN & COO RHI	(i) (ii)	0 543,030	0 83,267	0 19,471	0 20,444	0 6,104	0 672,316	0 0
Mark A Thompson VP CFO	(i) (ii)	0 330,359	0 59,826	0 17,500	0 45,407	0 4,235	0 457,327	0 4,370
David L Klocke MD Chief Medical Officer	(i) (ii)	0 286,933	0 17,191	0 7,000	0 24,752	0 6,770	0 342,646	0 0
Joseph C Sluka Jr Executive VP/CAO	(i) (ii)	0 386,747	0 70,627	0 27,748	0 46,446	0 6,250	0 537,818	0 0
Richard S Latuchie VP Info Technology, CIO	(i) (ii)	0 259,771	0 30,319	0 17,500	0 13,092	0 5,210	0 325,892	0 7,430
Mary E Masten VP Legal Services	(i) (ii)	0 313,345	0 32,553	0 0	0 21,516	0 7,220	0 374,634	0 14,707
Sharmila M Chandran VP Corp Responsibility	(i) (ii)	0 139,503	0 17,033	0 0	0 11,477	0 272	0 168,285	0 0
Mark F Brodin VP Decision Support	(i) (ii)	0 172,099	0 19,539	0 17,500	0 14,550	0 5,110	0 228,798	0 6,497
Dale E Gisi VP Human Resources (Thru 8/14/13)	(i) (ii)	0 155,652	0 18,717	0 98,500	0 11,610	0 4,747	0 289,226	0 0
Jennifer D Horton VP PR Marketing	(i) (ii)	0 165,535	0 19,018	0 0	0 20,104	0 7,750	0 212,407	0 0
Michael G Diedrich VP Human Resources - Interim	(i) (ii)	0 159,109	0 33,752	0 0	0 6,240	0 7,612	0 206,713	0 0
Glenn E Bryant COO	(i) (ii)	205,325 0	24,468 0	123,913 0	16,970 0	3,873 0	374,549 0	0 0
Larry W Veitz CEO of Spearfish Regional Hospital	(i) (ii)	179,533 0	23,253 0	17,500 0	23,920 0	5,692 0	249,898 0	0 0
Sherry Bea Smith CEO of Lead-Deadwood Regional Hospit	(i) (ii)	149,476 0	16,761 0	361 0	13,690 0	5,640 0	185,928 0	0 0
Van Hyde CEO of Sturgis Regional Hospital	(i) (ii)	147,574 0	18,494 0	17,500 0	8,839 0	6,104 0	198,511 0	0 0
Krista B Birkelo DO Family Medicine	(i) (ii)	298,195 0	0 0	330 0	21,344 0	1,819 0	321,688 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Christopher K Fromm MD Family Medicine	(i)	290,627	0	360	30,925	5,036	326,948	0
	(ii)	0	0	0	0	0	0	0
Curtis J Liedtke DO Family Medicine	(i)	205,095	0	360	6,752	863	213,070	0
	(ii)	0	0	0	0	0	0	0
Donald M Potts MD Family Medicine	(i)	258,607	0	360	24,495	3,896	287,358	0
	(ii)	0	0	0	0	0	0	0
Thomas Reid Nurse Anesthetist	(i)	182,254	3,075	0	6,698	6,851	198,878	0
	(ii)	0	0	0	0	0	0	0
Veronica L Schmidt CEO of Custer Regional Hospital	(i)	129,148	15,400	0	17,136	7,536	169,220	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
Regional Health Network Inc

Employer identification number
46-0360899

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

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

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

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

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

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

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

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Custer Community Health Services Inc	Board Director David Thom is Board Director of CCHSI	264,688	Lease payments to Wedgwood Regional Senior Care and Custer Regional Senior Care, facilities owned by Custer Community Health Services, Inc		No

Part V

Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Regional Health Network Inc	Employer identification number 46-0360899
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Return Reference	Explanation
Form 990, Part IV, Line 24a	Bond Issues All related corporations are equally liable for the repayment of the bonds reported on the Rapid City Regional Hospital Form 990

Return Reference	Explanation
Form 990, Part V, Line 1a	All 1099's are issued centrally by Rapid City Regional Hospital, Inc , a related organization

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	The membership of the Executive Committee of the corporation shall consist of the following Chairman of the Board of Directors, Vice Chairman of the Board of Directors, Secretary, Treasurer, CEO, and the most recent past Chairman of the Board of Directors unless such person is otherwise a member of the Committee (and only if the person continues to be a member of the Board of Directors) The Chairman of the Board of Directors shall serve as Chairman of the Executive Committee The Executive Committee, when the Board of Directors is not in session, shall have and may exercise all of the authority of the Board of Directors, except to the extent, if any, that such authority shall be limited by a motion or resolution of the Board of Directors

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	The organization considers some members of the Board to not be independent because they are actively practicing physicians on its or its related entities' medical staffs or, in one instance, is an employee of the organization

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Charles E. Hart, MD has a business relationship with the following individuals due to being the CEO of the supporting organization that exercises reserve powers over the supported organizations that employ each of these individuals: Lee Bailey, MD, Thomas Groeger, MD, Terry Graber, Timothy Sughrue, Joseph Sluka Jr., Mark Thompson, Mark Brodin, Sharmila Chandran, Michael Diedrich, Dale Gisi, Jennifer Horton, Richard Latuchie, Mary Masten, and David Klocke.

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Regional Health, Inc is the sole member of Regional Health Network, Inc

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Regional Health, Inc , being the sole member of Regional Health Network, Inc , has the ability to appoint or remove all members of Regional Health Network, Inc 's board members

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Regional Health, Inc provides compliance, governance, financial, and planning support to its Supported Organizations to best assure the functions and services of the Supported Organizations are coordinated and supported in a manner that furthers the shared charitable mission of the Supported Organizations and RHI, as a whole (the System) Regional Health, Inc has final authority in business decisions made by Supported Organizations

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The 990 is prepared and reviewed by an independent accounting firm. It is then reviewed internally by finance and legal management. The Form 990 is further reviewed, prior to filing, by the organization's board of directors through a portal to the organization's internal information system, to which each board member has access. Educational sessions have been provided to each board member on how to access the portal.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	As a part of the annual disclosure of potential conflicts process, all board members, officers, and management receive a copy of the conflict of interest policy and sign an acknowledgement they have read and understand it. Additionally, they are each required to complete a disclosure statement. Annually, a summary list of all conflicts disclosed by board members is prepared and provided to the full board so board members are aware of the conflicts/interests of other board members and are able to point out conflicts if an individual member with a conflict forgets. Additionally, the agenda for each board meeting and each board committee meeting includes an initial agenda item "Conflicts of Interest" where board members are asked if they have any conflicts related to the other items on the agenda. All employees are covered by the conflict of interest policy but completion of the annual disclosure statement is limited to board and board committee members, management, and certain physicians. When a proposed transaction involves a board member, the transaction is reviewed by the compliance and audit committee. At meetings, board members who have a conflict of interest may be invited to speak on the matter by the chairman, but are not permitted to vote on the matter and are required to leave the meeting during discussion, after they have made any comments invited by the chair. Failure to comply with this policy constitutes ground for removal from office or membership and in the case of all employees, termination of employment.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	The compliance and audit committee of the sole member's board, a committee that includes only board members deemed "independent", determines the appropriate base salary range of the CEO of the organization and its other executive staff. The CEO of the member or his designee then determines the actual base salary of the other executives within the committee-approved ranges based on a performance evaluation conducted by the CEO or designee. For determination of the base salary ranges, as well as incentive compensation, benefit plans and perquisites (total compensation), the compliance and audit committee retains an independent consultant, Sullivan and Cotter, to provide survey/comparability data for both base salary and total compensation at least every three years. The survey/compatibility data was provided in February 2013 and new market ranges were approved by the compliance and audit committee in October 2013 based on this information.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Articles of Incorporation of the organization are filed in the office of the Secretary of State of South Dakota and are available to the public at the Secretary of State's website. Other documents (Bylaws, conflict of interest policy and financial statements) are not posted for the public but are available or described in other public documents or sites such as offering statements in bond issues or municipal securities rulemaking board's electronic municipal market access (EMMA) data port.

