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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

REGIONS HOSPITAL FOUNDATION

Doing business as

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

8170 33RD AVENUE SOUTH PO BOX 1309

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

MINNEAPOLIS, MN 554401309

F Name and address of principal officer

MEGAN M REMARK

8170 33RD AVENUE SOUTH PO BOX 1309

MINNEAPOLIS, MN 554401309

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 ▶

D Employer identification number

41-1888902

E Telephone number

(952) 883-6584

G Gross receipts \$ 23,286,216

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 1997

M State of legal domicile MN

Part I Summary

Activities & Governance

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

SEE SCH O - MISSION STATEMENT & SCH O - EXEMPT PURPOSE AND ACHIEVEMENTS

2 Check this box ☐ 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)

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶706,781

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

9,065,749

0

1,132,099

-21,762

10,176,086

2,061,320

0

2,547,256

0

2,320,488

6,929,064

3,247,022

Beginning of Current Year

23,246,743

629,520

22,617,223

Current Year

10,246,346

0

1,807,158

-185,876

11,867,628

4,358,298

0

0

6,029,580

10,387,878

1,479,750

End of Year

28,266,942

4,326,254

23,940,688

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

2018-11-14

Date

MEGAN M REMARK DIRECTOR & PRESIDENT

Type or print name and title

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 ▶ 13-5565207

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 (2017)

**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

SEE SCHEDULE O - "MISSION STATEMENT"

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 8,680,833	including grants of \$ 4,358,298	(Revenue \$ )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b>	8,680,833
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b> Yes	
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b>	No
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	Yes	
<b>22</b> 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>	Yes	
<b>23</b> 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>	Yes	
<b>24a</b> 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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		No
<b>b</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>		No
<b>26</b> 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>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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>		No
<b>33</b> 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>		No
<b>34</b> 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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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.	13b	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</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?		

**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**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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			
(1) THOR BECKEN ..... DIRECTOR	0 87 .....	X						0	0	0
(2) JAMES BRADSHAW ..... DIRECTOR	0 62 .....	X						0	0	0
(3) TONY CLINCH ..... DIRECTOR	0 27 .....	X						0	0	0
(4) PAT FISKE ..... DIRECTOR	2 69 .....	X						0	0	0
(5) WILLIAM FREY MD ..... DIRECTOR	0 50 ..... 44 50	X						0	240,109	92,160
(6) LEAETTA HOUGH ..... DIRECTOR	0 93 .....	X						0	0	0
(7) TIM KEENAN ..... DIRECTOR & SECRETARY	0 84 .....	X		X				0	0	0
(8) TOM KINGSTON ..... DIRECTOR	0 97 .....	X						0	0	0
(9) JUDITH A KISHEL ..... DIRECTOR & TREASURER	1 23 .....	X		X				0	0	0
(10) MATT LAYMAN MD ..... DIRECTOR	0 50 .....	X						0	0	0
(11) GUY MINGO ..... DIRECTOR	0 40 .....	X						0	0	0
(12) LINDA HANSON ..... DIRECTOR	0 87 .....	X						0	0	0
(13) SHERYL RAMSTAD ..... DIRECTOR	0 49 .....	X						0	0	0
(14) CARLEEN RHODES ..... DIRECTOR	1 12 .....	X						0	0	0
(15) ARTHUR WILLIAM SANDS JR ..... DIRECTOR	0 73 .....	X						0	0	0
(16) JOHN SULLIVAN ..... DIRECTOR & CHAIR	1 20 .....	X		X				0	0	0
(17) STEVE WELLINGTON ..... DIRECTOR	1 09 .....	X						0	0	0

**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			
(18) BRET C HAAKE MD DIRECTOR	0 50 59 50	X						0	585,426	80,702
(19) BALKRISHNA JAHAGIRDAR MD DIRECTOR	0 50 49 50	X						0	512,558	47,183
(20) MEGAN M REMARK PRESIDENT & DIRECTOR	0 50 49 50	X		X				0	659,171	173,822
(21) HEIDI G CONRAD CHIEF FINANCIAL OFFICER	0 50 64 50			X				0	510,153	157,588
(22) KEEVAN KOSIDOWSKI VICE PRESIDENT	0 50 52 00			X				0	246,183	56,541

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	0	2,753,600	607,996

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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
GROUP HEALTH PLAN INC 8170 33RD AVE S BLOOMINGTON, MN 55440	STAFFING	1,537,055
REGIONS HOSPITAL 8170 33RD AVE S BLOOMINGTON, MN 55440	STAFFING	1,247,228
KRUSKOPF & COMPANY 340 4TH AVE S FLR2 MINNEAPOLIS, MN 55415	CONSULTING	195,756
MHC CULINARY GROUP 175 W KELLOGG BLVD STE 503 ST PAUL, MN 55102	EVENT FOOD SERVICE	116,935
EDG PRODUCTIONS 2904 N 2ND STREET MINNEAPOLIS, MN 55411	EVENT PRODUCTION SERVICE	113,835

**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 **6**



**Part VIII** **Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

<b>1a</b>	Federated campaigns . . .	<b>1a</b>	
<b>b</b>	Membership dues . . .	<b>1b</b>	
<b>c</b>	Fundraising events . . .	<b>1c</b>	1,076,378
<b>d</b>	Related organizations	<b>1d</b>	842,511
<b>e</b>	Government grants (contributions)	<b>1e</b>	104,631
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,222,826
<b>g</b>	Noncash contributions included in lines 1a-1f \$ 156,285		
<b>h</b>	Total. Add lines 1a-1f . . . 10,246,346		

(A)	(B)	(C)	(D)
Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514

Program Service Revenue

<b>2a</b>	Business Code				
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue				
<b>g</b>	Total. Add lines 2a-2f . . .				

