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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

REGIONS HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

8170 33RD AVENUE SOUTH PO BOX 1309

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MINNEAPOLIS, MN 554401309

F Name and address of principal officer

HEIDI G CONRAD

640 JACKSON STREET

ST PAUL, MN 55101

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.REGIONSHOSPITAL.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1986

M State of legal domicile

MN

G Gross receipts \$

746,960,801

E Telephone number

(952) 883-6000

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS

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

3 Number of voting members of the governing body (Part VI, line 1a)

18

4 Number of independent voting members of the governing body (Part VI, line 1b)

10

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6,318

6 Total number of volunteers (estimate if necessary)

272

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

5,813,159

9 Program service revenue (Part VIII, line 2g)

695,695,758

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

5,454,424

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

31,431

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

706,994,772

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

71,481

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

406,039,188

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

278,193,613

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

684,304,282

19 Revenue less expenses Subtract line 18 from line 12

22,690,490

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

753,107,610

21 Total liabilities (Part X, line 26)

310,797,968

22 Net assets or fund balances Subtract line 21 from line 20

442,309,642

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

HEIDI G CONRAD CHIEF FINANCIAL OFFICER

Type or print name and title

2017-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

MONROE JORDAN GIERL

Preparer's signature

MONROE JORDAN GIERL

Date

Check ☐ if self-employed

PTIN P01413237

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5665207

Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH STREET MINNEAPOLIS, MN 55402

Phone no (612) 305-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 680,207,517	including grants of \$ 119,203)	(Revenue \$ 735,705,172)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	680,207,517
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 Yes	
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	No
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	No
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	
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 ComplianceCheck 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?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
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?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	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.		
a	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.		
b	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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	18	
	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		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
HEIDI G CONRAD CHIEF FINANCIAL OFFICER 640 JACKSON ST ST PAUL, MN 55101 (651) 254-0900

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** (2016)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,951,384	10,343,353	2,638,976

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 **▶ 476**

	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>	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>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS-ANDERSON CONST CO 525 S EIGHTH MINNEAPOLIS, MN 55404	CONSTRUCTION	14,757,686
UNIVERSITY OF MINNESOTA 1300 S 2ND ST MINNEAPOLIS, MN 55454	PHYSICIAN SERVICES	7,682,727
HEALTH SYSTEMS COOP LAUNDRIES, 55 5TH ST E STE 960 ST PAUL, MN 551011717	CLEANING & LAUNDRY	2,530,077
WESTMINSTER JUNCTION VENTURE LSULTING 7101 W 78TH ST STE 1 MINNEAPOLIS, MN 55439	PROPERTY LEASE	2,360,277
TOTAL RENAL CARE INC, LOCKBOX 403008 COLLEGE PARK, GA 30349	MEDICAL SERVICES	1,802,471

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 **▶ 50**

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,289,270			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		5,289,270			
Program Service Revenue			Business Code			
	2a PATIENT SERVICES		623990	693,155,797	693,155,797	
	b CONTRACT REVENUE		900099	33,165,317	33,165,317	
	c CAFETERIA		722210	3,715,230	3,715,230	
	d OTHER REVENUE		900099	3,196,165	3,196,165	
	e PARKING		812930	1,577,113	1,577,113	
	f All other program service revenue			895,550	895,550	
	g Total. Add lines 2a-2f ▶		735,705,172			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,693,755			5,693,755
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
			(i) Real	(ii) Personal		
	6a Gross rents					
		272,604				
	b Less rental expenses	240,073				
	c Rental income or (loss)	32,531				
	d Net rental income or (loss) ▶		32,531			32,531
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory					
	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 \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b						
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶		746,720,728	735,705,172	0	5,726,286	

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 domestic organizations and domestic governments. See Part IV, line 21.	119,203	119,203		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,921,082		1,921,082	
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.	345,201,099	324,329,103	20,871,996	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,219,156	12,568,562	650,594	
9 Other employee benefits.	53,694,012	51,360,690	2,333,322	
10 Payroll taxes.	20,676,937	19,659,300	1,017,637	
11 Fees for services (non-employees):				
a Management.				
b Legal.	276,688	87,351	189,337	
c Accounting.	2,500		2,500	
d Lobbying.	57,220		57,220	
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).	27,546,604	24,419,013	3,127,591	
12 Advertising and promotion.	1,108,936	290,769	818,167	
13 Office expenses.	3,350,644	2,343,554	1,007,090	
14 Information technology.	2,956,178	1,907,155	1,049,023	
15 Royalties.				
16 Occupancy.	30,035,589	26,993,897	3,041,692	
17 Travel.	680,758	596,034	84,724	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	270,940	242,800	28,140	
20 Interest.	7,274,715	7,274,715		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	38,976,317	36,694,879	2,281,438	
23 Insurance.	2,803,285	2,803,285		
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 MEDICAL SUPPLIES	127,199,032	127,191,310	7,722	
b TAXES & ASSESSMENTS	26,180,446	26,180,446		
c MISCELLANEOUS EXPENSE	14,145,901	13,181,687	964,214	
d DUES AND FEES	932,065	751,804	180,261	
e All other expenses	1,213,210	1,211,960	1,250	
25 Total functional expenses. Add lines 1 through 24e.	719,842,517	680,207,517	39,635,000	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		81,472,479	1	104,352,166
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		76,996,023	4	76,458,137
	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		7,353,832	8	8,046,521
	9	Prepaid expenses and deferred charges		5,473,947	9	3,710,196
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	769,831,906		
	b	Less: accumulated depreciation	10b	469,188,615		
				305,605,304	10c	300,643,291
	11	Investments—publicly traded securities		256,368,512	11	261,407,960
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		19,837,513	15	24,192,745	
16	Total assets. Add lines 1 through 15 (must equal line 34)		753,107,610	16	778,811,016	
Liabilities	17	Accounts payable and accrued expenses		93,042,574	17	92,398,557
	18	Grants payable			18	
	19	Deferred revenue		9,255,017	19	7,955,370
	20	Tax-exempt bond liabilities		180,880,171	20	176,767,586
	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		1,637,551	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25,982,655	25	26,193,050
	26	Total liabilities. Add lines 17 through 25		310,797,968	26	303,314,563
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		422,730,642	27	452,879,230
	28	Temporarily restricted net assets		18,827,000	28	21,713,223
	29	Permanently restricted net assets		752,000	29	904,000
	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		442,309,642	33	475,496,453
	34	Total liabilities and net assets/fund balances		753,107,610	34	778,811,016

Part XI Reconciliation of Net AssetsCheck 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	746,720,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	719,842,517
3	Revenue less expenses Subtract line 2 from line 1	3	26,878,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	442,309,642
5	Net unrealized gains (losses) on investments	5	3,411,810
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	2,896,790
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	475,496,453

Part XII Financial Statements and ReportingCheck 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		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	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	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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 41-0956618

Name: REGIONS HOSPITAL

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS FOR A DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

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			
ANGELA DILLOW DIRECTOR	0 96	X						900	0	0
JENNIFER FORD REEDY SECRETARY & DIRECTOR	0 76	X						1,000	0	0
CRAIG FRISVOLD CHAIR & DIRECTOR	0 63	X						1,300	0	0
CHUCK HAYNOR DIRECTOR	1 22	X						1,600	0	0
RICHARD HILGER DIRECTOR	0 50 54 50	X						0	391,089	75,599
JOHN LAWRENCE SULLIVAN DIRECTOR	1 20 1 50	X						0	0	0
LAURA LIU DIRECTOR	0 51	X						700	0	0
JIM MCDONOUGH COMMISSIONER TREASURER & DIRECTOR	0 86	X						900	0	0
NNEKA CONSTANTINO DIRECTOR	0 70	X						900	0	0
RUSS NELSON VICE CHAIR & DIRECTOR	0 46	X						600	0	0

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			
JERRY REDMOND DIRECTOR	0 33	X						700	0	0
JEROM C SIY MD DIRECTOR	0 50 39 50	X						0	392,898	66,167
MARY K BRAINERD DIRECTOR	0 50 49 50	X						0	2,506,070	525,742
KATHLEEN M COONEY DIRECTOR	0 50 49 50	X						0	931,838	294,094
STEVE CONNELLY MD DIRECTOR	0 50 59 50	X						0	809,953	141,975
KAREN A QUADAY MD DIRECTOR	0 50 39 50	X						0	305,565	36,630
BRIAN H RANK MD DIRECTOR	0 50 51 50	X						0	2,376,909	258,672
MEGAN M REMARK DIRECTOR, PRESIDENT & CEO	46 50 3 50	X		X				0	642,838	169,856
CHRISTINE M BOESE VP, PATIENT CARE SERVICE	49 50 0 50			X				344,518	0	66,059
HEIDI G CONRAD VP,CHIEF FINANCIAL OFFICER	49 50 2 50			X				0	461,090	144,622

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			
MARIAN M FURLONG VP, HUDSON HOSPITAL PRESID	44 50 0 50			X				338,465	0	73,902
BRET C HAAKE VP - MEDICAL AFFAIRS	0 50 56 50			X				0	581,387	74,663
BETH L HEINZ VP - OPERATIONS	44 00 1 00			X				342,461	0	50,501
KIM R LAREAU VP - CARE DELIVERY SYSTEMS	0 50 49 50			X				0	376,715	84,409
STEVEN MASSEY VP-REGIONS & CEO-WESTFIELD	49 50 0 50			X				303,919	0	67,751
MICHAEL F MCAVOY VP - SPECIALTY SERVICES	0 50 54 50			X				0	253,533	47,617
TYLER R SCHMITZ EXEC DIR - ANCILLARY SER	49 00 1 00			X				266,425	0	67,081
DEBRA RUDQUIST VP-REGIONS & CEO-AMERY	0 50 54 50			X				0	313,468	73,944
WILLIAM MOSS NURSE ANESTHESIST	40 00					X		215,870	0	52,792
DANIAL LEVIE NURSE ANESTHESIST	40 00					X		207,854	0	49,732

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			
GREG S MELLESMOEN DIRECTOR - SURGICAL SERVIC	50 00					X		280,772	0	63,779
BRAD L PLOWMAN SR DIR - FINANCIAL PLANN	50 00					X		223,240	0	68,700
LUANN M YERKS MANAGER - ANESTHESIA	45 00					X		235,673	0	60,866
GRETCHEN M LEITERMAN FORMER VP OPERATIONS & SPECIALITY	40 00						X	183,587	0	23,823

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization REGIONS HOSPITAL	Employer identification number 41-0956618

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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 on 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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		57,220
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			57,220
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	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	REGIONS HOSPITAL (REGIONS) PAYS FOR CERTAIN CORPORATE AND EMPLOYEE PROFESSIONAL ASSOCIATION MEMBERSHIPS. A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES. REGIONS COST OF DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR LEGISLATIVE BODIES CONSISTS OF LOBBYISTS \$25,500 LOBBYING DUES 6,510 ADMINISTRATIVE COST 25,210 ----- TOTAL \$57,220

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318032967	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization REGIONS HOSPITAL				Employer identification number 41-0956618	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				► \$	
(ii) Assets included in Form 990, Part X				► \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

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, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,824,983		4,824,983
b Buildings		503,076,956	263,726,065	239,350,891
c Leasehold improvements		4,490,475	4,285,595	204,880
d Equipment		236,655,432	184,974,230	51,681,202
e Other		20,784,060	16,202,725	4,581,335
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				300,643,291