Return Reference	Explanation
Part XII, Line 2c Explanation	Committee Assuming Responsibility for Oversight of Audit Independent auditors are engaged by the compliance and audit committee of the Regional Health, Inc Board of Trustees Final audit results, on a consolidated basis, are reported by the independent auditors directly to the compliance and audit committee

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Regional Health Network Inc

Employer identification number
46-0360899

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Regional Health Inc 353 Fairmont Blvd Rapid City, SD 57701 20-1487506	Healthcare	SD	501(c)(3)	Line 11c, III-FI	N/A		No
(2) Rapid City Regional Hospital Inc 353 Fairmont Blvd Rapid City, SD 57701 46-0319070	Healthcare	SD	501(c)(3)	Line 3	Regional Health Inc	Yes	
(3) Regional Health Physicians Inc 353 Fairmont Blvd Rapid City, SD 57701 46-0372454	Healthcare	SD	501(c)(3)	Line 3	Regional Health Inc	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Medical & Dental Building 2805 S 5th St Rapid City, SD 57701 46-0339629	Medical Office Bldg	SD	N/A									
(2) Black Hills Medical Office BD LLC 353 Fairmont Blvd Rapid City, SD 57701 41-1992146	Medical Office Bldg	SD	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

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

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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Regional Health Physicians Inc	J	427,944	Cost
(2) Rapid City Regional Hospital Inc	K	1,140,068	Cost
(3) Rapid City Regional Hospital Inc	M	5,760,527	Cost
(4) Rapid City Regional Hospital Inc	Q	1,859,617	Cost

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Consolidated Financial Statements
June 30, 2014 and 2013

Regional Health, Inc.

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Independent Auditor's Report

The Board of Trustees
Regional Health, Inc
Rapid City, South Dakota

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Regional Health, Inc (Regional Health), which comprise the consolidated statements of financial position as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Regional Health, Inc. as of June 30, 2014 and 2013, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Eide Bailly LLP

Minneapolis, Minnesota
October 13, 2014

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	2014	2013
Assets		
Current Assets		
Cash and cash equivalents	\$ 17.487	\$ 5.129
Receivables		
Patient accounts	114.002	111.690
Allowance for doubtful accounts	(22.257)	(18.725)
	<u>91.745</u>	<u>92.965</u>
Other receivables	4.429	6.224
Investments limited as to use	7.746	23.254
Inventory	12.992	11.454
Prepaid expenses	<u>8.344</u>	<u>8.494</u>
Total current assets	<u>142.743</u>	<u>147.520</u>
Investments Limited as to Use, Less Current Portion	<u>521.154</u>	<u>464.804</u>
Property and Equipment		
Land and improvements	26.863	24.892
Buildings and fixed equipment	308.582	278.137
Leased buildings	4.064	3.629
Movable equipment	277.560	259.901
	<u>617.069</u>	<u>566.559</u>
Less accumulated depreciation and amortization	<u>(382.767)</u>	<u>(359.226)</u>
	234.302	207.333
Construction-in-process	<u>5.872</u>	<u>11.373</u>
Total property and equipment	<u>240.174</u>	<u>218.706</u>
Goodwill and Intangibles, Net	3.643	2.653
Bond Issue Costs, Net	1.697	1.837
Other Long-Term Assets	<u>4.664</u>	<u>2.906</u>
	<u>\$ 914.075</u>	<u>\$ 838.426</u>

See Notes to Consolidated Financial Statements

Regional Health, Inc.
Consolidated Statements of Financial Position
June 30, 2014 and 2013
(Amounts in Thousands)

	<u>2014</u>	<u>2013</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 7.565	\$ 7.210
Accounts payable	12.078	12.454
Estimated payables to third-party payors	5.008	5.128
Accrued expenses		
Interest	1.695	1.529
Salaries and wages	9.261	8.318
Compensated absences	13.604	13.753
Employee health insurance liability	2.703	4.402
Other	10.658	10.832
Total current liabilities	<u>62.572</u>	<u>63.626</u>
Other Liabilities		
Payable under interest rate swap	9.861	10.295
Other long-term liabilities	24.113	13.408
Accrued pension liability	8.110	13.734
Long-term debt, less current maturities	<u>151.370</u>	<u>159.399</u>
Total liabilities	<u>256.026</u>	<u>260.462</u>
Net Assets		
Unrestricted	641.243	562.686
Temporarily restricted	15.043	13.515
Permanently restricted	<u>1.763</u>	<u>1.763</u>
Total net assets	<u>658.049</u>	<u>577.964</u>
	<u>\$ 914.075</u>	<u>\$ 838.426</u>

Regional Health, Inc.
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2014 and 2013
(Amounts in Thousands)

	2014	2013
Operating Revenue		
Net patient service revenue	\$ 559,249	\$ 523,482
Provision for uncollectible accounts	(32,060)	(27,764)
Net patient service revenue less provision for uncollectible accounts	527,189	495,718
Other	40,000	46,410
Total operating revenue	567,189	542,128
Operating Expenses		
Salaries and wages	278,424	266,761
Payroll taxes and benefits	46,736	40,337
Outside services	65,857	63,525
Medical supplies	87,883	84,467
Other supplies and expenses	42,384	42,153
Depreciation and amortization	28,212	27,266
Interest	4,542	4,453
Total operating expenses	554,038	528,962
Operating Income	13,151	13,166
Nonoperating Gains (Losses)		
Investment gain	60,621	42,224
Gain (loss) on interest rate swap	(1,771)	1,563
Total nonoperating gains (losses)	58,850	43,787
Revenues in Excess of Expenses	72,001	56,953
Unrestricted Net Assets		
Adjustment to the funded status of the pension plan	6,303	6,537
Other changes in unrestricted net assets	254	198
Increase in unrestricted net assets	78,558	63,688
Temporarily Restricted Net Assets		
Contributions	1,304	1,817
Investment gain	1,252	1,725
Other changes in temporarily restricted net assets	4	82
Net assets released from restrictions	(1,033)	(880)
Increase in temporarily restricted net assets	1,527	2,744
Permanently Restricted Net Assets		
Other changes in permanently restricted net assets	-	(85)
Change in Net Assets	80,085	66,347
Net Assets at Beginning of Year	577,964	511,617
Net Assets at End of Year	\$ 658,049	\$ 577,964

Regional Health, Inc.
Consolidated Statements of Cash Flows
Years Ended June 30, 2014 and 2013
(Amounts in Thousands)

	<u>2014</u>	<u>2013</u>
Operating Activities		
Change in net assets	\$ 80.085	\$ 66.347
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Adjustment to the funded status of the pension plan	(6.303)	(6.537)
Provision for uncollectible accounts	32.060	27.764
Depreciation and amortization	28.212	27.266
(Gain) loss on interest rate swap	1.771	(1.563)
Restricted contributions and investment income	(2.556)	(3.542)
Amortization of bond discounts/premium	(464)	(463)
Realized gain on investments	(10.530)	(4.947)
Change in unrealized gains on investments	(36.021)	(24.172)
Changes in assets and liabilities		
Patient accounts receivable	(30.840)	(35.315)
Inventory and other	407	(2.360)
Estimated payables to third-party payors	(120)	(190)
Accounts payable	(376)	(3.165)
Accrued expenses	(913)	556
Net Cash Provided by Operating Activities	<u>54.412</u>	<u>39.679</u>
Investing Activities		
Purchase of property and equipment, net	(43.355)	(49.569)
Proceeds from sales and maturities of investments	449.833	897.616
Purchases of investments	(444.124)	(883.912)
Interest rate swap settlements	(2.205)	(2.187)
Increase in other long-term assets	(1.618)	(747)
Net Cash Used in Investing Activities	<u>(41.469)</u>	<u>(38.799)</u>
Financing Activities		
Repayment of long-term debt	(7.210)	(6.940)
Restricted contributions and investment income	2.556	3.542
Increase (decrease) in other long-term liabilities	4.069	(986)
Net Cash Used by Financing Activities	<u>(585)</u>	<u>(4.384)</u>
Net Change in Cash and Cash Equivalents	12.358	(3.504)
Cash and Cash Equivalents, Beginning of Year	<u>5.129</u>	<u>8.633</u>
Cash and Cash Equivalents, End of Year	<u>\$ 17.487</u>	<u>\$ 5.129</u>

Note 1 - Organization

Regional Health, Inc. (Regional Health) was formed in 2003 to establish policy and perform planning on behalf of the members of the Regional Health Obligated Group (Obligated Group). The Obligated Group consists of Rapid City Regional Hospital, Inc., Regional Health Network, Inc., and Regional Health Physicians, Inc. Each member of the Obligated Group is a tax exempt organization.