Other Revenue

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		501,512			501,512
<b>4</b>	Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties . . . . .					
<b>6a</b>	Gross rents	(i) Real	(ii) Personal			
<b>b</b>	Less rental expenses					
<b>c</b>	Rental income or (loss)					
<b>d</b>	Net rental income or (loss) . . . . .					
<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		12,261,000				
<b>b</b>	Less cost or other basis and sales expenses					
		10,955,354				
<b>c</b>	Gain or (loss)					
		1,305,646				
<b>d</b>	Net gain or (loss) . . . . .			1,305,646		1,305,646
<b>8a</b>	Gross income from fundraising events (not including \$ 1,076,378 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	277,358			
<b>b</b>	Less direct expenses . . . . .	<b>b</b>	463,234			
<b>c</b>	Net income or (loss) from fundraising events . . . . .			-185,876		-185,876
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e</b>	Total. Add lines 11a-11d . . . . .					
<b>12</b>	Total revenue. See Instructions . . . . .		11,867,628	0	0	1,621,282

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,300,752	4,300,752		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	57,546	57,546		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,902,806	2,556,372	981,252	365,182
<b>12</b> Advertising and promotion.	805,264	735,168	3,695	66,401
<b>13</b> Office expenses.	221,850	186,234	1,878	33,738
<b>14</b> Information technology.	60,180	19,898	2,124	38,158
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,224	4,224		
<b>17</b> Travel.	109,855	99,059	569	10,227
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	363,842	330,537	1,756	31,549
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.				
<b>23</b> Insurance.				
<b>24</b> 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):				
<b>a</b> MISCELLANEOUS	199,274	48,175	7,966	143,133
<b>b</b> TRAINING/EDUCATION	193,465	177,955	818	14,692
<b>c</b> BAD DEBT	163,425	163,425		
<b>d</b> SUPPLIES & EQUIPMENT	5,395	1,488	206	3,701
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,387,878	8,680,833	1,000,264	706,781
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		1,268,573	<b>1</b>	1,130,438
	<b>2</b>	Savings and temporary cash investments . . . . .		1,665,574	<b>2</b>	3,358,641
	<b>3</b>	Pledges and grants receivable, net . . . . .		2,998,762	<b>3</b>	4,971,909
	<b>4</b>	Accounts receivable, net . . . . .		34,763	<b>4</b>	1,640
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	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 . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		23,074	<b>9</b>	13,725
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>		<b>10c</b>	
	<b>11</b>	Investments—publicly traded securities . . . . .		17,255,997	<b>11</b>	18,790,589
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		23,246,743	<b>16</b>	28,266,942	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		629,520	<b>17</b>	2,831,581
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	1,494,673
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .			<b>25</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		629,520	<b>26</b>	4,326,254
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		6,462,223	<b>27</b>	6,794,688
	<b>28</b>	Temporarily restricted net assets . . . . .		15,251,000	<b>28</b>	16,098,000
	<b>29</b>	Permanently restricted net assets . . . . .		904,000	<b>29</b>	1,048,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		22,617,223	<b>33</b>	23,940,688
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		23,246,743	<b>34</b>	28,266,942	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,867,628
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,387,878
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,479,750
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	22,617,223
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-156,285
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	23,940,688

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	
<b>3a</b> 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>b</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:** 41-1888902

**Name:** REGIONS HOSPITAL FOUNDATION

Form 990 (2017)

**Form 990, Part III, Line 4a:**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

REGIONS HOSPITAL FOUNDATION

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

41-1888902

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

The organization is not a private foundation because it is (For lines 1 through 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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,844,851	7,624,640	5,052,479	9,065,749	10,246,346	37,834,065
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	<b>Total.</b> Add lines 1 through 3	5,844,851	7,624,640	5,052,479	9,065,749	10,246,346	37,834,065
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)						8,261,618
6	<b>Public support.</b> Subtract line 5 from line 4						29,572,447

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	5,844,851	7,624,640	5,052,479	9,065,749	10,246,346	37,834,065
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	294,105	367,389	510,472	491,924	501,512	2,165,402
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	<b>Total support.</b> Add lines 7 through 10						39,999,467
12	Gross receipts from related activities, etc. (see instructions)					12	1,670,107
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 73.930 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 81.830 %
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>	

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
	<b>1</b>	
<b>2</b> 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>		
	<b>2</b>	
<b>3</b> 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>		
	<b>3</b>	

**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.**

	Yes	No
<b>a</b> 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>		
	<b>2a</b>	
<b>b</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>		
	<b>2b</b>	
<b>3 Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> 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>		
	<b>3a</b>	
<b>b</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>		
	<b>3b</b>	

**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

Additional Data

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

**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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		
<b>j</b>	Total. Add lines 1c through 1i			0
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 FOUNDATION PAYS FOR CERTAIN CORPORATE PROFESSIONAL ASSOCIATION MEMBERSHIPS. A PORTION OF SUCH MEMBERSHIP DUES POTENTIALLY COULD BE USED BY THE PROFESSIONAL ASSOCIATIONS FOR LOBBYING ACTIVITIES.