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LONG TERM DEBT CURRENT PORTION	4,112,586
POST RETIREMENT BENEFITS	4,438,747
PROFESSIONAL LIABILITY RESERVE	17,641,717
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	26,193,050

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

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

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

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 (losses) 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' on 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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	REGIONS HOSPITAL IS INCLUDED IN THE HEALTHPARTNERS, INC (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 2016 OR 2015 FOR UNRECOGNIZED TAX BENEFITS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318032967

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

REGIONS HOSPITAL

Employer identification number

41-0956618

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☒ 200% ☐ Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 200000 0000000000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

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)			21,669,954	2,063,222	19,606,732	2 720 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			21,669,954	2,063,222	19,606,732	2 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,590,754	3,658,435	7,932,319	1 100 %
f Health professions education (from Worksheet 5)			22,735,943	10,559,866	12,176,077	1 690 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			34,326,697	14,218,301	20,108,396	2 790 %
k Total. Add lines 7d and 7j			55,996,651	16,281,523	39,715,128	5 510 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,868,890	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	235,836,386
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	259,483,790
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,647,404
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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				

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

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
REGIONS HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant 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 ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 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)	7	Yes
a ☒ Hospital facility's website (list url) <u>WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		REGIONS HOSPITAL	
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 2000 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a ☒ The FAP was widely available on a website (list url) WWW REGIONSHOSPITAL COM			
b ☒ The FAP application form was widely available on a website (list url) WWW REGIONSHOSPITAL COM			
c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW REGIONSHOSPITAL COM			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

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

REGIONS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 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(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	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 Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

REGIONS HOSPITAL

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[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? **11**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
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	FACTORS OTHER THAN FPGREGIONS HOSPITAL (REGIONS) PARTICIPATES IN A MINNESOTA ATTORNEY GENERAL'S (MN AG) AGREEMENT THAT GIVES ALL PATIENTS AT LEAST THE SAME DISCOUNT AS OUR HIGHEST VOLUME COMMERCIAL PAYER

Form and Line Reference	Explanation
PART III, LINE 2	REGIONS USES A HISTORIC BAD DEBT PERCENTAGE THAT IS ROUTINELY MONITORED, REVIEWED, AND UPDATED IN ORDER TO OBTAIN THE BEST ESTIMATE OF THE CURRENT YEAR'S BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 4	SEE THE ORGANIZATION'S FOOTNOTES 1 P AND 1 R, ON PAGES 11 & 12 OF THE ATTACHED CONSOLIDATED FINANCIAL STATEMENT

Form and Line Reference	Explanation
PART III, LINE 8	REGIONS BASES ITS MEDICARE COSTING METHODOLOGY ON THE CMS MEDICARE COST REPORT METHODOLOGY, COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTIONS PRACTICES REGIONS DEBT COLLECTION POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO BE ELIGIBLE FOR CHARITY CARE OR FINANCIAL ASSISTANCE. REGIONS WILL NOT REFER ANY ACCOUNT TO A THIRD PARTY DEBT COLLECTION AGENCY UNLESS IT HAS CONFIRMED THAT - THERE IS REASONABLE BASIS TO BELIEVE THAT THE PATIENT OWES THE DEBT - ALL KNOWN THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED, AND THE PATIENT IS RESPONSIBLE FOR THE REMAINING DEBT - IF THE PATIENT HAS INDICATED AN INABILITY TO PAY THE FULL AMOUNT, THE PATIENT HAS BEEN OFFERED A REASONABLE PAYMENT PLAN. REGIONS WILL NOT REFER PATIENTS TO DEBT COLLECTION AGENCIES WHO ARE PERFORMING AS SPECIFIED IN THEIR PAYMENT PLANS - THE PATIENT HAS BEEN GIVEN AN OPPORTUNITY TO SUBMIT A CHARITY CARE (FINANCIAL ASSISTANCE) APPLICATION. IF THE PATIENT HAS SUBMITTED AN APPLICATION FOR CHARITY CARE, ALL COLLECTION ACTIVITY WILL BE SUSPENDED UNTIL THE APPLICATION HAS BEEN PROCESSED - THE LEVEL OF AUTHORITY REQUIRED TO MAKE DECISIONS REGARDING AUTHORIZING LITIGATION, PAYMENT PLANS, AND CHARITY CARE IS - BALANCES OVER \$50,000 - DIRECTOR OF PATIENT FINANCIAL SERVICES - BALANCES BETWEEN \$25,000 AND \$50,000 - MANAGER OF PATIENT FINANCIAL SERVICES - BALANCES UNDER \$25,000 - PATIENT FINANCIAL SERVICES STAFF OR AUTOMATED SYSTEMS

Form and Line Reference	Explanation
PART VI, LINE 2	IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CORPORATION (CHC) TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SIMILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN REGIONS' SPECIFIC STUDY AREA IS DEFINED AS - RAMSEY COUNTY- DAKOTA COUNTY- WASHINGTON COUNTY DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIES - DEMOGRAPHICS CHC ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT - HEALTH DATA COLLECTION CHC ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABLE DISEASES, PREVENTION AND NATALITY - COMMUNITY INPUT AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS FINAL PRIORITIZED NEEDS- MENTAL AND BEHAVIORAL HEALTH- ACCESS AND AFFORDABILITY- CHRONIC DISEASE AND ILLNESS PREVENTION- EQUITABLE CARE A FULL REPORT OF REGION'S CHNA AND IMPLEMENTATION PLAN IS POSTED ON REGION'S WEBPAGE AT WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/INDEX.HTML

Form and Line Reference	Explanation
PART VI, LINE 3	REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO. REGIONS SERVES ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. IN 2016, REGIONS PROVIDED APPROXIMATELY \$11.6 MILLION IN CHARITY CARE COSTS. REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE. THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY ANY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SPECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION. TO INFORM AND EDUCATE PATIENTS ON ITS CHARITY CARE PROGRAM AND GOVERNMENT PROGRAMS, REGIONS HAS DEVELOPED AN EXTENSIVE FINANCIAL COUNSELING PROGRAM. THE PROGRAM WAS STARTED IN THE EMERGENCY DEPARTMENT IN 1995, BUT SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT THE HOSPITAL. INFORMATION IS AVAILABLE IN PATIENT WELCOME MATERIALS, AT ALL CHECK-IN AREAS, ON THE WEBSITE AND THROUGH THE FINANCIAL COUNSELING STAFF. TWENTY-TWO COUNSELORS HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF PAYMENT. THE COUNSELORS ARE ABLE TO ASSIST PATIENTS WITH ENROLLING IN GOVERNMENT PROGRAMS, LOOKING FOR OTHER SOURCES OF PAYMENT, APPLYING FOR CHARITY CARE AND ASSISTING SELF-PAY PATIENTS IN SETTING UP PAYMENT PLANS. TO HELP PATIENTS ACCESS SERVICES BEYOND MEDICAL CARE, REGIONS HAS STAFF SOCIAL WORKERS AND CASE MANAGERS TO HANDLE CRISIS INTERVENTIONS, EMERGENCY ROOM NEEDS, AND PATIENT AFTERCARE.

Form and Line Reference	Explanation
PART VI, LINE 4	REGIONS IS LOCATED IN RAMSEY COUNTY IN DOWNTOWN ST PAUL. REGIONS IS IN CLOSE PROXIMITY TO THE STATE CAPITOL, POPULAR ENTERTAINMENT ATTRACTIONS AND NUMEROUS LARGE CORPORATE HEADQUARTERS AND IS VISIBLE FROM INTERSTATE 94. REGIONS IS THE LARGEST PROVIDER OF CHARITY CARE IN THE EAST METRO AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE STATE OF MINNESOTA. THIS CERTIFICATION REQUIRES REGIONS TO HAVE SELECT MEDICAL AND SURGICAL SPECIALISTS AVAILABLE TWENTY-FOUR HOURS A DAY. ACCORDING TO THE U S CENSUS BUREAU, RAMSEY COUNTY HAD A POPULATION OF 538,133 IN 2015. APPROXIMATELY 30.7% WERE NON-WHITE, 16.8 PERCENT OF INDIVIDUALS IN RAMSEY COUNTY LIVING IN POVERTY, AND 9.7 PERCENT WITHOUT INSURANCE. IN 2016, REGIONS PROVIDED CARE TO PATIENTS FROM 74 OF THE 87 COUNTIES IN THE STATE, AND ADMITTED PATIENTS FROM 43 STATES OTHER THAN MINNESOTA. AS THE STATE'S SECOND-LARGEST SAFETY-NET HOSPITAL, REGIONS PROVIDES CARE TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY. REGIONS SERVES A DIVERSE PATIENT POPULATION. REGIONS AND HEALTHPARTNERS ARE ONE OF THE FIRST IN THE NATION TO GATHER SELF-REPORTED DATA FROM PATIENTS ON RACE, COUNTRY OF ORIGIN AND LANGUAGE PREFERENCE. OF REGIONS 27,735 2016 INPATIENT ADMISSIONS, 29.33% OF PATIENTS WERE OF COLOR. FOR THESE SAME ADMISSIONS, 2,136 PATIENTS REPORTED ANOTHER LANGUAGE AS THEIR PRIMARY PREFERENCE.

Form and Line Reference	Explanation
PART VI, LINE 5	REGIONS CONTINUALLY INVESTS - THROUGH EXPENDITURES AND IN-KIND CONTRIBUTIONS OR OTHER SUPPORT - IN ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMUNITY AND THE REGION REGIONS IS GOVERNED BY A COMMUNITY-BASED BOARD OF DIRECTORS AND THE MEDICAL STAFF IS ORGANIZED IN THE PUBLIC'S INTEREST SUPPORT MAY INCLUDE DIRECT EXPENDITURES, RAISING FUNDS THROUGH EMPLOYEE OR COMMUNITY INITIATIVES, DONATING STAFF TIME, PARTICIPATING IN COMMUNITY PARTNERSHIPS AND INITIATIVES AND /OR PROVIDING FREE SERVICES OR EQUIPMENT MORE INFORMATION ABOUT REGIONS COMMUNITY BENEFIT AND COMMUNITY HEALTH EFFORTS IS DETAILED IN SCHEDULE O AND AVAILABLE IN REGIONS COMMUNITY BENEFIT REPORT AVAILABLE AT WWW REGIONSHOSPITAL COM

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEMPLEASE SEE SCHEDULE O DISCUSSION OF EXEMPT PURPOSE AND ACHIEVEMENTS "I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE "

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MN,WI

Form and Line Reference	Explanation
PART VI, LINE 3 - STATE FILING OF COMMUNITY BENEFIT REPORT	REGIONS FILES A COMMUNITY BENEFIT REPORT IN THE STATE OF MINNESOTA. REGIONS' SISTER HOSPITALS, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, LOCATED IN STILLWATER, MINNESOTA AND PARK NICOLLET METHODIST HOSPITAL IN ST. LOUIS PARK, MINNESOTA, WESTFIELDS HOSPITAL, LOCATED IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, LOCATED IN HUDSON, WISCONSIN, AND AMERY REGIONAL MEDICAL CENTER, LOCATED IN AMERY, WISCONSIN FILE COMMUNITY BENEFIT REPORTS WITH THEIR RESPECTIVE STATES. THE SIX HOSPITALS WORK COLLABORATIVELY ACROSS MULTIPLE HEALTH INITIATIVES, ALONG WITH OTHER MEMBERS OF THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS TO IMPROVE THE HEALTH OF MEMBERS, PATIENTS AND THE COMMUNITY.