Rapid City Regional Hospital, Inc. (Hospital) was formed from the consolidation of St. John's McNamara Hospital and Bennett-Clarkson Memorial Hospital in 1973. The Hospital provides a wide variety of acute and tertiary care services on its main campus and through its adjacent John T. Vucurevich Regional Cancer Care Institute, and Regional Rehabilitation Institute. The Hospital also provides patient care at Regional Behavioral Health Center and Rapid City Regional Hospital Family Medicine Residency Program's clinic. The Hospital employs physicians through its residency, cardiology, cardiovascular surgery, medical oncology, psychiatry, neurology, and hospitalist programs.

In 2005 Regional Health Network, Inc. (Health Network) was formed as a result of a corporate reorganization and owns and leases acute care hospitals, nursing homes, and assisted living facilities in Rapid City, South Dakota and throughout western South Dakota. It also provides home medical equipment services in surrounding communities under the Regional Home Medical Equipment name.

The Health Network owns the following facilities:

Lead-Deadwood Regional Hospital is an acute care hospital located in Deadwood, South Dakota which is designated and certified as a critical access hospital.

Spearfish Regional Hospital is an acute care hospital located in Spearfish, South Dakota.

Sturgis Regional Hospital Sturgis Regional Senior Care is an acute care hospital and a long-term care facility in Sturgis, South Dakota. Sturgis Regional Hospital is designated and certified as a critical access hospital.

Fairmont Grand Regional Senior Care is an assisted living facility located in Rapid City, South Dakota.

Golden Ridge Regional Senior Care is an assisted living facility located in Lead, South Dakota.

Additionally, Regional Health Network operates the *Custer Regional Hospital*, an acute care hospital and long-term care facilities in Custer, South Dakota.

In 2005 Regional Health Physicians, Inc. (RH Physicians) was formed as a result of a corporate reorganization and owns, leases, and operates physician clinics in the South Dakota communities of Belle Fourche, Black Hawk, Buffalo, Custer, Deadwood, Edgemont, Hill City, Newell, Pine Ridge, Rapid City, Spearfish, Sturgis, Wall, and the clinics in the Wyoming communities of Newcastle and Upton. RH Physicians employs physicians, mid-level providers, and other health professionals who provide primary and specialty care including, but not limited to, audiology, behavioral health, dermatology, endocrinology, otorhinolaryngology ("ENT"), family medicine, general surgery, infectious disease, internal medicine, nephrology, neurosurgery, obstetrics, and gynecology ("OB/GYN"), orthopedic surgery, pediatrics, podiatry, pulmonology, radiology, rheumatology, sleep medicine, sports medicine, travel medicine, urgent care and urology. Additionally, RH Physicians operates the Spearfish Regional Surgery Center, a specialty hospital located in Spearfish, South Dakota, which is owned by Health Network.

The consolidated financial statements include the accounts and transactions of Regional Health. Significant interaffiliate accounts and transactions have been eliminated.

Note 2 - Summary of Significant Accounting Policies

Income Taxes

Regional Health and subsidiaries are organized as nonprofit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Regional Health and subsidiaries are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the Internal Revenue Service (IRS). In addition, Regional Health and subsidiaries may be subject to income tax on income that is derived from business activities that are unrelated to its tax-exempt purpose.

Regional Health believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. Regional Health would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. Regional Health's federal Form 990T filings are no longer subject to federal tax examinations by tax authorities for years before 2010.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Although estimates are considered to be fairly stated at the time the estimates are made, actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include certain highly liquid investments with a maturity of three months or less when purchased, excluding amounts whose use is limited or restricted.

Regional Health's cash balances are maintained in various bank deposit accounts. At various times during the year, the balance of these deposits may be in excess of federally insured limits.

Accounts Receivable

Regional Health provides health care services through inpatient and outpatient care facilities. Regional Health generally does not require collateral or other security in extending credit to patients, substantially all of whom are local residents. However, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, health maintenance organizations, and commercial insurance policies). Interest is assessed on past due patient balances.

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Regional Health analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, Regional Health analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Regional Health records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of the bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is recorded and written off against the allowance for doubtful accounts.

Regional Health's process for calculating the allowance for doubtful accounts for self-pay patients has not significantly changed during the years ended June 30, 2014 and 2013, with the exception of the modifications made associated with the analysis of allowance on a payor basis. Regional Health's provision for bad debt increased from fiscal year 2013 to 2014 due to the negative trends experienced in the collection of amounts from self-pay patients in fiscal year 2014. Regional Health has not significantly changed its charity care or uninsured discount policies during fiscal years 2014 or 2013.

Inventory

Pharmaceutical inventory is stated at average cost and medical supplies are stated at the lower of cost or market using the first-in, first-out method.

Investments Limited as to Use

Investments limited as to use primarily include investments held by trustees under indenture agreements, deferred compensation, investments designated by the Board of Trustees (the Board) for future capital improvements, over which the Board retains control, and by donors for specific purposes. Amounts required to meet current liabilities of Regional Health have been classified as current investments limited as to use in the consolidated statements of financial position at June 30, 2014 and 2013. All investments are classified as trading; therefore, all realized and unrealized gains and losses, as well as interest and dividends, are recognized in revenue in excess of expenses as nonoperating gains.

Regional Health has portions of its holdings in private equity/venture capital or other similar funds. These investments have fair values that are determined using the net asset value (NAV) provided by the investment manager. NAV is a practical expedient to determine the fair value of investments that do not have readily determinable fair values and prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

Fair Value Measurements

Certain assets and liabilities are reported at fair value in the consolidated financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the best information available. A three-tier hierarchy categorizes the inputs as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that Regional Health can access at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.

Level 3 – Unobservable inputs for the asset or liability. In these situations, Regional Health develops inputs using the best information available in the circumstances.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to the entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset within the hierarchy is based upon the pricing transparency of the asset and does not necessarily correspond to Regional Health's assessment of the quality, risk or liquidity profile of the asset or liability.

Donated Assets

Donated marketable securities and other non-cash donations are recorded as contributions at their estimated fair values at the date of donation.

Property and Equipment

Property and equipment are stated at cost, if purchased, or at fair market value at the date of donation, if donated. Depreciation, including depreciation of property and equipment subject to capital leases, is provided using the straight-line method over the estimated useful lives of the respective assets. The following useful lives are used in computing depreciation:

Land improvements	5 - 25 years
Buildings	10 - 40 years
Building additions and improvements	5 - 40 years
Fixed equipment	5 - 20 years
Movable equipment	3 - 15 years

Interest cost incurred on funds used during the construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net assets and are excluded from revenues in excess of expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

Goodwill and Intangibles

Goodwill represents the excess of cost over the fair value of the net assets acquired through the acquisitions of various businesses. On an annual basis and at interim periods when circumstances require, Regional Health tests the recoverability of its goodwill. Regional Health has the option, when each test of recoverability is performed, to first assess qualitative factors to determine whether the existence of events or circumstances leads to a determination that it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If Regional Health determines that it is more likely than not that the fair value of a reporting unit is greater than its carrying amount, then additional analysis is unnecessary. If Regional Health concludes otherwise, then a two-step impairment analysis, whereby Regional Health compares the carrying value of each identified reporting unit to its fair value, is required. The first step is to quantitatively determine if the carrying value of the reporting unit is greater than its fair value. If Regional Health determines that this is true, the second step is required, where the implied fair value of goodwill is compared to its carrying value.

Regional Health recognizes an impairment charge for the amount by which the carrying amount of goodwill exceeds its fair value. The fair value of the reporting unit is estimated, if required under applicable accounting guidance, using the net present value of discounted cash flows, excluding any financing costs or dividends, generated by each reporting unit. The discounted cash flows are based upon reasonable and appropriate assumptions about the underlying business activities of the respective reporting unit. Regional Health performs its evaluation for recoverability for goodwill at the same time each year, unless circumstances require additional analysis. There was no impairment loss recognized for the years ended June 30, 2014 and 2013.

Intangibles include a covenant not to compete of \$1.080 at both June 30, 2014 and 2013, respectively.

Bond Issue Costs

Costs of bond issuance are deferred and amortized using the straight line method over the term of the related indebtedness, which is a reasonable approximation of the effective interest method

Other Long-Term Assets

Regional Health considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying value of the asset is appropriate. No impairment was identified for the years ended June 30, 2014 and 2013.

Payable Under Interest Rate Swap

As part of its debt and risk management programs, Regional Health has entered into an interest rate swap, which is recognized as a liability in the consolidated statements of financial position at fair value. The interest rate swap derivative is not considered a hedge, and the change in fair value is recognized in nonoperating gains (losses).