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318070078	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization REGIONS HOSPITAL FOUNDATION				Employer identification number 41-1888902	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year		11	
2		Aggregate value of contributions to (during year)		144,000	
3		Aggregate value of grants from (during year)		63,000	
4		Aggregate value at end of year		1,317,000	
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?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> 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				2a	
b				2b	
c				2c	
d				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?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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)?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2017			

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	1,116,000	1,003,000	937,210	831,311	780,308
b Contributions	144,000	152,000	93,000	16,050	27,703
c Net investment earnings, gains, and losses	120,000	8,000	37,790	113,985	56,446
d Grants or scholarships					
e Other expenditures for facilities and programs	63,000	47,000	65,000	24,136	33,146
f Administrative expenses					
g End of year balance	1,317,000	1,116,000	1,003,000	937,210	831,311

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 ▶ 80 000 %

c

Temporarily restricted endowment ▶ 20 000 %

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

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

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0

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		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		

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

☒

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

**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.

Part XIII Supplemental Information

Return Reference	Explanation
See Additional Data Table	
	Schedule D (Form 990) 2017

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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED FOR CAPITAL, PATIENT CARE, MEDICAL RESEARCH, AND MEDICAL EDUCATION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE REGIONS HOSPITAL FOUNDATION (RHF) AUDIT FINANCIAL STATEMENT FOOTNOTE ADDRESSING INCOME TAXES READS AS FOLLOWS RHF'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 RHF RECORDED NO LIABILITIES IN 2017 OR 2016 FOR UNRECOGNIZED TAX BENEFITS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INTERNAL ADMINISTRATIVE REVENUE 463,218 CONTRIBUTION BAD DEBT ALLOWANCE -88,410



Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NON-CASH GIFTS IN KIND 156,285 SPECIAL EVENT AND MISCELLANEOUS EXPENSE -463,235

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT AND MISCELLANEOUS EXPENSE 463,235 INTERNAL ADMINISTRATIVE EXPENSE 463,219

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CAPITAL CONTRIBUTION TO REGIONS HOSPITAL 1,412,961 CONTRIBUTIONS BAD DEBT 88,410

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2017

Open to Public  
Inspection

Name of the organization  
REGIONS HOSPITAL FOUNDATION

Employer identification number  
41-1888902

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>WINE AUCTION</b> (event type)	<b>BURNAID GOLF CLASSIC</b> (event type)	<b>1</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,114,954	55,024	183,758	1,353,736
	<b>2</b> Less Contributions . . . . .	871,557	39,016	165,805	1,076,378
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	243,397	16,008	17,953	277,358
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	31,553	12,059		43,612
	<b>7</b> Food and beverages . . . . .	110,045		17,953	127,998
	<b>8</b> Entertainment . . . . .	8,700		18,604	27,304
	<b>9</b> Other direct expenses . . . . .	252,223	1,412	10,685	264,320
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				463,234
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-185,876

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

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

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference

Explanation

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
REGIONS HOSPITAL FOUNDATION

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

Complete if the organization answered "Yes," 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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

Employer identification number  
41-1888902

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL EDUCATION SCHOLARSHIPS PROVIDED TO EMPLOYEES OF REGIONS HOSPITAL, SISTER CORPORATION OF REGIONS HOSPITAL FOUNDATION	33	57,546			
(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 FOUNDATION (RHF) MANAGEMENT STAFF REVIEW THE MISSION AND PURPOSE OF POTENTIAL GRANTEE ORGANIZATIONS TO ASSURE CONSISTENCY WITH RHF'S MISSION AND PURPOSE AMOUNTS SUBSEQUENTLY GRANTED ARE SUBJECT TO RHF'S FORMAL SPENDING APPROVAL AND DOCUMENTATION PROCESS BASED ON AMOUNT OF THE EXPENDITURE



Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGIONS HOSPITAL 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309	41-0956618	501(C)(3)	1,964,766				CAPITAL EXPENDITURES
HEALTHPARTNERS INSTITUTE 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1670163	501(C)(3)	2,299,423				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MINNESOTA STATE COLLEGE AND UNIVERSITY 55 SHERBURNE AVE ST PAUL, MN 55103	75-2970556	501(C)(5)	18,790				EDUCATIONAL SUPPORT
CONCORDIA UNIVERSITY 1282 CONCORDIA AVE ST PAUL, MN 55104	41-0696906	501(C)(3)	7,500				EDUCATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ONE HEARTLAND 2101 HENNEPIN AVE S STE 100 MINNEAPOLIS, MN 55405	39-1763115	501(C)(3)	10,000				EDUCATIONAL SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