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	REGIONS HOSPITAL 640 JACKSON STREET ST PAUL, MN 55101 WWW.REGIONSHOSPITAL.COM 361114	X	X		X			X			

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

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 5 AS A PART OF COUNTY-WIDE ASSESSMENTS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS HOSPITAL (REGIONS) CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 2015 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS

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

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 6A OTHER HOSPITAL FACILITIES INCLUDED IN THE 2015 HEALTHPARTNERS CHNA WERE - HUDSON HOSPITAL, HUDSON, WI - WESTFIELDS HOSPITAL, NEW RICHMOND, WI - LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, STILLWATER, MN - PARK NICOLLET METHODIST HOSPITAL, ST LOUIS PARK, MN- AMERY REGIONAL MEDICAL CENTER, AMERY, WI

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

Form and Line Reference	Explanation
REGIONS HOSPITAL	PART V, SECTION B, LINE 11. THE 2015 HEALTHPARTNERS CHNA CONDUCTED RESULTED IN THE FOLLOWING PRIORITIES PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTHPRIORITY 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION / PHYSICAL ACTIVITY)PRIORITY 3 INCREASE ACCESS TO PRIMARY AND PREVENTIVE CAREPRIORITY 4 IMPROVE SERVICE INTEGRATIONPRIORITY 5 PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO / ALCOHOL / SUBSTANCE ABUSE)A FULL REPORT OF REGION'S 2015 CHNA AND ANNUAL IMPLEMENTATION PLAN UPDATE IS POSTED ON REGION'S WEBPAGE AT WWW.REGIONSHOSPITAL.COM/RH/COMMUNITY-BENEFIT/INDEX.HTML, WHICH PROVIDES A DETAILED DESCRIPTION OF ALL THE ACTIVITIES IN SUMMARY OF 2016 ACTIVITIES PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTH - REGIONS CONTINUES TO OPERATE A 100 BED, ALL PRIVATE ROOMS, INPATIENT MENTAL HEALTH UNIT AT FULL CAPACITY, ALONG WITH SUPPORT GROUPS FOR FAMILY ADDITIONAL SUPPORTS ARE PROVIDED TO VETERANS WITH THE NEW HEROCARE PROGRAM REGIONS RUNS AN ALCOHOL AND DRUG ASSISTANCE PROGRAM AND SOUGHT APPROVAL TO BUILD AN ADDITIONAL IRTS TO ASSIST PATIENTS WITH A SUCCESSFUL TRANSITION TO THE COMMUNITY IN THE EMERGENCY DEPARTMENT, REGIONS RUNS AN 11 BED MENTAL HEALTH CRISIS UNIT WITH AN ENHANCED CARE MODEL AND ADDED SAFETY FEATURES REGIONS ALSO PARTICIPATES IN THE MENTAL HEALTH CRISIS ALLIANCE AND CONTRIBUTES FUNDS TO THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) TO PROVIDE ACCESS TO PRESCRIPTION MEDICATIONS FOR PATIENTS WITHOUT INSURANCE OR THE MEANS TO PAY THEIR OUT OF POCKET EXPENSES FINALLY, REGIONS COLLABORATES WITH HEALTHPARTNERS AND THE REGIONS HOSPITAL FOUNDATION ON A NON-BRANDED ANTI-STIGMA CAMPAIGN AIMED AT REDUCING THE STIGMA ASSOCIATED WITH SEEKING TREATMENT FOR MENTAL ILLNESS, AND THE REGIONS STAFF PARTICIPATE IN THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) WALK TO REDUCE STIGMA PRIORITY 2 ACCESS AND AFFORDABILITY - A KEY FOCUS FOR REGIONS IS THE FLOW OF PATIENTS THROUGH REGIONS TO ENSURE THE PROGRESSION OF CARE AND REDUCE WAITS AND DELAYS TO SUPPORT THIS REGIONS IMPLEMENTED A NEW PREFERRED TRANSITIONAL CARE NETWORK, TO BETTER FACILITATE TRANSITIONS IN CARE REGIONS CONTINUES TO ENHANCE ITS ELECTRONIC MEDICAL RECORD TO IMPROVE CARE AND EFFICIENCY THE NURSE CARE MODEL WAS ALSO EVALUATED AND IMPROVED IN 2016 TO CREATE GREATER CAPACITY FOR NURSING AT THE BEDSIDE TO ENSURE ACCESS TO CARE REGIONS HAS A ROBUST FINANCIAL COUNSELING PROGRAM TO HELP PATIENTS' ACCESS INSURANCE, SECURE OTHER FUNDING OR QUALIFY PATIENTS FOR CHARITY CARE THIS INCLUDES A CONTRIBUTION FROM REGIONS AND REFERRALS TO PORTICO HEALTH SERVICES, A COMMUNITY BASED NONPROFIT THAT PROVIDES A QUASI-INSURANCE PROGRAM TO THE UNINSURED AND COLLABORATION WITH ST PAUL FIRE TO PROVIDE COMMUNITY PARAMEDIC SERVICES REGIONS IS THE LARGEST PROVIDER OF CHARITY CARE IN THE EAST METRO, PROVIDING \$11.6 MILLION (COST) OF CHARITY SERVICES TO PATIENTS IN 2016 PRIORITY 3 CHRONIC DISEASE AND ILLNESS PREVENTION - REGIONS MADE CHANGES TO THE PATIENT AND GUEST MENUS AND FOOD AND BEVERAGE OFFERINGS TO MAKE HEALTHY EATING CHOICES THE EASY CHOICE REGIONS SUPPORTS EMPLOYEE WELLNESS THROUGH A VARIETY OF PROGRAMS AND SERVICES INCLUDING WELL BEING PROGRAMS, IMMUNIZATIONS, A RESILIENCY CENTER, AN EXERCISE FACILITY ON CAMPUS AND A VARIETY OF WELLNESS PROGRAM OFFERINGS REGIONS TARGETS OBESITY IN THE COMMUNITY THROUGH THE BEST FED BEGINNINGS PROGRAM PRIORITY 4 EQUITABLE CARE - REGIONS HAS A ROBUST HEALTH EQUITY PROGRAM THAT USES A HEALTH EQUITY DASHBOARD TO IDENTIFY OPPORTUNITIES AND MEASURE IMPROVEMENT 2016 EFFORTS FOCUSED ON REDUCING THE DISPARITY IN LENGTH OF STAY FOR LIMITED ENGLISH PROFICIENCY PATIENTS RECEIVING CARE FOR ACUTE PSYCHIATRIC SERVICES THROUGH THE EQUITABLE CARE CHAMPIONS PROGRAM AND BROTHER EFFORTS, REGIONS EDUCATES STAFF ON EQUITY, CULTURAL HUMILITY AND LANGUAGE ACCESS

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? _____

Name and address	Type of Facility (describe)
1 1 - HEALTHPARTNERS SPECIALTY CENTER 435 PHALEN BOULEVARD ST PAUL, MN 55132	REGIONS SAME DAY SURGERY, PAIN CLINIC, & DIGESTIVE CAR
1 2 - HEALTHPARTNERS SPECIALTY CENTER 401 PHALEN BOULEVARD ST PAUL, MN 55130	REGIONS IMAGING CTR , PULMONARY FUNCTION TESTING, HAND/PHYS /SPEECH THERAPY
2 3 - REGIONS CARDIOPULMONARY REHABILITATION 2575 UNIVERSITY AV SUITE 140 WESTGATE ST PAUL, MN 55114	CARDIOPULMONARY REHABILITATION CLINIC
3 4 - HEALTHPARTNERS SLEEP CENTER 2688 MAPLEWOOD DRIVE MAPLEWOOD, MN 55109	SLEEP HEALTH CENTER
4 5 - REGIONS NEW CONNECTIONS 1250 HIGHWAY 55 HASTINGS, MN 55033	ALCOHOL AND DRUG USE TREATMENT
5 6 - REGIONS NEW CONNECTIONS 199 COON RAPIDS BLVD SUITE 110 COON RAPIDS, MN 55433	ALCOHOL AND DRUG USE TREATMENT
6 7 - REGIONS NEW CONNECTIONS 6446 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344	ALCOHOL AND DRUG USE TREATMENT
7 8 - REGIONS PHYSICAL THERAPY CLINIC 295 PHALEN BLVD ST PAUL, MN 55130	PHYSICAL THERAPY CLINIC
8 9 - REGIONS HOSPITAL HAND & PT CLINIC 2220 RIVERSIDE AVE 5TH FLOOR MINNEAPOLIS, MN 55454	HAND AND PHYSICAL THERAPY
9 10 - REGIONS REHAB INSTITUTE 8425 SEASON PARKWAY SUITE 103 WOODBURY, MN 55125	PHYSICAL THERAPY CLINIC
10 11 - REGIONS ADAP 445 ETNA STREET SUITE 55 ST PAUL, MN 55106	ALCOHOL AND DRUG TREATMENT

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As Filed Data -

DLN: 93493318032967

Schedule I
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part IGeneral Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GILLETTE CHILDRENS HOSPITAL 200 E UNIVERSITY AVE ST PAUL, MN 55101	36-3379150	501(C)(3)	16,250				PROGRAM SUPPORT
(2) CATHOLIC CHARITIES 215 OLD 6TH ST ST PAUL, MN 55102	41-1302487	501(C)(3)	86,200				PROGRAM SUPPORT