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Regional Health has been limited by donors primarily for loans, scholarships and medical support for a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by Regional Health in perpetuity; the income from these funds is used primarily for loans and scholarships in accordance with the donor restrictions. During the years ended June 30, 2014 and 2013, net assets released from restrictions for capital purposes were \$254 and \$198, respectively. During the years ended June 30, 2014 and 2013, net asset released from restrictions to support operations were \$779 and \$682, respectively.

Revenues in Excess of Expenses

The consolidated statements of operations and changes in net assets include revenues in excess of expenses. Changes in unrestricted net assets, which are excluded from revenues in excess of expenses, include changes in the pension liability and other changes in unrestricted net assets.

Net Patient Service Revenue

Regional Health has agreements with third-party payors that provide for payments to Regional Health at amounts different from its established charges. Payment arrangements include prospectively determined rates per discharge, reimbursed costs based on filed cost reports, discount from normal charges, and per diem payments.

Net patient service revenue is reported at estimated net realized amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Adjustments relating to the settlement of prior years' cost reports and adjustments associated with other regulatory reviews related to prior year estimates decreased revenues in excess of expenses by approximately \$700 and \$3,600 for the years ended June 30, 2014 and 2013, respectively.

Regional Health records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. Net patient service revenue, but before the provision for uncollectible accounts, recognized for the years ended June 30, 2014 and 2013 from these major payor sources is as follows:

	2014	2013
Net patient service revenue		
Third-party payors	\$ 550,197	\$ 514,162
Self-pay	9,052	9,320
	<u>\$ 559,249</u>	<u>\$ 523,482</u>

Charity Care

Regional Health provides care to certain patients under its charity care policy without charge or at amounts less than its established rates. Since Regional Health does not pursue collection of amounts determined to qualify as charity care, the amounts are not reported as net patient service revenue in the accompanying consolidated financial statements. The estimated cost of providing these services was \$17,666 and \$18,023 for the years ended June 30, 2014 and 2013, respectively, calculated by multiplying the ratio of cost to gross charges for Regional Health by the gross uncompensated charges associated with providing charity care to its patients.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor stipulated time restrictions or purpose restrictions are met or accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations as other changes in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as other revenue in the consolidated statements of operations.

Electronic Health Record (EHR) Incentives

The American Recovery and Reinvestment Act of 2009 ("ARRA") established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record ("EHR") technology. The Medicare incentive payments are paid to qualifying hospitals over four consecutive years on a transitional schedule. To qualify for Medicare incentives, hospitals and physicians must meet EHR "meaningful use" criteria that became more stringent over three stages as determined by the Centers for Medicare & Medicaid Services (CMS).

Medicaid programs and payment schedules vary from state to state. The Medicaid program in South Dakota requires eligible hospitals to register for the program prior to 2016, to engage in efforts to adopt, implement or upgrade certified EHR technology in order to qualify for the initial year of participation, and to demonstrate meaningful use of certified EHR technology in order to qualify for additional years of payments. The payment schedule is based on a formula of the overall EHR amount times the Medicaid share and is paid 40% in the first and second years and at 20% in the last year of participation based on a Federal Fiscal Year. For South Dakota, hospitals cannot initiate payments after 2016.

For eligible professionals, EHR incentive payments are based on a standard amount per professional. Professionals that are eligible to participate in the Medicare EHR incentive program can be paid up to \$44,000 over a four year period and professionals that are eligible to participate in the Medicaid program are eligible to receive up to \$63,750 over a six year period. Eligible professionals are only allowed to participate in either Medicaid or Medicare programs, but not both.

Reclassifications

Reclassifications have been made to the June 30, 2013 financial presentation to make it conform to the current year presentation. The reclassifications had no effect on previously reported operating results, changes in net assets or net assets.

Note 3 - Net Patient Service Revenue

Net patient service revenue (before provision for uncollectible accounts) consists of the following for the years ended June 30:

	2014	2013
Inpatient routine charges	\$ 239,801	\$ 224,118
Inpatient ancillary charges	447,978	442,847
Outpatient, long-term care, and clinic charges	609,719	543,416
Charity care at charges forgone	(43,079)	(43,582)
	<u>1,254,419</u>	<u>1,166,799</u>
Contractual allowances and adjustments	(695,170)	(643,317)
	<u>\$ 559,249</u>	<u>\$ 523,482</u>

Gross patient charges by payor for the years ended June 30 were derived as follows:

	2014	2013
Medicare	43%	44%
Medicaid	13%	13%
Blue Cross	12%	11%
Commercial insurance, managed care, self-pay, and other	32%	32%
	<u>100%</u>	<u>100%</u>

At June 30, the mix of receivables from patients and other third-party payors was as follows

	2014	2013
Medicare	30%	33%
Medicaid	9%	9%
Blue Cross	10%	7%
Commercial insurance, managed care, self-pay, and other	51%	51%
	<u>100%</u>	<u>100%</u>

Regional Health has agreements with third-party payors that provide for payments at amounts different from established charges

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Medicare program pays for most outpatient services at predetermined rates under a prospective payment system. Regional Health is reimbursed for other cost-reimbursable items at a tentative rate with the final settlement determined after submission of annual cost reports by Regional Health and audits thereof by the Medicare fiscal intermediary. Medicare cost reports have been audited and finalized by the Medicare fiscal intermediary through June 30, 2011. Regional Health has appealed the treatment of certain amounts in certain audited cost reports.

Payments for Medicaid inpatients are based upon three methods (DRG rates, cost, and per diem). Medicaid outpatient services are paid based upon a cost reimbursement method with the exception of outpatient laboratory and home health.

Regional Health also has entered into reimbursement agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations, and the Indian Health Service. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined per diem rates, and fee schedules for certain outpatient services.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs. In addition, governmental payors have implemented ongoing audit contractor review procedures. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

In addition, the IRS has established standards to be met to maintain Regional Health's tax-exempt status. In general, such standards require Regional Health to meet a community benefits standard and comply with the laws and regulations governing the Medicare and Medicaid programs.

Regional Health believes that it is in compliance with all applicable laws and regulations related to billing practices and other compliance requirements and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing

Note 4 - Investments Limited as to Use

Investments limited as to use as of June 30 are as follows

	2014	2013
Funds held under bond indenture agreements		
For debt service	\$ 7,746	\$ 23,254
Total investments limited as to use classified as current	<u>\$ 7,746</u>	<u>\$ 23,254</u>
Funds held under deferred compensation plan	\$ 9,914	\$ 6,130
Designated by Board for funded depreciation	495,251	444,139
Designated by donors for specific purposes	<u>15,989</u>	<u>14,535</u>
Total investments limited as to use classified as long-term	<u>521,154</u>	<u>464,804</u>
	<u>\$ 528,900</u>	<u>\$ 488,058</u>

Investments limited as to use consisted of the following as of June 30

	2014	2013
Cash and cash equivalents	\$ 13,820	\$ 26,839
Equity mutual funds	143,411	132,572
Equity securities	13,516	14,726
Commingled equity funds	169,184	75,094
Commingled bond funds	44,883	41,816
Corporate debt securities	101,070	88,129
U S government agency debt securities	9,584	55,642
U S Treasury debt securities	8,090	27,980
Collateralized mortgage obligation securities	-	8,675
Mortgage-backed securities	218	6,303
Absolute return assets - hedge funds	10,975	10,282
Real estate funds	<u>14,149</u>	<u>-</u>
	<u>\$ 528,900</u>	<u>\$ 488,058</u>

Investment gain included in revenues in excess of expenses for the years ended June 30 is as follows

	2014	2013
Interest income and dividends	\$ 14,070	\$ 13,105
Net realized gains	10,530	4,947
Net change in unrealized gains and losses	36,021	24,172
	<u>\$ 60,621</u>	<u>\$ 42,224</u>

Regional Health's investments are exposed to various kinds and levels of risk. Common stocks, hedge funds and real estate investments expose Regional Health to market risk, performance risk, and liquidity risk. Market risk is the risk associated with major movements of the equity markets. Performance risk is risk associated with a company's operating performance. Fixed income securities expose Regional Health to interest rate risk, credit risk, and liquidity risk. As interest rates change, the value of many fixed income securities is affected, including those with fixed interest rates. Credit risk is the risk that the obligor of the security will not fulfill its obligations. Liquidity risk is affected by the willingness of market participants to buy and sell given securities. Liquidity risk tends to be higher for equities related to small capitalization companies, hedge funds and real estate investments. Regional Health's investments are generally liquid within 30 days, with the exception of the absolute return assets - hedge funds and real estate investments.