- 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](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONS HOSPITAL FOUNDATION

Employer identification number

41-1888902

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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**

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**1b**

**2**

**2**

**3**

**3**

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**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?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**5a**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**5b**

**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?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**6a**

**6b**

**6b**

**6b**

**6b**

**6b**

**6b**

**6b**

**6b**

**6b**

**6b**

**6b**

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**7**

**7**

**7**

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**7**

**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**

**8**

**8**

**8**

**8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

**9**

**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.

Schedule J (Form 990) 2017

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS HEIDI G CONRAD \$ 33,730 MEGAN M REMARK 25,490
PART I, LINE 6	REGIONS HOSPITAL FOUNDATION (RHF) OFFICERS AND DIRECTORS ARE EMPLOYED BY REGIONS HOSPITAL (REGIONS) OR BY GROUP HEALTH PLAN, INC (GHI), BOTH OF WHICH ARE RELATED ORGANIZATIONS. COMPENSATION REPORTED IN FORM 990, PART VII INCLUDES ANY COMPENSATION DERIVED FROM REGIONS OR GHI MANAGEMENT INCENTIVE PROGRAMS, 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, SCH 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 AND OFFICERS HEIDI G CONRAD \$ 32,480 MEGAN M REMARK \$ 25,086. 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.

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As Filed Data -

DLN: 93493318070078

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public Inspection

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization  
REGIONS HOSPITAL FOUNDATION

Employer identification number  
41-1888902

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art . . . . .	X	6	1,055	COST
2	Art—Historical treasures . . . . .				
3	Art—Fractional interests . . . . .				
4	Books and publications . . . . .				
5	Clothing and household goods . . . . .	X		11,622	COST
6	Cars and other vehicles . . . . .				
7	Boats and planes . . . . .				
8	Intellectual property . . . . .				
9	Securities—Publicly traded . . . . .				
10	Securities—Closely held stock . . . . .				
11	Securities—Partnership, LLC, or trust interests . . . . .				
12	Securities—Miscellaneous . . . . .	X	14	76,950	FAIR MAKET VALUE
13	Qualified conservation contribution—Historic structures . . . . .				
14	Qualified conservation contribution—Other . . . . .				
15	Real estate—Residential . . . . .				
16	Real estate—Commercial . . . . .				
17	Real estate—Other . . . . .				
18	Collectibles . . . . .				
19	Food inventory . . . . .				
20	Drugs and medical supplies . . . . .	X	7	3,350	COST
21	Taxidermy . . . . .				
22	Historical artifacts . . . . .				
23	Scientific specimens . . . . .				
24	Archeological artifacts . . . . .				
25	Other ► ( GIFT CERTIFICATES/CARDS )	X	107	56,564	RETAIL VALUE
26	Other ► ( MISC AUCTION ITEMS )	X	55	6,744	RETAIL VALUE
27	Other ► ( )				
28	Other ► ( )				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
REGIONS HOSPITAL FOUNDATION