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization REGIONS HOSPITAL	Employer identification number 41-0956618
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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 on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	Yes
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	Yes
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 on 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 in column(B) reported as deferred on 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, LINES 4A-B	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS: MARY K BRAINERD \$ 148,306 STEVEN CONNELLY, MD 68,640 HEIDI G CONRAD 30,862 KATHLEEN M COONEY 58,834 MEGAN M REMARK 24,754 BRIAN H RANK 37,165
PART I, LINE 6	REGIONS HOSPITAL (REGIONS) OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EMPLOYED BY REGIONS OR BY GROUP HEALTH PLAN, INC (GHI), A RELATED ORGANIZATION. COMPENSATION REPORTED IN FORM 990, PART VII INCLUDES ANY COMPENSATION DERIVED FROM EITHER REGIONS OR GHI'S MANAGEMENT INCENTIVE PROGRAM, WHICH INCENT AND REWARD BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR. THE PROGRAMS ARE A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE. THE MANAGEMENT INCENTIVE PROGRAMS' REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E.G. SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS. GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED. THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, SIX AIMS, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (NET MARGIN), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. A NET MARGIN THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT.
FORM 990, SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS, OFFICERS AND FORMER OFFICER: MARY K BRAINERD \$ 592,699 KATHLEEN M COONEY \$ 53,743 STEVE CONNELLY, MD \$ 61,263 BRIAN H RANK, MD \$ 1,563,465 HEIDI G CONRAD \$ 25,489 MEGAN M REMARK \$ 17,102. ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1RICHARD HILGERDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	259,100	0	131,989	45,393	-	-	0
						30,206	466,688	
1JEROM C SIY MDDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	282,555	14,250	96,093	46,035	-	-	0
						20,132	459,065	
2MARY K BRAINERD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,305,446	564,364	636,260	468,540	-	-	592,699
						57,202	3,031,812	
3KATHLEEN M COONEY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	608,106	234,671	89,061	256,047	-	-	53,743
						38,047	1,225,932	
4STEVE CONNELLY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	622,455	173,800	13,698	93,483	-	-	61,263
						48,492	951,928	
5KAREN A QUADAY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	246,961	0	58,604	7,797	-	-	0
						28,833	342,195	
6BRIAN H RANK MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	614,649	184,069	1,578,191	199,672	-	-	1,563,465
						59,000	2,635,581	
7MEGAN M REMARK DIRECTOR, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	463,296	143,559	35,983	135,409	-	-	17,102
						34,447	812,694	
8CHRISTINE M BOESE VP, PATIENT CARE SERVICE	(i)	269,695	64,498	10,325	45,740	20,319	410,577	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9HEIDI G CONRAD VP,CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	345,312	83,328	32,450	113,897	-	-	25,489
						30,725	605,712	
10MARIAN M FURLONG VP, HUDSON HOSPITAL PRESID	(i)	257,841	68,848	11,776	45,308	28,594	412,367	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11BRET C HAAKE VP - MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	455,239	111,104	15,044	41,107	-	-	0
						33,556	656,050	
12BETH L HEINZ VP - OPERATIONS	(i)	197,030	62,917	82,514	23,300	27,201	392,962	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13KIM R LAREAU VP - CARE DELIVERY SYSTEMS	(i)	0	0	0	0	0	0	0
	(ii)	285,669	74,193	16,853	54,412	-	-	0
						29,997	461,124	
14STEVEN MASSEY VP-REGIONS & CEO- WESTFIELD	(i)	232,699	62,168	9,052	39,760	27,991	371,670	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15MICHAEL F MCAVOY VP - SPECIALTY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	239,369	0	14,164	19,698	-	-	0
						27,919	301,150	
16TYLER R SCHMITZ EXEC DIR - ANCILLARY SER	(i)	218,874	39,831	7,720	39,760	27,321	333,506	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17DEBRA RUDQUIST VP-REGIONS & CEO-AMERY	(i)	0	0	0	0	0	0	0
	(ii)	245,042	59,123	9,303	45,760	-	-	0
						28,184	387,412	
18WILLIAM MOSS NURSE ANESTHESIST	(i)	209,212	0	6,658	26,309	26,483	268,662	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19DANIAL LEVIE NURSE ANESTHESIST	(i)	197,144	0	10,710	23,471	26,261	257,586	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21GREG S MELLESMOEN DIRECTOR - SURGICAL SERVIC	(i)	195,765	66,052	18,955	44,614	19,165	344,551	0
	(ii)	0	0	0	0	- 0	- 0	0
1BRAD L PLOWMAN SR DIR - FINANCIAL PLANN	(i)	185,732	30,494	7,014	42,145	26,555	291,940	0
	(ii)	0	0	0	0	- 0	- 0	0
2LUANN M YERKS MANAGER - ANESTHESIA	(i)	196,589	25,033	14,051	42,573	18,293	296,539	0
	(ii)	0	0	0	0	- 0	- 0	0
3GRETCHEN M LEITERMAN FORMER VP OPERATIONS & SPECIALITY	(i)	0	0	183,587	8,932	14,891	207,410	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
REGIONS HOSPITAL

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
41-0956618

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HRA OF THE CITY OF ST PAUL MN HEALTH CARE REVENUE BONDS-SERIES 2014A	52-1440935	NONE99999	03-18-2014	30,860,000	REFUND SERIES 1998 BONDS & EXPANSION OF REGIONS HOSPITAL (REGIONS)FACILITY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,535,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	30,860,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	257,873							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2001							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .	X							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, AND PART II, LINE 3 - DIFFERENCES IN AMOUNTS	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
PART III, LINE 3B - REVIEW OF MANAGEMENT OR SERVICE CONTRACTS	REGIONS USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO THE FINANCED PROPERTY IF IT ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL

Return Reference	Explanation
SCHEDULE K, PART V - PROCEDURES TO UNDERTAKE CORRECTIVE ACTION	SINCE 12/31/2011 REGIONS HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL

Employer identification number
41-0956618

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TEGAN HUMPHREY	TEGAN HUMPHREY IS THE DAUGHTER OF JAMES MCDONOUGH, A DIRECTOR OF REGIONS	64,150	EMPLOYMENT		No
(2)					No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493318032967
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization REGIONS HOSPITAL	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
		Employer identification number 41-0956618	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE REGIONS HOSPITAL (REGIONS) IS A MINNESOTA NONPROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AND IS PART OF THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS "HEALTHPARTNERS" FOUNDED IN 1957, HEALTHPARTNERS IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIVERY AND HEALTH CARE FINANCING ORGANIZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED ORGANIZATIONS IN THE COUNTRY. HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY. HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY, ALL AT THE SAME TIME. HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA AND WESTERN WISCONSIN. HEALTHPARTNERS PROVIDES A FULL-RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, PLAN ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS. HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 16 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,700 PHYSICIANS AND DENTISTS, SIX OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 24 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN. HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA AND WESTERN WISCONSIN. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN. DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION. HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES. HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM. AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2016 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (RE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	DUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY HPI IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EX EMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF THE FOLLOWING NON-PROFIT CORPORATIONS ALL OF WHICH ARE EXEMPT UNDER IRC SECTION 501(C)(3) REGIONS (A FULL SERVICE HOSPITAL AND LEVEL 1 TRAUMACENTER), REGIONS HOSPITAL FOUNDATION, CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER HEALTH SYSTEM (WHICH IS THE PARENT ENTITY OF LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC AND STILLWATER MEDICAL GROUP), RAMSEY INTEGRATED HEALTH SERVICES (A HOME CARE PROVIDER), AND, RH-WISCONSIN, INC, A WISCONSIN NON-STOCK CORPORATION RH-WISCONSIN, TOGETHER WITH GROUP HEALTH PLAN, INC (A STAFF MODEL HMO), ARE THE SOLE CORPORATE MEMBERS OF THREE TAX-EXEMPT WISCONSIN HOSPITALS - HUDSON HOSPITAL, INC, WESTFIELDS HOSPITAL, INC, AND AMERY REGIONAL MEDICAL CENTER, INC REGIONS, A LEADING FULL-SERVICE HOSPITAL PROVIDING OUTSTANDING MEDICAL AND SURGICAL CARE, HAS SERVED THE TWIN CITIES AND SURROUNDING REGION FOR OVER 140 YEARS THE MISSION OF REGIONS IS TO IMPROVE THE HEALTH OF ITS PATIENTS AND THE COMMUNITY BY PROVIDING HIGH QUALITY HEALTH CARE, WHICH MEETS THE NEEDS OF ALL PEOPLE REGIONS IS THE SECOND LARGEST PROVIDER OF CHARITY CARE IN MINNESOTA AND IS ONE OF ONLY FOUR CERTIFIED LEVEL 1 ADULT AND PEDIATRIC TRAUMA CENTERS IN THE STATE OF MINNESOTA BENEFITS TO PATIENTS AND THE COMMUNITY IN 2016 FINANCIAL ASSISTANCE REGIONS IS THE PRIMARY "SAFETY NET" HOSPITAL FOR LOW-INCOME UNINSURED AND UNDERINSURED PEOPLE IN THE EAST METRO IN 2016 ALONE, REGIONS PROVIDED \$41.2 MILLION IN CHARITY CARE CHARGES (\$16.7 MILLION IN CHARITY CARE COSTS) TO CARE FOR 40,287 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CARE CHARITY CARE REPRESENTS 2.3 PERCENT OF REGIONS' TOTAL OPERATING EXPENSES OF THE 83,159 TOTAL PATIENT ACCOUNTS WRITTEN OFF IN 2016, 26,470 WERE PURE SELF-PAY PATIENTS WITH NO COVERAGE AND NO ABILITY TO PAY APPROXIMATELY 21 PERCENT OF THESE SELF-PAY PATIENTS WERE BETWEEN THE AGES OF 18 AND 24 THE REMAINING 56,689 PATIENTS HAD SOME COVERAGE BUT WERE UNABLE TO PAY THE "PATIENT RESPONSIBILITY" PORTION OF THEIR BILL REGIONS DEFINES CHARITY CARE AS THE COST OF CARE DELIVERED TO PATIENTS WHO ARE WILLING, BUT UNABLE, TO PAY FOR THE SERVICES THEY RECEIVE THIS INCLUDES PATIENTS WHOSE CHARGES ARE FORGIVEN OR REDUCED BECAUSE OF INABILITY TO PAY, PATIENTS WHO ARE UNABLE TO PAY THE BALANCE LEFT BY A THIRD-PARTY PAYER, AND PATIENTS FOR WHOM UNUSUAL CIRCUMSTANCES OR SP

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Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	ECIAL FINANCIAL HARDSHIP WARRANT SPECIAL CONSIDERATION REGIONS IS COMMITTED TO PROVIDING NEEDED SERVICES EVEN AT A FINANCIAL LOSS FOR EXAMPLE, IN 2016, REGIONS PROVIDED INPATIENT AND OUTPATIENT EMERGENCY SERVICES TO SELF-PAY PATIENTS TOTALING \$34.7 MILLION IN CHARGES APPROXIMATELY \$11.6 MILLION OF THESE CHARGES WERE WRITTEN OFF BY REGIONS AT A NET LOSS. REGIONS PAID \$14.2 MILLION IN 2016 IN MINNESOTA HEALTH CARE TAXES EQUAL TO 2.1 PERCENT OF ITS NET REVENUE FROM PATIENT CARE SERVICES. THE FUNDS RAISED BY THIS TAX ARE EARMARKED BY THE STATE OF MINNESOTA TO INCREASE HEALTH CARE ACCESS FOR MINNESOTANS WHO ARE OTHERWISE UNABLE TO FULLY PAY FOR HEALTH CARE SERVICES. GOVERNMENT SPONSORED MEANS TESTED HEALTH CARE. REGIONS PROVIDES INPATIENT AND OUTPATIENT CARE, INCLUDING EMERGENCY DEPARTMENT SERVICES, TO A LARGE NUMBER OF MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PATIENTS. IN FACT, PATIENTS FROM GOVERNMENT PROGRAMS FOR SENIORS CONSTITUTED 40.3 PERCENT OF REGIONS' CHARGES, PATIENTS FROM GOVERNMENT PROGRAMS FOR THE POOR CONSTITUTED 22.6 PERCENT OF REGIONS' CHARGES, AND CHARITY CASES WERE 2.7 PERCENT OF CHARGES. ONLY 34.9 PERCENT OF CHARGES WERE FOR COMMERCIAL PATIENTS. ALTHOUGH MOST OF REGIONS' REIMBURSEMENT COMES FROM GOVERNMENT PROGRAMS, THESE PROGRAMS OFTEN DO NOT COMPENSATE HOSPITALS FOR THE FULL COST OF PROVIDING CARE. COMMUNITY BENEFIT SERVICES. EQUITABLE CARE. HEALTHPARTNERS AND REGIONS SYSTEMATICALLY COLLECT DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY. DATA IS COLLECTED THROUGH HEALTHPARTNERS.COM, TELEPHONE CONTACTS WITH DEPARTMENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT, AND ON-LINE THROUGH HEALTH ASSESSMENTS. HEALTHPARTNERS AND REGIONS USE THE ELECTRONIC MEDICAL RECORDS IN THEIR CARE DELIVERY SYSTEM TO CAPTURE THIS DATA FACE-TO-FACE WITH PATIENTS. THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE, AS WELL AS IDENTIFY STRATEGIES TO REDUCE HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE.