Due to the volatility of the stock market, there is a reasonable possibility of changes in fair value and additional gains and losses in the near term.

Note 5 - Investments in Affiliated Companies

Equity Method Investments

Investments in the following related health care ventures are being recorded on the equity method:

Same Day Surgery Center, LLC	40% owner
The Imaging Center, LLC	50% owner
The MRI Center, LLC	33% owner

The gain on these investments, totaling \$3,430 in 2014 and \$3,013 in 2013, is included in nonoperating income. The organization received distributions of \$3,190 and \$2,610 from these investments in 2014 and 2013, respectively.

Summary combined financial statement information on equity method investments is as follows

	2014	2013
Assets	<u>\$5,826</u>	<u>\$6,472</u>
Liabilities	1,360	2,489
Net assets/equity	<u>4,466</u>	<u>3,983</u>
Total liabilities and net assets/equity	<u>\$5,826</u>	<u>\$6,472</u>
Total revenues	\$17,096	\$16,858
Total expenses	<u>9,930</u>	<u>10,013</u>
Net gain	<u>\$7,166</u>	<u>\$6,845</u>

Regional Health recorded revenue of \$4,137 and \$4,126 related to transactions to their equity method investments for the years ending June 30, 2014 and 2013, respectively

Note 6 - Long-Term Debt

Long-term debt consists of the following as of June 30

	2014	2013
4 250% to 5 000% South Dakota Health and Educational Facilities Authority revenue bonds, Series 2011, with payments beginning September 1, 2012, in varying amounts maturing through September 1, 2025	\$ 44,920	\$ 47,730
4 250% to 5 000% South Dakota Health and Educational Facilities Authority revenue refunding bonds, Series 2010, with payments beginning September 1, 2011, in varying amounts maturing through September 1, 2028	41,705	46,105
South Dakota Health and Educational Facilities Authority variable rate demand revenue bonds, Series 2008 (4 015% at June 30, 2014)	<u>66,960</u>	<u>66,960</u>
	153,585	160,795
Current maturities	(7,565)	(7,210)
Unamortized premium	<u>5,350</u>	<u>5,814</u>
	<u>\$ 151,370</u>	<u>\$ 159,399</u>

Regional Health, Inc., Rapid City Regional Hospital, Inc., Regional Health Network, Inc., and Regional Health Physicians, Inc. currently comprise the obligated group (Obligated Group), which entered into a Master Trust Indenture dated March 1, 1998. Under this indenture and subsequent amendments, the bonds are secured by a first mortgage lien on the Obligated Group's facilities, funds held under a bond indenture agreement, and a security interest in the Obligated Group's gross receipts. The bond agreements include, among other things, restrictions relating to debt service coverage, further indebtedness, corporate mergers, and transactions with affiliates.

On November 22, 2011, the South Dakota Health and Educational Facilities Authority issued \$50,460 of Revenue Bonds, Series 2011. A portion of the proceeds from the sale of the Series 2011 bonds were used, together with other available funds, to currently refund \$29,165 of South Dakota Health and Education Facilities Authority Revenue Bonds, Series 2001, at a price of par plus accrued interest to the redemption date, on or about November 22, 2011. The Series 2011 bonds also generated \$30,000 of project funds for the Obligated Group. The Project includes acquiring, constructing, remodeling, renovating and equipping certain health care facilities of Regional Health and other Members of the Obligated Group.

In August 2008, the Obligated Group defeased \$8,498 of South Dakota Health and Education Facilities Authority, Variable Rate Revenue Bonds, Series 2003 and refinanced the remaining Series 2003 bonds with the South Dakota Health and Educational Facilities Authority, Variable Rate Revenue Bonds, Series 2008. The Series 2008 bonds also generated \$15,000 of project funds for the Obligated Group. The Series 2008 bonds are backed by a letter of credit, which expires in August 2015. Based on the terms of the letter of credit, no payment would be required until the first quarterly date after the 367th day following any draw on the letter of credit.

In August 2010, the Obligated Group refinanced the Series 1998 and 1999 bonds, which totaled \$37,393 including accrued interest, as well as issued additional fixed rate debt to be used for eligible projects. The total issue of the Series 2010 bonds was \$54,390.

Substantially all of Regional Health's property assets and unrestricted receivables at June 30, 2014 and 2013 are pledged as collateral for debt obligations.

The aggregate amount of principal payments required by year for the above debt obligations as of June 30, 2014, is as follows:

<u>Years Ending June 30,</u>	<u>Amount</u>
2015	7,565
2016	7,965
2017	8,355
2018	8,745
2019	9,160
Thereafter	111,795
	<u>\$ 153,585</u>

For the years ended June 30, 2014 and 2013, Regional Health paid interest of \$4,474 and 4,806, respectively.

Regional Health has a line of credit of \$10,000, expiring March 15, 2015, available for short-term borrowing at a variable interest rate, as defined in the agreement. There was no outstanding borrowing at June 30, 2014, under this line of credit.

Note 7 - Derivative Financial Instruments

Interest Rate Swap

The following is a summary of the outstanding position of the interest rate swap agreement at June 30, 2014:

	Bond Series	Notional Amount	Termination Date	Rate Paid	Rate Received
Interest rate swap	2008	60,000	9/1/2027	4.079%	63% of 1-month LIBOR plus 30 basis points

The interest rate swap reduces the Obligated Group's exposure to interest rate and payment variation from the underlying 2008 Series bonds. Regional Health has previously de-designated the interest rate swap from a cash flow hedge, and accordingly, the interest rate swap is not designated as a hedging instrument.

Financial Statement Presentation of Derivatives

The location and fair value (liability) of the derivative financial instruments in the consolidated statements of financial position is as follows at June 30:

	Location	2014	2013
Interest rate swap	Payable under interest rate swap	\$ (9.861)	\$ (10.295)

The location and the gain (loss) on the derivative instruments recognized in revenues in excess of expenses in the consolidated statements of operations and changes in net assets for the years ended June 30 are as follows:

	Location	2014	2013
Interest rate swap	Gain (loss) on interest rate swap	\$ (1.771)	\$ 1.563

The gain (loss) on interest rate swap includes a change in the fair value of the interest rate swap of \$434 and \$3,750 and amounts paid to the counterparty under the terms of the agreement of \$(2,205) and \$(2,187), respectively, during the years ended June 30, 2014 and 2013.

Derivative transactions contain credit risk in the event the parties are unable to meet the terms of the contract, which is generally limited to the fair value due from counterparties on outstanding contracts. At June 30, 2014 and 2013, the interest rate swap counterparty had a Standard & Poor's credit quality rating of A-1+

Note 8 - Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Healthcare services	\$ 13,868	\$ 12,298
Scholarships for healthcare students	<u>1,175</u>	<u>1,217</u>
	<u>\$ 15,043</u>	<u>\$ 13,515</u>

In 2014 and 2013, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$1,033 and \$880. The majority of these amounts are included in net assets released from restrictions and other operating income in the accompanying consolidated financial statements.

Permanently restricted net assets at June 30, 2014 and 2013 are restricted to

	<u>2014</u>	<u>2013</u>
Investments to be held in perpetuity, the income from which is expendable to support various health care services	<u>\$ 1,763</u>	<u>\$ 1,763</u>

Note 9 - Fair Value Measurements

The following table presents the financial instruments carried at fair value on a recurring basis as of June 30, 2014, by the fair value hierarchy defined above

	2014			
	Level 1	Level 2	Level 3	Total
Assets				
Investments limited as to use				
Cash and cash equivalents	\$ 13.820	\$ -	\$ -	\$ 13.820
Equity mutual funds	143.411	-	-	143.411
Equity securities	12.763	753	-	13.516
Commingled equity fund	-	169.184	-	169.184
Commingled bond fund	-	44.883	-	44.883
Corporate debt securities	-	101.070	-	101.070
U S government agency debt securities	-	9.584	-	9.584
U S Treasury debt securities	-	8.090	-	8.090
Mortgage-backed securities	-	218	-	218
Absolute return assets - hedge funds	-	-	10.975	10.975
Real estate funds	-	-	14.149	14.149
	<u>\$ 169.994</u>	<u>\$ 333.782</u>	<u>\$ 25.124</u>	<u>\$ 528.900</u>
Liabilities				
Interest rate swap	<u>\$ -</u>	<u>\$ 9.861</u>	<u>\$ -</u>	<u>\$ 9.861</u>

The following table presents the financial instruments carried at fair value on a recurring basis as of June 30, 2013, by the fair value hierarchy defined above

	2013			
	Level 1	Level 2	Level 3	Total
Assets				
Investments limited as to use				
Cash and cash equivalents	\$ 26.839	\$ -	\$ -	\$ 26.839
Equity mutual funds	132.572	-	-	132.572
Equity securities	13.779	947	-	14.726
Commingled equity fund	-	75.094	-	75.094
Commingled bond fund	-	41.816	-	41.816
Corporate debt securities	-	88.129	-	88.129
U S government agency debt securities	-	55.642	-	55.642
U S Treasury debt securities	-	27.980	-	27.980
Collateralized mortgage obligation securities	-	8.675	-	8.675
Mortgage-backed securities	-	6.303	-	6.303
Absolute return assets - hedge funds	-	-	10.282	10.282
	<u>\$ 173.190</u>	<u>\$ 304.586</u>	<u>\$ 10.282</u>	<u>\$ 488.058</u>
Liabilities				
Interest rate swap	<u>\$ -</u>	<u>\$ 10.295</u>	<u>\$ -</u>	<u>\$ 10.295</u>

Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 assets is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers.