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

41-1888902

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND FORM 990, PART III, LINE 1 - MISSION STATEMENT	THE MISSION OF REGIONS HOSPITAL FOUNDATION (THE FOUNDATION) IS TO ADVOCATE AND DEVELOP AWARENESS, BUILD COMMUNITY PARTNERSHIPS, AND RAISE CHARITABLE CONTRIBUTIONS FOR PATIENT CARE, RESEARCH AND HEALTH PROFESSIONAL EDUCATION ESTABLISHED IN 1997, THE FOUNDATION RAISES FUNDS TO FINANCIALLY SUPPORT THE PROGRAMS AND CAPITAL NEEDS OF REGIONS HOSPITAL AND ITS RELATED SITES IN ORDER TO PROVIDE THE BEST CARE AND BEST EXPERIENCE FOR OUR PATIENTS THE FOUNDATION ALSO RAISES FUNDS FOR THE PROFESSIONAL TRAINING AND RESEARCH ACTIVITIES OF HEALTHPARTNERS INSTITUTE IN 2016, THE FOUNDATION RECEIVED FUNDING FROM A VARIETY OF SOURCES INCLUDING INDIVIDUALS, ESTATES, FOUNDATIONS, CORPORATIONS, ORGANIZATIONS, AND GOVERNMENT GRANTS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	<p>REGIONS HOSPITAL FOUNDATION (THE FOUNDATION) IS A MINNESOTA NON-PROFIT 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. HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA AND WESTERN WISCONSIN AND EXPANDING TO SEVERAL OTHER MIDWESTERN STATES. HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES, INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS. HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 18 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS, DENTISTS, SIX OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 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 HEALTH CARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA AND WESTERN WISCONSIN AND EXPANDING TO SEVERAL OTHER MIDWESTERN STATES. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUND RAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS, 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 COLLABORATE 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 2017 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).</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CE-BASED PRACTICES), MENTAL HEALTH (REDUCING 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) HEALTH PARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) HPI IS THE SOLE CORPORATE MEMBER OF HPI-RA Msey, A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF THE FOUNDATION AND ITS SISTER ORGANIZATIONS, REGIONS HOSPITAL (REGIONS), CAPITOL VIEW TRANSITIONAL CARE CENTER, STILLWATER HEALTH SYSTEM (SHS), RAMSEY INTEGRATED HEALTH SERVICES AND RH-WISCONSIN, INC, ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) BENEFIT TO THE COMMUNITY PROGRAM SUPPORT IN 2017, THE FOUNDATION RECEIVED CONTRIBUTIONS FOR 76 DIFFERENT PROGRAMS AT REGIONS AND OTHER HEALTH-RELATED ORGANIZATIONS WITHIN HEALTHPARTNERS THE FOUNDATION ALSO PROVIDED PATIENT CARE GRANT SUPPORT TO 22 PROGRAMS THROUGH THE ONE EMPLOYEE GIVING CAMPAIGN OF REGIONS AND OTHER HEALTHPARTNERS ORGANIZATIONS THESE GRANTS FUNDED PROJECTS AT REGIONS, HEALTHPARTNERS MEDICAL GROUP (HPMG), AND OTHER HEALTH-RELATED ORGANIZATIONS WITHIN HEALTHPARTNERS IN A WAY THAT IS CONSISTENT WITH THE FOUNDATION'S MISSION THE FOUNDATION'S ADMINISTRATIVE COSTS ARE PAID FOR USING REGIONS SUPPORT, INCOME ON INVESTMENTS AND A FIVE PERCENT FEE ON NEW CONTRIBUTIONS AS A RESULT, 95 PERCENT OF ALL CONTRIBUTIONS ARE USED TO FUND PATIENT CARE PROGRAMS, MEDICAL RESEARCH, THE EDUCATION OF HEALTH PROFESSIONALS, AND EQUIPMENT AND FACILITY EXPENSES THE FOUNDATION GAVE SIGNIFICANT SUPPORT TO NEUROSCIENCE, EMERGENCY MEDICINE, MENTAL HEALTH, ORTHOPEDICS, REGIONS CANCER CARE CENTER, THE BURN CENTER, WISHING WELL, REACH OUT AND READ, HEALTH PARTNERS CENTER FOR MEMORY AND AGING, HEALTHPARTNERS INSTITUTE, HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE, COMMUNITY HEALTH PROGRAMS, INJURY PREVENTION PROGRAMS AND A HAND FELLOWS HIP, AMONG OTHER PROGRAMS WITHIN THE FAMILY OF HEALTHPARTNERS ORGANIZATIONS PROGRAM HIGHLIGHTS ARE LISTED BELOW FUNDRAISING TOTALS INCLUDE NEW GIFTS, PLEDGES AND ESTATE COMMITMENTS AND DO NOT INCLUDE PAYMENTS MADE ON PREVIOUS PLEDGES OVER THE PAST TWO YEARS, THE FOUNDATION EXPERIENCED A SIGNIFICANT INCREASE IN FUNDRAISING, MUCH OF THIS THE RESULT OF DONORS CHOOSING TO CONSIDER ESTATE GIFTS AS PART OF THEIR CONTRIBUTIONS BLENDED GIFTS OF CURRENT DOLLARS AND ESTATE COMMITMENTS HAVE ALLOWED DONORS TO GIVE MORE THAN THEY EVER THOUGHT POSSIBLE AND CREATE SUSTAINING SOURCES OF FUNDING FOR KEY INITIATIVES NEUROSCIENCE REGIONS AND HEALTHPARTNERS ARE DEST</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PRIMARY EXEMPT PURPOSE AND ACHIEVEMENTS	<p>INATIONS OF CHOICE FOR NEUROLOGICAL CARE, OFFERING THE FULL RANGE OF SPECIALTIES TO BEST SERVE PATIENTS BY INTEGRATING PRIMARY CARE WITH NEUROLOGICAL SPECIALTIES AND REHABILITATION, WE CAN PROVIDE TIMELY DIAGNOSIS AND STATE-OF-THE-ART SPECIALTY CARE AND HELP PATIENTS LIVE FULL LIVES BOTH DURING AND AFTER TREATMENT. THIS COMBINATION MAKES US UNIQUE IN THE REGION AND HAS LED TO SEVERAL NATIONAL AWARDS IN THE NEUROSCIENCES AND NEUROSURGERY FIELDS. WITH THE OPENING OF THE HEALTHPARTNERS NEUROSCIENCE CENTER IN APRIL 2017, ALL OF OUR NEUROSCIENCE PROGRAMS WERE BROUGHT TOGETHER UNDER ONE ROOF. THE FOUR-STORY BUILDING IS THE LARGEST FREE-STANDING NEUROSCIENCE CENTER IN THE UPPER MIDWEST AND ONE OF ONLY A FEW IN THE COUNTRY. DONATIONS TO OUR NEUROSCIENCE PROGRAMS FUNDED CAPITAL PROJECTS, PATIENT CARE, MEDICAL RESEARCH AND THE EDUCATION OF HEALTH PROFESSIONALS. THE FOLLOWING ARE HIGHLIGHTS OF THE SEVERAL FUNDRAISING EFFORTS:</p> <p>THE HEALTHPARTNERS NEUROSCIENCE RESEARCH CAMPAIGN- WITH NEUROLOGICAL DISORDERS ON THE RISE, OUR COMMUNITY NEEDS A LEADER WHO WILL EXPLORE THE MANY WAYS THE HEALTH CARE SYSTEM CAN IMPROVE THE LIVES OF PEOPLE WHO EXPERIENCE ALZHEIMER'S, PARKINSON'S, STROKE, MULTIPLE SCLEROSIS, EPILEPSY, PTSD AND OTHER CONDITIONS. REGIONS AND HEALTHPARTNERS CAN OFFER THAT LEADERSHIP, COMBINING WORLD-CLASS CLINICIANS AND RESEARCHERS UNDER THE SAME ROOF. MONEY RAISED BY OUR CAMPAIGN ALLOWED US TO CO-LOCATE OUR NEUROSCIENCE RESEARCH LABS IN THE HEALTHPARTNERS NEUROSCIENCE CENTER AND OUTFIT THEM WITH STATE-OF-THE-ART EQUIPMENT TO DOUBLE OUR RESEARCH POTENTIAL AND CONDUCT CLINICAL TRIALS. CONTRIBUTIONS WILL ALSO HELP US OPERATE OUR RESEARCH PROGRAM. IN THIS WAY, THE NEUROSCIENCE CENTER CAN REACH ITS MAXIMUM POTENTIAL AS A CENTER OF EXCELLENCE IN SERVICE TO THE LOCAL COMMUNITY AND BEYOND. IN 2017, WE RAISED \$8,408,543 AS PART OF THE CAMPAIGN. BY THE END OF THE YEAR WE HAD RAISED MORE THAN \$13.2 MILLION IN TOTAL AS PART OF THE CAMPAIGN, SURPASSING OUR \$10.5 MILLION GOAL ONE YEAR EARLY. FOUR DONORS INSPIRED BY THE CAMPAIGN GAVE AN ADDITIONAL \$1.2 MILLION IN TOTAL TO FUND SPECIFIC RESEARCH PROJECTS. HEALTHPARTNERS PARKINSON'S CENTER HELPS PEOPLE WITH PARKINSON'S AND OTHER MOVEMENT DISORDERS LIVE FULL, HEALTHY LIVES WITH MINIMAL DISABILITY. THE CENTER OFFERS A COMPREHENSIVE ARRAY OF SPECIALIZED CARE THAT IS UNMATCHED IN THE SERVICE AREA. IN THIS WAY, IT CAN PROVIDE AN EARLY DIAGNOSIS, WHICH IS THE FIRST STEP ON A PATH TO LIVING WELL. FOR INDIVIDUALS WHO ARE LATER IN THE DISEASE PROCESS, PROVIDING THE FINEST CARE CAN OFTEN ALLOW THEM TO RETURN TO MANY OF THEIR PREVIOUS ACTIVITIES. THE FOUNDATION RECEIVED \$13,740 FOR THE PROGRAMS OF THE HEALTHPARTNERS PARKINSON'S CENTER. THIS INCLUDED \$9,165 FROM THE PARKINSON'S FOUNDATION MINNESOTA TO FUND TWO NEW PROGRAMS: A CAREGIVER EDUCATION SERIES AND MOVEMENT DISORDER SELF-MANAGEMENT PROGRAM.</p>