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FORM 990, PART III, LINE 4A	RESPONSIBILITY FOR MONITORING DISPARITY DATA LIES WITH THE INTERDISCIPLINARY REGIONS EQUITABLE CARE COMMITTEE (THE COMMITTEE) IN 2016, THE COMMITTEE FOCUSED ON FIVE MAIN GOALS 1 EXPANDING THE USE OF DATA TO IDENTIFY AND ELIMINATE DISPARITIES THE COMMITTEE ADDED NEW ED MEASURES AND STATISTICAL SIGNIFICANCE TESTING FOR KEY MEASURES TO THE EQUITY DASHBOARD OUTCOMES WERE SHARED BROADLY, INCLUDING ACROSS OUR CARE SYSTEM TO BETTER ALIGN EQUITABLE CARE HOSPITAL-BASED WORK ACROSS OUR CARE SYSTEM 2 CREATING A VISION AND CULTURE OF HEALTH EQUITY THROUGH COMMUNICATION A COMPREHENSIVE COMMUNICATIONS PLAN WAS IMPLEMENTED RELATED TO HEALTH EQUITY THIS INCLUDED ONE OUTWARD FACING STORY PUBLISHED BY THE REGIONS HOSPITAL FOUNDATION AND MULTIPLE PRESENTATIONS TO KEY STAKEHOLDER GROUPS WITHIN THE HOSPITAL 3 INCREASING ENGAGEMENT OF THE REGIONS EQUITABLE CARE CHAMPIONS FORTY-ONE REGIONS-BASED EQUITABLE CARE CHAMPIONS WERE RECRUITED FROM THROUGHOUT THE HOSPITAL WHO HAVE COMMITTED TO LEARNING ABOUT EQUITABLE CARE AND SHARING THEIR LEARNINGS WITH THEIR WORK TEAMS 4 REDUCING THE DISPARITY IN MENTAL HEALTH ADJUSTED LENGTH OF STAY FOR LEP PATIENTS DISPARITY DATA WAS SHARED WITH LEADERS AND THE ELIMINATION OF THIS DISPARITY WAS ADDED TO THE REGIONS ANNUAL PLAN EFFORTS IN 2016 FOCUSED ON IMPROVING ACCESS TO INTERPRETERS SO THAT LIMITED ENGLISH PROFICIENT (LEP PATIENTS) COULD MORE CONSISTENTLY PARTICIPATE IN A FULL ARRAY OF INPATIENT THERAPIES, INCLUDING GROUP THERAPY IPADS WERE PURCHASED FOR EACH UNIT TO ALLOW 24/7 ACCESS TO INTERPRETERS VIA VIDEO CONFERENCING TECHNOLOGY TWENTY-SIX INTERPRETERS REPRESENTING SEVEN LANGUAGES COMPLETED SIMULTANEOUS TRAINING AND FIVE SETS OF EQUIPMENT WERE PURCHASED FOR USE IN GROUP THERAPY INTERPRETING 5 REDUCING THE DISPARITY IN MED/SURG READMISSIONS BY RACE YEAR-END DATA FOR 2016 SHOWS A WIDENING GAP IN THIS MEASURE THIS GAP WAS COMMUNICATED TO QUALITY LEADERS AND BOARD QUALITY THE COMMITTEE HOSTED HP CARE MANAGEMENT LEADER AND COMMUNITY HEALTH WORKERS TO EXPLORE OPPORTUNITIES FOR STRONGER TRANSITIONS OF CARE REGIONS IS ALSO AN ACTIVE MEMBER OF THE MINNESOTA DISPARITIES LEADERSHIP ALUMNI GROUP THIS GROUP MEETS QUARTERLY TO SHARE BEST PRACTICES AND DISCUSS OPPORTUNITIES TO COLLABORATE ON HEALTH EQUITY INITIATIVES ACROSS VARIOUS HEALTH SYSTEMS FINANCIAL COUNSELING TO SECURE ACCESS TO ONGOING MEDICAL CARE, AND TO MITIGATE CHARITY CARE WRITE-OFFS, REGIONS ESTABLISHED A FINANCIAL COUNSELING PROGRAM IN 1995 SINCE THEN, THE PROGRAM HAS BEEN IMPLEMENTED THROUGHOUT REGIONS, TO INCLUDE THE EMERGENCY DEPARTMENT AND REGIONS - BASED OUTPATIENT CLINICS TEN PATIENT FINANCIAL COUNSELORS (PFS), 21 REGISTRATION FINANCIAL SPECIALISTS (RFS) AND A RAMSEY COUNTRY WORKER ARE DEDICATED TO HELP PATIENTS ENROLL IN GOVERNMENT PROGRAMS OR FIND OTHER SOURCES OF COVERAGE SPECIFICALLY, THE PFS AND RFS ARE ABLE TO SCREEN PATIENTS FOR ELIGIBILITY FOR AVAILABLE PROGRAMS AND OFFER ASSISTANCE COMPLETING APPLICATIONS WITH MINNESOTA HEALTH CARE PR

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FORM 990, PART III, LINE 4A	OGRAMS, REGIONS MEDICAL ASSISTANCE/CHARITY CARE APPLICATIONS, AND SETTING UP PAYMENT PLANS THE REGIONS EMERGENCY DEPARTMENTS PROVIDE FINANCIAL COUNSELING 24 HOURS A DAY, 7 DAYS A WEEK, WHILE THE INPATIENT UNITS DEPARTMENTS PROVIDE COUNSELING SEVEN DAYS A WEEKS DURING NORMAL BUSINESS HOURS CLINIC-BASED FINANCIAL COUNSELING IS ALSO AVAILABLE DURING NORMAL BUSINESS HOURS IN 2016, PFSS AND RFSS WERE ALSO ENROLLED AS CERTIFIED APPLICATION SPECIALISTS WITH THE MNsure INSURANCE EXCHANGE, ALLOWING THEM THE ABILITY TO FURTHER ASSIST IN ENROLLING IN MINNESOTA MA, MINNESOTA CARE AND QUALIFIED HEALTH PLANS VIA THE STATE INSURANCE EXCHANGE IN 2016, PFSS AND RFSS COMPLETED 3,144 APPLICATIONS SUCCESSFULLY ENROLLING 2,065 INDIVIDUALS IN GOVERNMENT HEALTH CARE PROGRAMS THIS PROVIDED APPROXIMATELY \$9.7 MILLION TO REGIONS FOR CARE THAT OTHERWISE WOULD HAVE BEEN CONSIDERED CHARITY CARE FOR 2016, THE MINNESOTA HEALTHCARE PROGRAMS APPLICATION BREAKDOWN WAS AS FOLLOWS IN THE EMERGENCY DEPARTMENT AND OUTPATIENT CLINICS, 1,143 APPLICATIONS WERE SUCCESSFULLY OPENED, FOR INPATIENTS, 922 APPLICATIONS WERE SUCCESSFULLY OPENED EMERGENCY PREPAREDNESS REGIONS IS A LEADER IN EMERGENCY MANAGEMENT FOR THE EAST METRO REGIONS STAFF ARE PREPARED FOR ANY SITUATION THAT MAY ARISE AND COLLABORATE WITH OTHER HOSPITALS AND PUBLIC SAFETY OFFICIALS TO ENSURE THAT PLANNING AND RESPONSE PLANS ARE INTEGRATED REGIONS' PARTICIPATION IN AN INSPECTION CONDUCTED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES RECEIVED HIGH MARKS FOR EMERGENCY MANAGEMENT AND OVERALL PLAN OF SUSTAINABILITY REGIONS ALSO HAS THE ONLY MASS (NON-MILITARY) DECONTAMINATION SITE IN RAMSEY COUNTY THAT STANDS READY TO HANDLE ANY MAJOR EVENT REGION S CAN TREAT UP TO 150 PEOPLE PER HOUR IN THE EVENT OF BIOLOGICAL, CHEMICAL OR NUCLEAR INCIDENTS AND IS COMPLETELY COMPLIANT WITH THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION THIS SYSTEM IS TESTED ANNUALLY IN CONJUNCTION WITH A MASS CASUALTY DRILL THAT INVOLVES OUR COMMUNITY PARTNERS AND PUBLIC SAFETY AGENCIES REGIONS IS A MEMBER OF THE METROPOLITAN HOSPITAL COMPACT, ALONG WITH 29 TWIN CITIES HOSPITALS REGIONS HAS PLAYED A VITAL ROLE IN THE DEVELOPMENT OF COMMUNITY WIDE PLANNING TO IMPROVE EMERGENCY MANAGEMENT THROUGHOUT HEALTH CARE AND ESTABLISH INTERFACING WITH PUBLIC SAFETY, INCLUDING CITY AND COUNTY EMERGENCY MANAGERS ADDITIONALLY, REGIONS COLLABORATES WITH CITY, COUNTY AND STATE PUBLIC HEALTH OFFICIALS TO PLAN APPROPRIATELY FOR PANDEMIC EVENTS REGIONS IS A DESIGNATED CLOSED POD DISPENSING (CPD) SITE A CPD IS AN ANTIBIOTIC DISPENSING SITE FOR ANTHRAX PROPHYLAXIS WHEN THERE IS AN IMMEDIATE THREAT OR KNOWN EXPOSURE TO THE PUBLIC MULTILINGUAL HEALTH RESOURCES EXCHANGE THE MULTILINGUAL HEALTH RESOURCES EXCHANGE (EXCHANGE) IS A COLLABORATION AMONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS, PUBLIC HEALTH AGENCIES AND COMMUNITY GROUPS) TO SHARE TRANSLATED HEALTH MATERIALS AND INFORMATION TO MEET THE HEALTH EDUCATION AND INF