Regional Health utilizes the monthly statements as their source for valuing investments which have a daily or monthly Net Asset Value (NAV) for financial statement purposes. Investments which are measured at NAV are classified as Level 2 and Level 3 for reporting purposes. These values are obtained directly from the fund or utilizing the statements from the custodian for Regional Health's Board Designated Funds. Utilizing this information would therefore represent Regional Health's approved policies and procedures used to value these assets for financial reporting purposes.

Fair value for Level 2 liabilities is based primarily on a discounted cash flow method based on forward interest rates. The valuations also reflect a credit spread adjustment to the LIBOR discount curve in order to reflect the credit value adjustment for "nonperformance" risk. The credit spread adjustment is derived from other comparably rated entities' bonds priced in the market.

Following is a reconciliation of activity for 2014 and 2013 level 3 assets measured at fair value based upon significant unobservable (non-market) information:

	2014	2013
June 30, beginning of fiscal year	\$ 10,282	\$ -
Purchases	16,950	10,000
Sales	(3,445)	-
Change in fair value of investments	1,337	282
June 30, end of fiscal year	<u>\$ 25,124</u>	<u>\$ 10,282</u>

Included within the assets above are investments in certain entities that report fair value using a calculated NAV or its equivalent. Following is a table identifying attributes relating to the nature and risk of such investments as of June 30, 2014 and 2013.

2014				
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Level 2				
Commingled Equity Fund	\$ 169,184	\$ -	Monthly	3-7 days
Commingled Bond Fund	44,883	-	Monthly	1-30 days
Total Level 2	<u>214,067</u>	<u>-</u>		
Level 3				
Absolute return assets - hedge funds	10,975	-	Quarterly	90 days
Real estate funds	14,149	15,851	Discretionary	5 - 8 years
Total Level 3	<u>25,124</u>	<u>15,851</u>		
Total Level 2 and Level 3	<u>\$ 239,191</u>	<u>\$ 15,851</u>		
2013				
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Level 2				
Commingled Equity Fund	\$ 75,094	\$ -	Monthly	3-7 days
Commingled Bond Fund	41,816	-	Monthly	1-30 days
Total Level 2	<u>116,910</u>	<u>-</u>		
Level 3				
Absolute return assets - hedge funds	10,282	-	Quarterly	90 days
Total Level 2 and Level 3	<u>\$ 127,192</u>	<u>\$ -</u>		

Commingled Equity Funds Regional Health holds seven (7) commingled equity funds of this nature as of June 30, 2014. These investments represent 27% of the portfolio as of June 30, 2014. These funds are well diversified by industry sector and have from daily to monthly liquidity. The strategies employed within these funds range from Domestic Mid-Cap, Domestic Large Cap, International Equity, and Emerging Market Equity funds. Participation in one of these type funds began in 1999, but the majority of the funds had original investment dates of 2010 and 2011.

Commingled Bond Funds Regional Health holds 5 different funds in this category which account for 33% of the portfolio market value as of June 30, 2014. These fixed income funds have broad diversification to United States and international investment-grade and below investment grade securities. Two of the funds would be considered High Yield funds. Participation in one fund began in 1999, but the majority of the funds have been obtained in the last 3 fiscal years.

Absolute Return Assets – Hedge Funds This asset category holds hedged investments with low correlations to the traditional stock and bond investments that are expected to provide low volatility and positive returns across market cycles. In this category, Regional Health holds a structured credit hedge fund that invests in collateralized fixed income securities in both the United States and Europe. Regional Health holds less than 2% of their portfolio in this category. As of June 30, 2014, this investment has quarterly liquidity ability on 90-days' notice. This investment had an initial one year lock-up period from April 30, 2013.

Real Estate Funds This asset category holds institutional private real estate-backed debt and equity investments. Within this category, Regional Health, through these funds, invests in distressed commercial and multi-family debt and equity investments across the United States and a small portion internationally (less than 10%). Another real estate fund investment also invests in single and multi-family land and housing development projects primarily in the Southwest, Texas, and Florida. These investments, which began in 2013, have limited liquidity due to redemption provisions, and the timing of future investments in the funds via capital calls is at the discretion of the General Partner of the funds. The fair value of both funds will be impacted in the future by the real estate market in markets where invested. Regional Health has made a total investment commitment to these funds and their strategies of \$30 million and, as of June 30, 2014, unfunded committed capital was approximately \$15.9 million.

The carrying value of cash, cash equivalents, accounts receivable, notes payable, accounts payable, and accrued expenses is a reasonable estimate of their fair value due to the short-term nature of these financial instruments.

The estimated fair value of long-term debt, based on quoted market prices for the same or similar issues (excluding the impact of third-party credit enhancements) was approximately \$8.232 and \$5.254, more than its carrying value at June 30, 2014 and 2013, respectively.

Note 10 - Pension Plan

Regional Health sponsors a non-contributory defined benefit plan that covers substantially all full-time employees. The plan is a "cash balance" plan with benefits based upon a percentage of annual salary and years of service. Regional Health's policy is to fund annually at least the amount required by the applicable laws and regulations.

The funded status of the defined benefit plan as of June 30 (measurement date) is as follows:

	2014	2013
Change in projected benefit obligation		
Benefit obligation at beginning of year	\$ 106,793	\$ 101,695
Service cost	7,438	7,143
Interest cost	4,902	4,422
Actuarial loss (gain)	2,037	(146)
Benefits paid	(6,593)	(6,321)
Projected benefit obligation at end of year	<u>\$ 114,577</u>	<u>\$ 106,793</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 93,059	\$ 82,630
Actual return on plan assets	15,001	11,750
Employer contributions	5,000	5,000
Benefits paid	(6,593)	(6,321)
Fair value of plan assets at end of year	<u>\$ 106,467</u>	<u>\$ 93,059</u>
Funded status of the plan (underfunded)	<u>\$ (8,110)</u>	<u>\$ (13,734)</u>

As of June 30, 2014 and 2013, the accumulated benefit obligation was \$101,837 and \$94,455, respectively.

Components of net periodic benefit cost for the years ended June 30 are as follows:

	2014	2013
Service cost	\$ 7,438	\$ 7,143
Interest cost	4,902	4,422
Expected return on plan assets	(6,844)	(6,071)
Net amortization and deferral	183	712
	<u>\$ 5,679</u>	<u>\$ 6,206</u>

Weighted average assumptions used to determine the benefit obligation and net periodic benefit cost as of and for the years ended June 30 were as follows

	2014	2013
Weighted average discount rate at beginning of year (used to determine net periodic benefit cost)	4.75%	4.50%
Weighted average discount rate at end of year (used to determine benefit obligation)	4.25%	4.75%
Weighted average expected return on plan assets	7.50%	7.50%
Rate of increase in future compensation levels	3.75%	3.75%

The overall weighted average return on plan assets is determined by applying management's judgment to the results of computer modeling, historical trends, and benchmarking data.

Accumulated amounts previously not recognized in net periodic pension cost and included in other changes in unrestricted net assets at June 30, 2014 and 2013, are \$6,191 and \$12,493, respectively, which consist of unrecognized actuarial losses of \$5,288 and \$11,468, respectively, and unrecognized prior service cost of \$903 and \$1,025, respectively.