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FORM 990, PART III, LINE 4A	<p>HEALTHPARTNERS CENTER FOR MEMORY AND AGING IT IS RARE OUTSIDE OF ACADEMIA TO SEE THE INTEGRATION OF GROUNDBREAKING ALZHEIMER'S RESEARCH AND OPTIMAL CARE IN ONE ORGANIZATION BY COMBINING CARE AND RESEARCH, THE HEALTHPARTNERS CENTER FOR MEMORY AND AGING (THE CENTER) MAKES LIVING WITH DEMENTIA MORE MANAGEABLE FOR PATIENTS AND THEIR CAREGIVERS WHILE CREATING A MORE HOPEFUL TOMORROW FOR FUTURE GENERATIONS THE FOUNDATION RAISED \$2,226,075 TO SUPPORT THE CENTER THE FOLLOWING ARE A FEW HIGHLIGHTS OF THE CENTER'S PROJECTS MADE POSSIBLE WITH CHARITABLE CONTRIBUTIONS WORK WITH PROMISING NEW TREATMENTS- THE CENTER CONDUCTS INTERNATIONALLY-RECOGNIZED RESEARCH THAT HAS LED TO THE DEVELOPMENT OF PROMISING NEW TREATMENTS FOR BRAIN DISORDERS THE CENTER USED CHARITABLE CONTRIBUTIONS TO CONTINUE ITS WORK WITH THE INTRANASAL DELIVERY OF INSULIN ORIGINALLY DEVELOPED IN OUR LABS, INTRANASAL INSULIN HAS BECOME ONE OF THE MOST EXCITING POTENTIAL TREATMENTS FOR ALZHEIMER'S DISEASE IT HAS BEEN SHOWN TO IMPROVE THE MEMORY, ATTENTION AND FUNCTIONING OF ALZHEIMER'S PATIENTS, AND WHEN THE U S GOVERNMENT ANNOUNCED PLANS TO RAMP UP ITS FIGHT AGAINST ALZHEIMER'S DISEASE IN 2012, INTRANASAL INSULIN WAS A MAJOR PIECE OF THE EFFORT NOW, WITH CHARITABLE CONTRIBUTIONS, THE CENTER IS TESTING A POTENTIALLY SAFER AND MORE EFFECTIVE FORMULATION OF THE MEDICINE IN 2015, THE CENTER BEGAN A TRIAL THAT IS TESTING SIX MONTHS OF THE TREATMENT WITH 90 PATIENTS WHO HAVE MILD COGNITIVE IMPAIRMENT OR MILD ALZHEIMER'S, MAKING IT THE LONGEST, MOST ADVANCED TRIAL OF ITS KIND IN THE WORLD WITH FURTHER FUNDING, WE ARE EXPANDING OUR WORK WITH INTRANASAL INSULIN BEYOND THESE DISORDERS IN 2017, WE RAISED \$50,288 FOR A CLINICAL STUDY INVOLVING FRONTOTEMPORAL DEMENTIA (FTD), WHICH IS THE MOST COMMON CAUSE OF YOUNG ONSET DEMENTIA IN PEOPLE UNDER THE AGE OF 60 CURRENTLY THERE ARE NO EFFECTIVE TREATMENTS FOR FTD WE ALSO EXPANDED OUR INTRANASAL INSULIN TRIALS TO INCLUDE PEOPLE WITH DOWN SYNDROME (DS), SINCE DEMENTIA IS VERY COMMON IN PEOPLE WITH DS NO OTHER ORGANIZATION IS CONDUCTING THIS TYPE OF TRIAL WITH THIS POPULATION WITH ADDITIONAL FUNDS, WE WANT TO TEST THE EFFECTIVENESS OF INTRANASAL INSULIN IN SUPPORTING THE MEMORY FUNCTION IN PEOPLE WITH PARKINSON'S DISEASE AND LEWY BODY DEMENTIA WE ARE EXPLORING A PARTNERSHIP WITH THE HEALTHPARTNERS INTERNATIONAL DIABETES CENTER TO ASSESS THE SAFETY AND EFFICACY OF USING INTRANASAL INSULIN TO HELP PROTECT PEOPLE WITH DIABETES FROM ALZHEIMER'S AND OTHER MEMORY DISORDERS WE ARE ALSO SEEKING FUNDING TO TEST INTRANASAL INSULIN AS A TREATMENT FOR TYPE 1 DIABETICS WHO SUFFER HYPOGLYCEMIC UNAWARENESS, A POTENTIALLY FATAL CONDITION THAT OCCURS WHEN AN INDIVIDUAL EXPERIENCES LOW BLOOD SUGAR BUT DOES NOT DETECT IT GENERAL CONTRIBUTIONS TO THE CENTER HAVE BEEN USED TO FURTHER THE DEVELOPMENT OF INTRANASAL DEFEROXAMINE (DFO) OUR RESEARCH WITH ANIMAL MODELS OF ALZHEIMER'S HAS SHOWN THAT DFO CAN BE EFFECTIVELY DELIVERED THROUGH THE NOSE, WITH SUBSEQUENT IMPR</p>