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FORM 990, PART III, LINE 4A	FORMATION NEEDS OF PEOPLE WITH LIMITED ENGLISH PROFICIENCY REGIONS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 MEMBERS OF THE EXCHANGE CONTRIBUTE MATERIALS TRANSLATED BY THE IR ORGANIZATION TO THE EXCHANGE WEBSITE (WWW HEALTH-EXCHANGE NET) WHERE ALL PARTNER ORGANIZATIONS CAN DOWNLOAD THEM FOR USE WITH THEIR CLIENTS AND PATIENTS THIS GREATLY INCREASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTICIPATING ORGANIZATIONS PATRICIA D LUNDBORG CANCER LIBRARY THE LUNDBORG CANCER LIBRARY PROVIDES CANCER-RELATED CONSUMER HEALTH INFORMATION TO PATIENTS, THEIR FAMILIES AND FRIENDS, STAFF AND MEMBERS OF THE COMMUNITY THE LIBRARY COLLECTION CONSISTS OF OVER 1,000 CANCER-RELATED BOOKS AND VIDEOS AVAILABLE FOR CHECK OUT ALSO, THE LIBRARY OFFERS BROCHURES FROM THE AMERICAN CANCER SOCIETY, THE NATIONAL CANCER INSTITUTE, THE LEUKEMIA AND LYMPHOMA SOCIETY, CANCERCARE, LIVESTRONG AND MANY OTHER ORGANIZATIONS THE LIBRARY PROVIDES INFORMATION IN LANGUAGES INCLUDING SPANISH, CHINESE, RUSSIAN, VIETNAMESE, HMONG AND THAI IN ADDITION, A LIBRARY INTRANET WEBSITE OFFERS LINKS TO OVER 300 WEB PAGES WITH CANCER-RELATED RESOURCES THE ENTIRE COLLECTION, INCLUDING BROCHURES AND ONLINE RESOURCES, IS ORGANIZED BY A SIMPLIFIED SET OF CATEGORIES THAT ALLOWS PEOPLE TO QUICKLY LOCATE MATERIAL, REGARDLESS OF THE FORMAT YOGA SESSIONS WERE ALSO OFFERED TO CANCER PATIENTS IN CONJUNCTION WITH THE LUNDBORG CANCER LIBRARY HEALTH PROFESSION EDUCATION REGIONS IS A MAJOR TEACHING HOSPITAL IN THE STATE OF MINNESOTA, TRAINING FELLOW AND RESIDENT PHYSICIANS AS WELL AS MEDICAL AND ADVANCED PRACTICE STUDENTS FROM ACROSS THE STATE IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL AND HEALTHPARTNERS INSTITUTE, REGIONS TRAINS MORE THAN 500 RESIDENT PHYSICIANS (160 FTES) FROM 26 DIFFERENT TRAINING PROGRAMS ANNUALLY AREAS OF RESIDENCY AND FELLOWSHIP TRAINING INCLUDED ANESTHESIA, EMERGENCY MEDICAL SERVICES, EMERGENCY MEDICINE, FAMILY MEDICINE, FOOT & ANKLE SURGERY, HAND SURGERY, INTERNAL MEDICINE AND MEDICAL SUBSPECIALTIES (SUCH AS GASTROENTEROLOGY, CARDIOLOGY, ETC), NEUROLOGY, OBSTETRICS & GYNECOLOGY, OCCUPATIONAL MEDICINE, ORTHOPEDICS, OTOLARYNGOLOGY, PEDIATRIC EMERGENCY MEDICINE, PLASTIC SURGERY, SURGERY AND VASCULAR SURGERY IN ADDITION, THE FACULTY FROM REGIONS AND HEALTHPARTNERS CLINICS TEACH AND SUPPORT 300+ MEDICAL STUDENT CLINICAL ROTATIONS AND 200+ NURSE PRACTITIONER AND PHYSICIAN ASSISTANT STUDENT CLINICAL ROTATIONS RESIDENT PHYSICIANS AND STUDENTS PROVIDED CARE IN MANY HIGH-INTENSITY AREAS OF REGIONS, INCLUDING THE EMERGENCY DEPARTMENT, INTENSIVE CARE, SURGICAL SUITES AND MEDICAL PATIENT UNITS THEY PROVIDE CARE FOR PATIENTS FROM UNDERSERVED AND DISADVANTAGED COMMUNITIES

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FORM 990, PART III, LINE 4A	IN ADDITION, RESIDENTS AND STUDENTS CONTRIBUTED TO MEDICAL RESEARCH, QUALITY AND PATIENT SAFETY INITIATIVES, AND THE ACADEMIC ENVIRONMENT THAT SUSTAINS REGIONS AND HEALTHPARTNERS' CUTTING-EDGE APPROACH TO CARE. RESIDENTS ALSO SERVED ON COMMITTEES AND TEAMS AT REGIONS INCLUDING THE GRADUATE MEDICAL EDUCATION (GME) COMMITTEE NATIONAL INITIATIVE V FOCUSING ON HEALTH EQUITY AND DISPARITIES PATIENT SAFETY AND QUALITY INITIATIVES THE OFFICE OF HEALTH PROFESSIONAL EDUCATION (OHPE), A DEPARTMENT OF THE HOSPITAL, MANAGES ALL STUDENT AND GRADUATE MEDICAL EDUCATIONAL ACTIVITIES ACROSS THE HEALTHPARTNERS SYSTEM, INCLUDING MANAGING TRAINING CONTRACTS AND INSTITUTIONAL AFFILIATION AGREEMENTS, AND FACILITATING CLINICAL ROTATIONS AND OBSERVATIONS FOR MANY PROSPECTIVE AND CURRENT STUDENTS IN MEDICAL EDUCATION PROGRAMS. OHPE ALSO OVERSEES AND ENSURES COMPLIANCE WITH INSTITUTIONAL AND PROGRAM REQUIREMENTS OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND COUNCIL OF PODIATRIC MEDICAL EDUCATION (CPME). OHPE FURTHER ENSURES COMPLIANCE WITH POLICIES AND PROCEDURES AND MANAGES ALL OPERATIONAL ASPECTS OF THE UNDERGRADUATE AND GME TRAINING ACTIVITIES AT THE VARIOUS CLINICS AND HOSPITALS IN THE HEALTHPARTNERS SYSTEM. EMERGENCY MEDICAL SERVICES (EMS) REGIONS EMS DELIVERS 24-HOUR MEDICAL DIRECTION AND CONSULTATION TO A DIVERSE GROUP OF PRE-HOSPITAL PROVIDERS IN MINNESOTA AND WESTERN WISCONSIN. ONE UNIQUE WAY IS BY PROVIDING A CUSTOMIZED RESOURCE DIRECTORY. THIS DIRECTORY INCLUDES BEST PRACTICE GUIDELINES AND STATE REGULATIONS, ALONG WITH A CUSTOMIZED MEDICAL DIRECTION PLAN FOR EACH ORGANIZATION BASED ON THEIR LOCAL RESOURCES AND ENVIRONMENT. THE DEPARTMENT CURRENTLY REPRESENTS 28 SERVICES WITH 1,500 PROVIDERS INCLUDING RURAL VOLUNTEER FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS, URBAN PARAMEDICS AND SUBURBAN PUBLIC SAFETY PERSONNEL. COMMUNITY PARAMEDIC REGION'S EMS PARTNERED WITH ST. PAUL FIRE DEPARTMENT TO PILOT AND IMPLEMENT THE USE OF A COMMUNITY PARAMEDIC (CP) TO FOLLOW UP WITH CONGESTIVE HEART FAILURE (CHF) HOSPITAL PATIENTS IN THEIR HOMES. THE INITIAL PILOT FOCUSED ON PATIENTS WITH CONGESTIVE HEART FAILURE, AND BASED ON THAT EXPERIENCE, BROADENED THIS PROGRAM TO INCLUDE OTHER CONDITIONS SUCH AS COPD AND DIABETES. THE COMMUNITY PARAMEDIC, UNDER THE ORDERS OF A PHYSICIAN, WILL MAKE ONE OR MORE HOME VISITS TO IDENTIFIED PATIENTS TO SUPPORT CLINICAL STABILIZATION, PATIENT EDUCATION, AND PREVENT UNNECESSARY HOSPITAL READMISSIONS AND EMERGENCY DEPARTMENT VISITS. ONE CP FROM THE ST. PAUL FIRE DEPARTMENT PROVIDED TWO HOME-VISITS PER WEEK FOR 4-6 WEEKS FOR PATIENTS. PHYSICAL ASSESSMENTS, MEDICATION RECONCILIATION, EDUCATION, HOME SAFETY ASSESSMENT, CONNECTIONS TO COMMUNITY AND HEALTH CARE RESOURCES WERE COMPLETED DURING ENROLLMENT. ADDITIONALLY, THE PROGRAM IS INVOLVED IN A THREE-YEAR MEDTRONIC FOUNDATION - HEALTHRISE GRANT. THIS GRANT PROJECT BUILDS ON THE PILOT AND WILL EMBED COMMUNITY PARAMEDICS INTO A COMMUNITY-BASED PRIMARY FEDERALLY QUALIFIED HEALTH CENTER.

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FORM 990, PART III, LINE 4A	ALTH CENTER (FQHC), EAST SIDE FAMILY CLINIC, TO PROVIDE HOME VISITS BETWEEN PRIMARY CARE A PPOINTMENTS TO DIABETIC AND CARDIOVASCULAR PATIENTS LIFE LINK III REGIONS IS A CORPORATE MEMBER (ALONG WITH SEVERAL OTHER AREA HOSPITALS) OF LIFE LINK III, A CRITICAL CARE TRANSP ORT SERVICE THAT PROVIDES HELICOPTER AND AIRPLANE OPTIONS TO THE MOST SEVERELY ILL AND INJ URED TRAUMA PATIENTS BY COLLABORATING ACROSS THE COMMUNITY, THESE AREA HOSPITALS AVOID DU Plication OF EXPENSIVE AIR TRANSPORT SERVICES THEREBY REDUCING THE COST OF HEALTHCARE MED ICAL RESOURCE CONTROL CENTER (MRCC) MRCC SERVES AS THE ONLINE TRIAGE LIAISON BETWEEN EMER GENCY MEDICAL SERVICES (EMS) AMBULANCE CREWS AND DESTINATION HOSPITALS MRCC PROVIDES MEDI CAL CONTROL COMMUNICATIONS TO AMBULANCE SERVICES AND PRE-HOSPITAL EMERGENCY CARE PROVIDERS IN THE EAST METRO COUNTIES OF DAKOTA, RAMSEY AND WASHINGTON IN MINNESOTA AND AREAS OF WES TERN WISCONSIN MRCC IS IN CONTACT WITH METRO AREA EMERGENCY DEPARTMENTS THE COMMUNICATIO NS CENTER ITSELF IS LOCATED IN REGIONS EMERGENCY CENTER MRCC STAFF PROVIDES AMBULANCE PER SONNEL WITH A SINGLE CONTACT POINT FOR RELAYING PATIENT INFORMATION, AN EMS GUIDELINE RESO URCE, HOSPITAL DIVERSION INFORMATION, MEDICAL RESOURCE ACCESS, COORDINATION OF MASS CASUAL TIES, EMS COMMUNICATION EDUCATION AND CONTINUOUS QUALITY IMPROVEMENT (CQI) AND EMS CALL DA TA COLLECTION IN 2016, THE MRCC TEMPORARILY MOVED TO THE SECONDARY, OFF-SITE BACKUP CENTE R DURING A HOSPITAL CONSTRUCTION PROJECT TO TEST AND ASSURE CONTINGENCY OPERATIONS BURN A ND TRAUMA SERVICES REGIONS IS THE ONLY EAST METRO LEVEL I ADULT AND LEVEL I PEDIATRIC TRA UMA CENTER, AND ONE OF TWO VERIFIED BURN PROGRAMS IN THE STATE THE TRAUMA PROGRAM TRACKS BURN AND TRAUMA-RELATED INJURIES FOR EACH SPECIFIC REGISTRY USED FOR PERFORMANCE IMPROVEME NT, QUALITY ASSURANCE AND PUBLIC HEALTH REPORTING THE BURN CENTER AND THE TRAUMA CENTER A RE EACH VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS, AS A LEVEL I ADULT TRAUMA CENTER AND A LEVEL I PEDIATRIC TRAUMA CENTER AND THE AMERICAN BURN ASSOCIATION AS A VERIFIED BURN CE NTER MINNESOTA STATE TRAUMA SYSTEM REGIONS IS ACTIVE IN THE MINNESOTA STATE TRAUMA SYSTE M (STAC) DR AARON BURNETT, REGIONS EMS MEDICAL DIRECTOR AND APPOINTED STATE EMS MEDICAL DIRECTOR, IS A MEMBER OF STAC REGIONS STAFF PARTICIPATED IN SUBCOMMITTEES ASSOCIATED WITH STAC, INCLUDING THE INJURY PREVENTION AND DATA ELEMENTS TRAUMA LEADERSHIP PROVIDES A CON SULTATIVE ROLE TO HOSPITALS IN MINNESOTA BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SY STEM HOSPITAL VERIFICATION SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT N O COST TO THEM IN ADDITION, MEDICAL DIRECTOR OF TRAUMA SERVICES, DIRECTOR OF TRAUMA AND B URN PROGRAMS, AND PEDIATRIC TRAUMA PROGRAM MANAGER CONDUCT STATE TRAUMA SYSTEM HOSPITAL SI TE VISITS FOR TRAUMA DESIGNATION ADDITIONALLY, REGIONS PROVIDED LEADERSHIP FOR THE DEVELO PMENT OF THE MINNESOTA - METRO REGION TRAUMA ADVISORY COMMITTEE THAT REPORTS TO STAC DR MICHAEL MCGONIGAL, REGIONS MED