Actuarial losses are amortized as a component of net periodic pension cost, only if the losses exceed 10% of the greater of the projected benefit obligation or the market-related value of plan assets. No amortization is expected for the year ending June 30, 2015. The prior service cost and the net transition obligation included in net assets are expected to be recognized in net periodic pension cost during the year ending June 30, 2015, in the amount of \$123. Unrecognized prior service costs and net transition obligation are amortized on a straight-line basis.

The plan maintains an investment policy, which covers responsibilities of the plan sponsor, investment managers, investment objectives, asset allocation targets and ranges, asset guidelines (including permissible and not permissible holdings), and manager review criteria. A committee of the Board periodically reviews and approves the investment policy and asset allocation of the pension plan. The plan sponsor is responsible for ensuring that the criteria stated within the policy are carried through. The plan sponsor's activities are supported by an independent investment consulting firm. All assets are invested with outside managers. The Investment Committee of the Board of Trustees annually reviews asset allocation to determine if the current structure is appropriate and whether any changes are necessary.

The fair value of pension plan assets was determined using the fair value hierarchy, as defined in Note 2, and consists of the following at June 30, 2014:

	Level 1	Level 2	Level 3	Total
Bonds				
Corporate foreign	\$ 5,122	\$ 2,222	\$ -	\$ 7,344
Corporate	-	16,471	-	16,471
Government	14,200	4,971	-	19,171
Common stocks				
U.S. Companies	37,135	-	-	37,135
International companies	14,892	-	-	14,892
Commingled Equity Fund	510	4,975	-	5,485
Absolute return assets - hedge funds	-	-	5,060	5,060
Money market	909	-	-	909
	<u>\$ 72,768</u>	<u>\$ 28,639</u>	<u>\$ 5,060</u>	<u>\$ 106,467</u>

Regional Health, Inc.
Notes to Consolidated Financial Statements
June 30, 2014 and 2013
(Amounts in Thousands)

The fair value of pension plan assets was determined using the fair value hierarchy, as defined in Note 2, and consists of the following at June 30, 2013

	Level 1	Level 2	Level 3	Total
Bonds				
Corporate foreign	\$ -	\$ 895	\$ -	\$ 895
Corporate	-	15,088	-	15,088
Government	24,779	-	-	24,779
Common stocks				
U S Companies	44,635	-	-	44,635
International companies	7,440	-	-	7,440
Money market	222	-	-	222
	<u>\$ 77,076</u>	<u>\$ 15,983</u>	<u>\$ -</u>	<u>\$ 93,059</u>

Following is a reconciliation of activity for 2014 level 3 pension plan assets measured at fair value based upon significant unobservable (non-market) information

	Absolute return assets -hedge funds
June 30, 2013 balance	\$ -
Purchases	5,000
Sales	-
Change in fair value of investments	60
June 30, 2014 balance	<u>\$ 5,060</u>

Included within the pension plan assets above are investments in certain entities that report fair value using a calculated NAV or its equivalent. Following is a table identifying attributes relating to the nature and risk of such investments as of June 30, 2014

	2014			
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Level 2				
Commungled Equity Fund	\$ 4,975	\$ -	Monthly	1-30 days
Level 3				
Absolute return assets - hedge funds	<u>5,060</u>	<u>-</u>	Quarterly	90 days
Total Level 2 and Level 3	<u>\$ 10,035</u>	<u>\$ -</u>		

The current target allocation and actual asset allocation as of June 30 are as follows

	Asset Allocation Target	2014	2013
Equity securities	45%	54.0%	56.0%
Absolute return assets	10%	4.8%	-
Real return assets	10%	-	-
Real estate	10%	-	-
Debt securities	25%	40.3%	43.8%
Cash and cash equivalents	0%	0.9%	0.2%
	<u>100%</u>	<u>100%</u>	<u>100%</u>

As of June 30, 2014, and 2013, Regional Health met its minimum pension contribution requirement. Regional Health estimates that it will contribute \$5,000 to the plan during the year ending June 30, 2015.

The following benefits, which reflect expected future service, are expected to be paid

<u>Years Ending June 30,</u>	<u>Amount</u>
2015	8,561
2016	7,062
2017	9,989
2018	11,581
2019	10,701
2020-2024	<u>56,831</u>
	<u>\$ 104,725</u>

Note 11 - Commitments and Contingencies

Regional Health has maintained general and professional liability insurance coverage on a claims-made basis for the past several years. Regional Health maintains first dollar coverage with a commercial carrier for its employed physicians and advanced practice licensed personnel. For its facilities and other personnel, it self-insures the first layer of losses. Regional Health has maintained a self-insured retention of \$1,000 per occurrence with a \$4,000 annual aggregate. In fiscal year 2014, a second layer of retention was added known as a "buffer layer" in the amount of \$1,500 per occurrence with a \$1,500 annual aggregate. This second layer of retention sits directly between the primary self-insured retentions of \$1,000/\$4,000 and the excess layers of insurance, and must be satisfied prior to a claim reaching the excess layers. Claim dollars that are in excess of the primary \$1,000 per occurrence retention will go to satisfy the \$1,500 buffer. Also, claim dollars in excess of the primary \$4,000 annual aggregate retention will go to satisfy the \$1,500 buffer as well. A claim will pass into the excess layers once the primary retention is met (either on a per occurrence basis or an aggregate basis), and the "buffer layer" has been satisfied. Regional Health has accrued for exposure on claims that have been asserted as well as for incidents that have occurred for which claims may be made in the future, based on estimates provided by consulting actuaries. Regional Health maintains excess coverage with commercial carriers above its self-insured retention and its first dollar coverage policy for the previously stated personnel.

Currently, Regional Health is self-insured for workers' compensation, with a \$250,000 retention per claim, subject to stop-loss and statutory limitations and provisions. From April 2000 to September 2008, Regional Health maintained an insurance policy, which fully covered workers' compensation claims. Prior to April 2000, Regional Health was self-insured for workers' compensation, subject to stop-loss and statutory limitations and provisions.

As of June 30, 2014 and 2013, Regional Health has accrued \$9,073 and \$5,925, respectively, for known and incurred but not reported claims relating to malpractice and workers' compensation. In the opinion of management, the ultimate disposition of these claims will not have a material adverse effect on Regional Health's consolidated financial statements.

At June 30, 2014 and 2013, Regional Health had \$1,977 and \$2,985, respectively, in capital lease obligations which are recorded in other long-term liabilities. Minimum lease payments of \$978 are due for each of the next two years.

During 2014, Regional Health entered into a transaction to acquire a building in May, 2016. This has been recorded as additional property, plant and equipment and other long term liabilities at June 30, 2014.

At June 30, 2014, Regional Health has guaranteed the debt of certain joint ventures totaling \$227, for a period of one year ending February 1, 2015. If the joint ventures were unable to pay the principal and interest on the debt, Regional Health would be liable. No liability has been recorded relating to the guarantees in the consolidated financial statements.

Note 12 - Functional Classification of Expenses

Regional Health provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended June 30, 2014 and 2013 are as follows:

	2014	2013
Health care services	\$ 405,260	\$ 385,139
General and administrative	148,259	143,260
Fundraising	519	563
	<u>\$ 554,038</u>	<u>\$ 528,962</u>

Note 13 - Subsequent Events

Regional Health evaluated events and transactions occurring subsequent to June 30, 2014 through October 13, 2014, the date of issuance of the consolidated financial statements.

Note 14 - Electronic Health Record (EHR) Incentives

During the year ended June 30, 2014 and 2013, Regional Health recorded \$5.399 and \$6.383 in other operating revenue for meaningful use incentives. These incentives have been recognized following the accounting model, whereby revenue is recognized when management becomes reasonably assured of meeting the required criteria.

Amounts recognized represent management's best estimates for payments ultimately expected to be received based on estimated discharges, charity care, and other input data. Subsequent changes to these estimates will be recognized in other operating revenue in the period in which additional information is available. Such estimates are subject to audit by the federal government or its designee.



Supplementary Information
June 30, 2014 and 2013

Regional Health, Inc.