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FORM 990, PART III, LINE 4A	<p>OVEMENTS TO MEMORY AND MINIMAL SIDE EFFECTS THE CENTER CONTINUES ITS WORK WITH ANIMAL MOD ELS OF ALZHEIMER'S TO GAUGE THE SAFETY AND EFFICACY OF THE TREATMENT IN PREPARATION FOR FU TURE HUMAN TRIALS IN ADDITION, WE ARE TESTING THE EFFECTS OF DFO ON OTHER BRAIN DISORDERS OUR INITIAL RESEARCH HAS SHOWN THAT THE TREATMENT CAN IMPROVE MOTOR DYSFUNCTION IN ANIMA L MODELS OF PARKINSON'S DISEASE, AND WE WOULD LIKE TO EXTEND THIS WORK TO OTHER NEUROLOGIC AL DISORDERS, SUCH AS STROKE FINDING WAYS TO IDENTIFY, TREAT, AND PREVENT ALZHEIMER'S SYM PTOMS- GENERAL CONTRIBUTIONS TO THE CENTER ARE HELPING FUND THE MINNESOTA MEMORY PROJECT, AN ONGOING REGISTRY THAT FOLLOWS ADULTS WITH AND WITHOUT DIAGNOSED MEMORY LOSS IN ORDER TO COLLECT INFORMATION ON AGE-RELATED MEMORY CHANGES THIS INFORMATION WILL HELP PHYSICIANS DISCRIMINATE BETWEEN MEMORY LOSS THAT IS COMMON WITH AGING AND SYMPTOMS THAT MAY INDICATE THE PRESENCE OF DEMENTIA IT COULD ALSO HELP IDENTIFY INTERVENTIONS TO SLOW AGE-RELATED ME MORY LOSS IN ADDITION, THE PROJECT COLLECTS INFORMATION FROM CAREGIVERS ABOUT THE PHYSICA L AND MENTAL HEALTH EFFECTS RELATED TO CARING FOR INDIVIDUALS WITH MEMORY LOSS GENERAL CO NTRIBUTIONS TO THE CENTER HELPED FUND THE MEMORY PATIENT RESOURCE AND EDUCATION PROGRAM (P REP), WHICH STUDIED HOW A HIGHER LEVEL OF SUPPORT COULD BENEFIT NEWLY DIAGNOSED ALZHEIMER' S PATIENTS AND THEIR FAMILIES IT IS RARE FOR NEWLY DIAGNOSED ALZHEIMER'S PATIENTS TO RECE IVE THE SAME LEVEL OF EDUCATION AND SUPPORT FROM THEIR HEALTH CARE PROVIDERS AS PATIENTS W ITH OTHER CHRONIC CONDITIONS, SUCH AS DIABETES AS A RESULT, THEIR HEALTH AND QUALITY OF L IFE OFTEN SUFFER TO BETTER SUPPORT SUCH PATIENTS AND THEIR FAMILIES, MEMORY PREP EMBEDDED A SOCIAL WORKER WITHIN OUR SYSTEM OF CARE FOR SUCH INDIVIDUALS RESULTS OF MEMORY PREP WE RE POSITIVE THE INTERVENTION BOOSTED THE KNOWLEDGE CAREGIVERS OF PATIENTS HAD REGARDING A LZHEIMER'S DISEASE, PROVIDED EMOTIONAL SUPPORT TO PATIENTS AND FAMILIES AND SPURRED THE CO MPLETION OF CARE PLANNING (E G POWER OF ATTORNEY, DRIVING AND SAFETY PLANS AND THE USE OF SUPPORT GROUPS) NOW THAT MEMORY PREP IS COMPLETE, DONATIONS ARE HELPING FUND THE WORK OF AN ALZHEIMER'S ASSOCIATION SOCIAL WORKER IN OUR CLINIC TO ASSIST FAMILIES WHO HAVE RECENT LY RECEIVED AN ALZHEIMER'S DIAGNOSIS OVER A THREE-YEAR PERIOD, WE WORKED WITH RESIDENTS O F A LOCAL ASSISTED LIVING FACILITY TO TEST THE EFFECTS OF AROMATHERAPY ON THE SLEEP DISRUP TION AND AGITATION LEVEL OF ALZHEIMER'S PATIENTS THIS WORK WAS MADE POSSIBLE WITH THE HEL P OF DONATIONS DISRUPTION OF SLEEP IS ONE OF THE MOST COMMON REASONS PEOPLE WITH MEMORY L OSS ARE PLACED IN SKILLED NURSING FACILITIES, IT WAS BELIEVED THAT AROMATHERAPY WOULD HELP PATIENTS SLEEP BETTER AND RELAX, HELPING THEM REMAIN IN THEIR HOMES LONGER RESULTS OF OU R STUDY WERE POSITIVE ON AVERAGE, PEOPLE WHO RECEIVED LAVENDER SLEPT 42 MINUTES MORE PER NIGHT AND HAD GREATER SLEEP EFFICIENCY THAN THOSE WHO RECEIVED THE PLACEBO IN 2016 WE BEG AN GIVING AROMATHERAPY PATCHES</p>