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FORM 990, PART III, LINE 4A	ICAL DIRECTOR OF TRAUMA SERVICES, IS THE IMMEDIATE PAST COMMITTEE CHAIR MINNESOTA - METRO REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) REGIONS PROVIDED LEADERSHIP TO ESTABLISH AND LEAD THIS RTAC THE SYSTEM COORDINATES WITH THE METRO AREA'S ONLY ADULT AND PEDIATRIC TRAUMA CENTERS TO TREAT SEVERE TRAUMA PATIENTS FROM WASHINGTON, SCOTT, DAKOTA, HENNEPIN, WRIGHT, CARVER AND ANOKA COUNTIES IN MINNESOTA TRAUMA MEDICAL DIRECTOR PROVIDES A LEADERSHIP ROLE TO THE RTAC BY HELPING THEM IMPROVE CARE AND QUALITY PLANS WISCONSIN REGIONAL TRAUMA ADVISORY COMMITTEE - REGION 1 SUBCOMMITTEE REGIONS IS ALSO AN ACTIVE MEMBER OF THE WISCONSIN REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC), WHICH WAS CREATED TO SERVE AS THE REGIONAL TRAUMA SYSTEM FOR A PORTION OF THE WESTERN WISCONSIN REGION THE SYSTEM COORDINATES WITH REGIONS AS THE AREA'S ONLY LEVEL I ADULT AND LEVEL I PEDIATRIC TRAUMA CENTERS TO TREAT SEVERE TRAUMA PATIENTS FROM PIERCE, POLK AND ST CROIX COUNTIES IN WISCONSIN REGIONS CRITICAL CARE OUTREACH COORDINATOR ACTS AS THE CHAIR PERSON FOR THE REGION 1 SUBCOMMITTEE IN ADDITION, TRAUMA MEDICAL LEADERSHIP PROVIDES A CONSULTATIVE ROLE TO HOSPITALS IN WISCONSIN BY HELPING THEM PREPARE FOR THEIR STATE TRAUMA SYSTEM HOSPITAL VERIFICATION SITE REVIEWS THIS IS A SERVICE PROVIDED TO THE FACILITIES AT NO COST TO THEM ADDITIONALLY, REGIONS STAFF PARTICIPATED IN TRAUMA AND EMERGENCY CONFERENCES SUCH AS LOCAL AND REGIONAL EMERGENCY NURSING ASSOCIATION CONFERENCES, EMS AND TRAUMA EDUCATION SEVERAL COMMUNITY GRAND ROUND EDUCATIONAL EVENTS ARE PROVIDED BY PROFESSIONAL STAFF SEXUAL ASSAULT NURSE EXAMINER THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM HAS COLLABORATED WITH SEXUAL OFFENSE SERVICES OF RAMSEY COUNTY TO PROVIDE COMPREHENSIVE, COMPASSIONATE CARE TO SEXUAL ASSAULT VICTIMS, AGE 13 AND OLDER, SINCE 2002 THE REGISTERED NURSES WITHIN THE SANE PROGRAM ARE SPECIALLY TRAINED TO PROVIDE FOR THE UNIQUE NEEDS OF SEXUAL ASSAULT VICTIMS FROM BOTH A MEDICAL AND A FORENSIC PERSPECTIVE ON DECEMBER 1, 2011, REGIONS SANE PROGRAM BEGAN PROVIDING SANE SERVICES TO LAKEVIEW HOSPITAL PATIENTS ON JULY 1, 2013, REGIONS BEGAN OFFERING SANE SERVICES TO THE THREE HEALTHEAST FACILITIES (WOODWINDS, ST JOSEPH'S AND ST JOHN'S HOSPITALS) CANVAS HEALTH PROVIDES THE ADVOCACY SERVICES TO OUR TWO WASHINGTON COUNTY SITES (LAKEVIEW HOSPITAL AND WOODWINDS HOSPITAL) REGIONS SANE PROGRAM RESPONDED TO 318 PATIENTS IN 2016 REGIONS SANE PROGRAM STAFF ACTIVELY PARTICIPATED IN EDUCATIONAL PROGRAMS IN THE COMMUNITY, INCLUDING PRESENTING TO STAFF AND FACULTY AT HAMLINE UNIVERSITY, HAMLINE MITCHELL LAW SCHOOL, MCNALLY SMITH COLLEGE AND CONCORDIA COLLEGE SANE PROGRAM STAFF PARTICIPATED IN TWO 40-HOUR SANE COURSES IN 2016 REGIONS SANE PROGRAM PRESENTED TWO TWO-DAY SKILLS LABS, WHICH PROVIDED HANDS-ON EXPERIENCE PROVIDING EXAMS WITH LIVE MODELS FOR NURSES ACROSS THE COUNTRY

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FORM 990, PART III, LINE 4A	SANE PROGRAM STAFF MEMBERS HOLD BOARD OF DIRECTORS POSITIONS FOR THE MINNESOTA INTERNATIONAL ASSOCIATION OF FORENSIC NURSES (MN IAFN), WHICH IS THE PROFESSIONAL ORGANIZATION MN IAFN, WHICH INCLUDED MANY REGIONS SANE PROGRAM STAFF, PROVIDES EDUCATION TO LOCAL SANES TO IMPROVE OUR RESPONSE AND CARE TO VICTIMS OF SEXUAL ASSAULT. REGIONS SANE PROGRAM PROVIDED EDUCATION FOR MN SANES, LAW ENFORCEMENT, COUNTY, STATE, AND FEDERAL CORRECTIONS PERSONNEL, AND ADVOCATES FROM SOS OF RAMSEY COUNTY. REGIONS SANE PROGRAM NURSES ARE MEMBERS OF THE RAMSEY COUNTY SEXUAL ASSAULT PROTOCOL TEAM AND SERVE ON ADVISORY COMMITTEES FOR THE MINNESOTA COALITION AGAINST SEXUAL ASSAULT. SANE PROGRAM PERSONNEL PARTICIPATED IN PUBLIC SERVICE ANNOUNCEMENTS VIA RADIO AND TV REGARDING TO THE EXPANDED TIME FRAME FOR SANE EXAMS FROM 5 TO 10 DAYS. PROGRAM PERSONNEL ARE A RESOURCE FOR THE MINNESOTA COALITION AGAINST SEXUAL ASSAULT (MNCASA) AND PROVIDE INPUT INTO INITIATIVES THAT SERVE VICTIMS AND VICTIM SERVICE PROVIDERS. MENTAL HEALTH SERVICES. REGIONS' BEHAVIORAL HEALTH DEPARTMENT IS THE LEADING PROVIDER OF COMPREHENSIVE MENTAL AND CHEMICAL HEALTH SERVICES IN THE TWIN CITIES EAST METRO AREA AND WESTERN WISCONSIN. REGIONS OPERATES A 100-BED, ALL PRIVATE ROOM, ACUTE INPATIENT PSYCHIATRIC FACILITY ALONG WITH RELATED SUPPORT SERVICES IN THE COMMUNITY. FOR EXAMPLE, HOVANDER HOUSE IS A SHORT-TERM CRISIS STABILIZATION FACILITY AND PROGRAM FOR BEHAVIORAL HEALTH PATIENTS WHO ARE CLINICALLY AND PHYSICALLY STABLE BUT WHO REQUIRE FURTHER SUPPORT AND ASSISTANCE BEFORE RETURNING TO A COMMUNITY SETTING. HOVANDER HOUSE IS STAFFED BY MENTAL HEALTH PROFESSIONALS FROM REGIONS AND CAN ACCOMMODATE UP TO NINE ADULTS AT A TIME. IN 2016, HOVANDER HOUSE SERVED 239 ADULTS WITH AN AVERAGE LENGTH OF STAY OF 7.6 DAYS. APPROXIMATELY 14 PERCENT OF PATIENTS REFERRED TO HOVANDER HOUSE DID NOT HAVE INSURANCE. IN ADDITION TO HELPING PATIENTS TRANSITION INTO THE COMMUNITY, HOVANDER HOUSE HAS SAVED AN ESTIMATED 1,926 INPATIENT HOSPITAL DAYS. ADDITIONALLY, SAFE HOUSE IS A LICENSED INTENSIVE RESIDENTIAL TREATMENT PROGRAM, PROVIDING SUPPORTIVE AND TREATMENT SERVICES FOR UP TO 90 DAYS TO APPROXIMATELY 60 ADULTS PER YEAR SUFFERING FROM MENTAL AND CHEMICAL HEALTH PROBLEMS. SAFE ALTERNATIVES ASSISTS CLIENTS IN FINDING SAFE AND AFFORDABLE HOUSING AS WELL AS PROVIDING LONG-TERM SUPPORT IN MAINTAINING HOUSING TO OVER 160 ADULTS WITH MENTAL AND CHEMICAL HEALTH PROBLEMS EACH YEAR. PORTICO HEALTHNET. REGIONS BELIEVES THAT ACCESS TO HEALTH CARE COVERAGE IS A MAJOR FACTOR IN AVERTING MORE EXPENSIVE EMERGENCY ROOM VISITS. OUR MISSION IS TO REDUCE THE NUMBER OF PEOPLE WITHOUT COVERAGE FOR HEALTH CARE SERVICES. PORTICO HEALTHNET (PORTICO) IS A NONPROFIT ORGANIZATION THAT HELPS ABOUT 350 PEOPLE PER MONTH ENROLL IN FREE OR LOW-COST HEALTH COVERAGE PROGRAMS. SINCE 1995, PORTICO OUTREACH WORKERS HAVE PROVIDED ASSISTANCE IN COMPLETING APPLICATIONS FOR PROGRAMS SUCH AS MINNESOTA CARE OR MEDICAL ASSISTANCE. IN ADDITION, PORTICO OFFERS ITS OWN