Independent Auditor's Report on Supplementary Information

The Board of Trustees
Regional Health, Inc
Rapid City, South Dakota

We have audited the consolidated financial statements of Regional Health, Inc. as of and for the year ended June 30, 2014, and our report thereon dated October 13, 2014, which expressed an unmodified opinion on those consolidated financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplementary consolidating information on pages 32 to 34, is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Eide Bailly LLP

Minneapolis, Minnesota
October 13, 2014

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	<u>Rapid City Regional Hospital, Inc</u>	<u>Regional Health Network, Inc</u>	<u>Regional Health Physicians, Inc</u>
Assets			
Current assets			
Cash and cash equivalents	\$ 17,032	\$ 43	\$ (110)
Receivables			
Patient accounts	87,693	17,312	8,997
Allowance for doubtful accounts	(16,913)	(3,637)	(1,707)
	<u>70,780</u>	<u>13,675</u>	<u>7,290</u>
Other receivables	2,926	1,486	17
Investments limited as to use	7,746	-	-
Inventory	11,591	1,401	-
Prepaid expenses	<u>7,717</u>	<u>482</u>	<u>145</u>
Total current assets	<u>117,792</u>	<u>17,087</u>	<u>7,342</u>
Investments Limited as to Use,			
Less Current Portion	<u>520,858</u>	<u>289</u>	<u>7</u>
Property and Equipment			
Land and improvements	15,754	11,019	-
Buildings and fixed equipment	251,696	48,927	1,281
Leased buildings	4,064	-	-
Movable equipment	<u>234,880</u>	<u>34,313</u>	<u>8,329</u>
	<u>506,394</u>	<u>94,259</u>	<u>9,610</u>
Less accumulated depreciation	<u>(320,558)</u>	<u>(52,610)</u>	<u>(5,953)</u>
	<u>185,836</u>	<u>41,649</u>	<u>3,657</u>
Construction-in-process	<u>5,872</u>	<u>-</u>	<u>-</u>
Total property and equipment	<u>191,708</u>	<u>41,649</u>	<u>3,657</u>
Goodwill and Intangibles, Net	2,127	62	1,454
Bond Issue Costs, Net	1,697	-	-
Other Long-Term Assets	<u>53,638</u>	<u>87</u>	<u>85</u>
	<u>\$ 887,820</u>	<u>\$ 59,174</u>	<u>\$ 12,545</u>

Regional Health, Inc.
Consolidating Statements of Financial Position - Assets
June 30, 2014
(Amounts in Thousands)

Total Obligated Group	Other	Eliminations	Total
\$ 16,965	\$ 522	\$ -	\$ 17,487
114,002	-	-	114,002
(22,257)	-	-	(22,257)
<u>91,745</u>	<u>-</u>	<u>-</u>	<u>91,745</u>
4,429	-	-	4,429
7,746	-	-	7,746
12,992	-	-	12,992
<u>8,344</u>	<u>-</u>	<u>-</u>	<u>8,344</u>
<u>142,221</u>	<u>522</u>	<u>-</u>	<u>142,743</u>
<u>521,154</u>	<u>-</u>	<u>-</u>	<u>521,154</u>
26,773	90	-	26,863
301,904	6,678	-	308,582
4,064	-	-	4,064
<u>277,522</u>	<u>38</u>	<u>-</u>	<u>277,560</u>
610,263	6,806	-	617,069
(379,121)	(3,646)	-	(382,767)
<u>231,142</u>	<u>3,160</u>	<u>-</u>	<u>234,302</u>
5,872	-	-	5,872
<u>237,014</u>	<u>3,160</u>	<u>-</u>	<u>240,174</u>
3,643	-	-	3,643
1,697	-	-	1,697
<u>53,810</u>	<u>-</u>	<u>(49,146)</u>	<u>4,664</u>
<u>\$ 959,539</u>	<u>\$ 3,682</u>	<u>\$ (49,146)</u>	<u>\$ 914,075</u>

	<u>Rapid City Regional Hospital, Inc</u>	<u>Regional Health Network, Inc</u>	<u>Regional Health Physicians, Inc</u>
Liabilities and Net Assets			
Current Liabilities			
Current maturities of long-term debt	\$ 7,565	\$ -	\$ -
Accounts payable	11,859	88	-
Estimated payables to third-party payors	4,068	940	-
Accrued expenses			
Interest	1,695	-	-
Salaries and wages	5,561	1,010	2,690
Compensated absences	10,206	1,989	1,409
Employee health insurance liability	2,703	-	-
Other	9,796	457	270
Intercompany (receivable) payable	<u>(133,480)</u>	<u>13,271</u>	<u>169,335</u>
Total current liabilities	<u>(80,027)</u>	<u>17,755</u>	<u>173,704</u>
Other Liabilities			
Payable under interest rate swap	9,861	-	-
Other long-term liabilities	24,113	-	-
Accrued pension liability	8,110	-	-
Long-term debt, less current maturities	<u>151,370</u>	<u>-</u>	<u>-</u>
Total liabilities	<u>113,427</u>	<u>17,755</u>	<u>173,704</u>
Net Assets			
Unrestricted	758,927	40,079	(161,159)
Temporarily restricted	13,803	1,240	-
Permanently restricted	<u>1,663</u>	<u>100</u>	<u>-</u>
Total net assets	<u>774,393</u>	<u>41,419</u>	<u>(161,159)</u>
	<u>\$ 887,820</u>	<u>\$ 59,174</u>	<u>\$ 12,545</u>

Regional Health, Inc.
Consolidating Statements of Financial Position - Liabilities
June 30, 2014
(Amounts in Thousands)

Total Obligated Group	Other	Eliminations	Total
\$ 7,565	\$ -	\$ -	\$ 7,565
11,947	131	-	12,078
5,008	-	-	5,008
1,695	-	-	1,695
9,261	-	-	9,261
13,604	-	-	13,604
2,703	-	-	2,703
10,523	135	-	10,658
49,126	20	(49,146)	-
111,432	286	(49,146)	62,572
9,861	-	-	9,861
24,113	-	-	24,113
8,110	-	-	8,110
151,370	-	-	151,370
304,886	286	(49,146)	256,026
637,847	3,396	-	641,243
15,043	-	-	15,043
1,763	-	-	1,763
654,653	3,396	-	658,049
\$ 959,539	\$ 3,682	\$ (49,146)	\$ 914,075

	<u>Rapid City Regional Hospital, Inc</u>	<u>Regional Health Network, Inc</u>	<u>Regional Health Physicians, Inc</u>
Operating Revenue			
Net patient service revenue	\$ 420,444	\$ 85,274	\$ 53,531
Provision for uncollectible accounts	(25,873)	(5,470)	(717)
Net patient service revenue less provision for uncollectible accounts	394,571	79,804	52,814
Other	73,311	12,910	3,606
Total operating revenue	<u>467,882</u>	<u>92,714</u>	<u>56,420</u>
Operating Expenses			
Salaries and wages	192,396	37,954	48,074
Payroll taxes and benefits	26,429	10,554	9,753
Outside services	53,554	5,340	6,609
Medical supplies	76,350	7,453	4,080
Other supplies and expenses	28,586	7,438	5,888
Depreciation and amortization	22,504	3,984	1,566
Interest	4,522	20	-
Intercompany	32,950	10,669	7,209
Total operating expenses	<u>437,291</u>	<u>83,412</u>	<u>83,179</u>
Operating Income (Loss)	<u>30,591</u>	<u>9,302</u>	<u>(26,759)</u>
Nonoperating Gains (Losses)			
Investment gain	60,418	136	67
Loss on interest rate swap	(1,771)	-	-
Total nonoperating gains (losses)	<u>58,647</u>	<u>136</u>	<u>67</u>
Revenues in Excess (Deficit) of Expenses	<u>89,238</u>	<u>9,438</u>	<u>(26,692)</u>
Unrestricted Net Assets			
Adjustment to the funded status of the pension plan	6,303	-	-
Other changes in unrestricted net assets	254	-	-
Increase (Decrease) in Unrestricted Net Assets	<u>\$ 95,795</u>	<u>\$ 9,438</u>	<u>\$ (26,692)</u>

Regional Health, Inc.
Consolidating Statements of Operations
Year Ended June 30, 2014
(Amounts in Thousands)

Total Obligated Group	Other	Eliminations	Total
\$ 559,249 (32,060)	\$ - -	\$ - -	\$ 559,249 (32,060)
527,189 89,827	- 1,001	- (50,828)	527,189 40,000
617,016	1,001	(50,828)	567,189
278,424	-	-	278,424
46,736	-	-	46,736
65,503	354	-	65,857
87,883	-	-	87,883
41,912	472	-	42,384
28,054	158	-	28,212
4,542	-	-	4,542
50,828	-	(50,828)	-
603,882	984	(50,828)	554,038
13,134	17	-	13,151
60,621 (1,771)	- -	- -	60,621 (1,771)
58,850	-	-	58,850
71,984	17	-	72,001
6,303	-	-	6,303
254	-	-	254
<u>\$ 78,541</u>	<u>\$ 17</u>	<u>\$ -</u>	<u>\$ 78,558</u>