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FORM 990, PART III, LINE 4A	COVERAGE PROGRAM, AND COVERS PRIMARY AND SPECIALTY CARE CLINIC VISITS, URGENT CARE SERVICES, AND PRESCRIPTION DRUGS ALONG WITH INTERPRETER AND TRANSPORTATION SERVICES. IN 2016, REGIONS PROVIDED \$148,925 TO PORTICO TO IMPROVE ACCESS AND COVER ADMINISTRATIVE COSTS FOR PEOPLE WITHOUT HEALTH INSURANCE. CATHOLIC CHARITIES DOROTHY DAY CENTER CATHOLIC CHARITIES MISSION IS TO SERVE THOSE MOST IN NEED AND TO ADVOCATE FOR JUSTICE IN THE COMMUNITY. THEY ACCOMPLISH THIS BY WORKING IN AND WITH THE BROADER COMMUNITY. IN THE CONSTRUCTION OF THEIR NEW FACILITY IN ST. PAUL CALLED HIGHER GROUND, THE ORGANIZATION ADVANCED A NEW VISION AND INCLUDED A RESPIRE CENTER FOR HOMELESS PATIENTS NEEDING SHELTER WHILE RECOVERING FROM A HOSPITAL STAY. REGIONS IS PROUD TO BE A PARTNER AND CONTRIBUTED \$86,200 TO THE START UP OF THE PROGRAM, WHICH OPENED IN EARLY 2017. COMMUNITY BUILDING ACTIVITIES ENVIRONMENTAL IMPROVEMENTS. REGIONS CONTINUES TO BE A LEADER IN REDUCING WASTE, RECYCLING AND CONSERVATION. REGIONS HAS IMPLEMENTED MANY PROGRAMS AROUND WATER CONSERVATION AND REDUCTION OF HAZARDOUS WASTE THROUGH RECYCLING AND PURCHASING ONLY THOSE ITEMS THAT ARE SAFE FOR THE ENVIRONMENT. IN 2016, REGIONS DONATED OVER 11 TONS OF EQUIPMENT TO LOCAL NON-PROFIT ORGANIZATIONS AND MISSION GROUPS. IN TOTAL, REGIONS RECYCLED OVER 541 TONS OF MATERIALS IN 2016. REGIONS HAS ALSO WORKED CLOSELY WITH XCEL ENERGY TO EVALUATE ALL OF OUR PROGRAMS AND SYSTEMS THAT YIELDED REGIONS SUSTAINABLE ENERGY REDUCTIONS. REGIONS SAVED OVER ONE MILLION KILOWATT HOURS THROUGH THESE PROGRAMS. ADDITIONALLY, REGIONS TAKES ADVANTAGE OF OPPORTUNITIES TO BECOME "GREEN" WITH RESPECT TO NEW CONSTRUCTION, REMODELS, CHEMICALS AND ENERGY MANAGEMENT. THE REGION'S SUSTAINABILITY TEAM CONTINUES TO ESTABLISH SPECIFIC GOALS AROUND REDUCTIONS IN WASTE, PAPER USAGE, AND ENERGY CONSUMPTION, AS WELL AS EDUCATING AND ENCOURAGING STAFF TO RECYCLE MORE ACROSS THE ORGANIZATION. IN 2016, ALL GOALS WERE MET AND REGIONS HAS RECEIVED A TOP 25 AWARD FROM PRACTICE GREEN HEALTH FOR OUR SUSTAINABILITY EFFORTS. NATIONAL RECOGNITION REGIONS HAS BEEN REGULARLY RECOGNIZED FOR ITS CARE. IN 2016, REGIONS RECEIVED THE FOLLOWING AWARDS AND RECOGNITIONS: MINNESOTA HOSPITAL ASSOCIATION INNOVATION OF THE YEAR. TWIN CITIES BUSINESS JOURNAL BEST OF BUSINESS, SECOND PLACE, HOSPITAL CATEGORY. 2016 HEALTHCARE'S MOST WIRED RECIPIENT OF HEALTHGRADES 'AMERICA'S 50 BEST HOSPITALS' AWARD FOR 2 YEARS IN A ROW (2016-2017). RECIPIENT OF HEALTHGRADES 'AMERICA'S 100 BEST HOSPITALS' AWARD FOR 4 YEARS IN A ROW (2014-2017). RECIPIENT OF THE HEALTHGRADES DISTINGUISHED HOSPITAL AWARD - CLINICAL EXCELLENCE FOR 7 YEARS IN A ROW (2011-2017). MINNEAPOLIS ST. PAUL BUSINESS JOURNAL EUREKA! INNOVATION AWARD. CITY OF ST. PAUL SUSTAINABLE ST. PAUL GREEN PRACTICES AWARD. PRACTICE GREEN HEALTH EMERALD AND CIRCLES OF EXCELLENCE AWARDS. MPLS ST. PAUL MAGAZINE "TOP DOCTORS" LIST. MPLS ST. PAUL MAGAZINE "TOP DOCTORS RISING STARS" LIST. MINNEAPOLIS/ST. PAUL MAGAZINE OUTSTANDING NURSES DR. DREW ZI.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NKEL WAS NAMED A MINNEAPOLIS-ST PAUL BUSINESS JOURNAL "40 UNDER 40" HONOREE AND WON THE EMERGING LEADER AWARD IN MINNESOTA BUSINESS MAGAZINE'S 2016 LEADERS IN HEALTH CARE AWARDS DR TROY BOFFELI WON THE 2016 AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS DISTINGUISHED SERVICE AWARD DR DAVID HAMLAR RECEIVED A 2016 VETERANS' VOICES AWARD FROM THE MINNESOTA HUMANITIES CENTER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	HPI-RAMSEY, AS THE SOLE CORPORATE MEMBER OF REGIONS, APPOINTS UP TO 12 MEMBERS OF THE UP TO 19 MEMBER BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REGIONS' 990 RETURN HAS A COMPREHENSIVE REVIEW PROCESS THAT IS FOLLOWED BEFORE IT IS PRESENTED TO THE GOVERNING BODY OF REGIONS. THE REVIEW PROCESS INCLUDES A LAYERED REVIEW BY THE TAX DEPARTMENT OF GHI, THE MANAGEMENT TEAM OF REGIONS, THE ORGANIZATION'S INTERNAL LEGAL DEPARTMENT AND REGIONS' OUTSIDE INDEPENDENT ACCOUNTANTS. EACH ONE OF THOSE AREAS HAS AN OPPORTUNITY TO REVIEW, ASK QUESTIONS AND MAKE COMMENTS BACK TO THE TAX DEPARTMENT OF GHI BEFORE THE FORM 990 IS COMPLETED AND PRESENTED TO THE GOVERNING BODY OF REGIONS. REGIONS MAKES AVAILABLE, TO THE FINANCE AND AUDIT COMMITTEE OF REGIONS' BOARD OF DIRECTORS AND TO THE FULL BOARD OF DIRECTORS, A COPY OF THE 990 FOR REVIEW AND COMMENT PRIOR TO THE FILING OF THE 990 RETURN. THIS COPY IS PROVIDED TO THE FINANCE AND AUDIT COMMITTEE AND THE FULL BOARD OF DIRECTORS IN A PRE-MEETING PACKET, AND IS AN AGENDA ITEM AT THE COMMITTEE MEETING. THIS PROCESS IS NOTED AND DOCUMENTED IN THE WRITTEN COMMITTEE MINUTES OF THE MEETING. THESE MINUTES ARE PRESENTED TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	REGIONS' BOARD OF DIRECTORS MONITORS POTENTIAL CONFLICTS OF INTEREST OF ITS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES, BY MAINTAINING A CONFLICT OF INTEREST POLICY ANNUALLY, UNDER THE POLICY, ALL BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS AND KEY EMPLOYEES ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS A REPORT OF THESE POTENTIAL CONFLICTS IS SHARED WITH THE GOVERNANCE COMMITTEE, THE CHAIR AND THE CEO BOARD AGENDAS AND EXECUTIVE DECISIONS ARE DOCUMENTED IN RELATION TO THIS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	REGIONS' CEO AND ITS OFFICERS ARE EMPLOYED BY EITHER GROUP HEALTH PLAN, INC (GHI), A RELATED ORGANIZATION, OR BY REGIONS. GHI AND REGIONS HAVE AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF THE REGIONS' CEO AND OTHER OFFICERS. EVERY THREE YEARS, THE INDEPENDENT COMPENSATION COMMITTEE OF THE GHI BOARD OF DIRECTORS (THE "COMMITTEE"), RETAINS AN EXTERNAL COMPENSATION EXPERT TO CONDUCT AN EXTENSIVE MARKET COMPARABILITY REVIEW FOR ALL OFFICERS OF THE ORGANIZATION. THE REVIEW INCLUDES ALL COMPONENTS OF TOTAL COMPENSATION: BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES. THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE APPROPRIATE COMMITTEE. BASED ON THIS DATA, EITHER THE EXECUTIVE COMMITTEE OF REGIONS OR THE COMPENSATION COMMITTEE OF GHI (THE "COMMITTEES") DETERMINE MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH EMPLOYED OFFICER. IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE COMMITTEES' DIRECTION, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMMITTEE. FOR CERTAIN POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS. THE COMMITTEE REVIEWS AND APPROVES EACH YEAR'S COMPENSATION RESULTS. IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE AND THIS IS UPDATED AT ANY MEETING AT WHICH DECISIONS ARE BEING MADE. STAFF (OTHER THAN THE SECRETARY TO THE BOARD) IS NOT IN THE ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT. WITH REGIONS BOARD OF DIRECTORS INPUT, THE PRESIDENT & CEO OF GHI CONDUCTS THE ANNUAL PERFORMANCE REVIEW AND, WITH REGION'S BOARD APPROVAL, DETERMINES THE COMPENSATION OF THE REGIONS CEO. THE GHI PRESIDENT & CEO ALSO DETERMINES THE COMPENSATION OF OTHER GHI-EMPLOYED REGIONS OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMMITTEE. ANY EXCEPTIONS TO COMPENSATION IN EXCESS OF THE APPROVED RANGES ARE APPROVED BY THE COMMITTEE. THE REGIONS BOARD HAS DELEGATED TO THE REGIONS CEO THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL REGIONS-EMPLOYED OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMMITTEE. ANY EXCEPTIONS IN EXCESS OF THE APPROVED RANGES NEED TO BE APPROVED BY THE EXECUTIVE COMMITTEE. TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND ON THE EMPLOYEE'S W-2.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART VII, SECT A, LN 1A, COL B AVERAGE HOURS - RELATED ORGANIZATIONS	AVERAGE WEEKLY HOURS THE COMPENSATED BOARD MEMBERS AND OFFICERS OF THE HOSPITAL ARE EMPLOYED AND COMPENSATED BY THE HOSPITAL, GHI OR PARK NICOLLET THE COMPENSATED BOARD MEMBERS AND OFFICERS DEVOTE THEIR TIME TO MULTIPLE RELATED ORGANIZATIONS REPORTED AVERAGE HOURS WORKED ARE BASED ON THEIR TOTAL COMPENSATION FROM ALL RELATED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FASB 124 FAIR MARKET VALUE ADJUSTMENT TRANSFER FROM AFFILIATES - REGIONS HOSPITAL FOUNDATION FOR CAPITAL ASSETS 583,777 BENEFICIAL INTEREST IN THE NET ASSETS OF REGIONS HOSPITAL FOUNDATION 3,038,013 TRANSFER TO AFFILIATES -725,000

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318032967	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service					
Name of the organization REGIONS HOSPITAL				Employer identification number 41-0956618	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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.							
See Additional Data Table							
(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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) HEALTHPARTNERS INC - CLAIMS/HEALTHCARE SERVICES	L	62,374,490	CASH AMOUNT
(2) HEALTHPARTNERS INC - RENT	P	717,000	CASH AMOUNT

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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Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A		No
(1) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
(2) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0797853	STAFF MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(3)	170(B)(1) (A)(III)	HEALTHPARTNERS INC		No
(3) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION & RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
(4) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
(5) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
(6) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	HEALTHPARTNERS INC		No
(7) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE I	HPI - RAMSEY		No
(8) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC		No
(9) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN		No
(10) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
(11) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM		No
(12) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	STILLWATER HEALTH SYSTEM		No
(13) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM		No
(14) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
(15) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN		No
(16) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC		No
(17) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
(18) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
(19) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	GRANTS TO SERVE THE COMMUNITY	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
(1) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	HEALTHCARE PRODUCTS	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
(2) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	HEALTHCARE	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
(3) 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
(4) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN		No
(5) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND TO IMPROVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(1) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(2) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No