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FORM 990, PART III, LINE 4A	<p>TO OUR MEMORY CLINIC PATIENTS WHO ARE BEING EVALUATED FOR SYMPTOMS OF MEMORY LOSS WE HOP E THIS WILL HELP DECREASE THIS POTENTIALLY STRESSFUL EXPERIENCE WE ALSO DEVELOPED A TOOLK IT THAT SHOULD HELP CAREGIVERS ADMINISTER AROMATHERAPY TO THEIR LOVED ONES AT HOME IN 201 8 WE WILL BEGIN A FEASIBILITY STUDY OF THIS PROGRAM TO SEE IF PEOPLE USE THE STUDY'S AROMA THERAPY PATCH, IF THE PATCH STAYS ON PARTICIPANTS AND IF THEY CONSISTENTLY WEAR THE MONITO RING EQUIPMENT TO MEASURE SLEEP WITH HELP FROM CONTRIBUTIONS, THE HEALTHPARTNERS CENTER F OR MEMORY AND AGING AND THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL HAVE JOINED FORCES TO C REATE "PARTNERS IN DEMENTIA," A PROGRAM THAT PAIRS FIRST-YEAR MEDICAL STUDENTS WITH PATIEN TS EXPERIENCING MILD TO MODERATE ALZHEIMER'S DISEASE AS PART OF THE PROGRAM, STUDENTS MEE T WITH THEIR MENTORS FOR FOUR HOURS PER MONTH FOR A YEAR BY EXPOSING FIRST-YEAR MEDICAL S TUDENTS TO DIAGNOSED PATIENTS, IT IS OUR EXPECTATION THAT A GREATER NUMBER OF TRAINEES WIL L CHOOSE SPECIALTIES THAT INVOLVE TREATING ALZHEIMER'S DISEASE THOSE WHO BECOME FAMILY PR ACTIONERS WILL HAVE AN EASIER TIME RECOGNIZING EARLY ONSET OF THE DISEASE, WHICH THOSE W HO EXPERIENCE THE CONDITION AND THEIR CAREGIVERS OFTEN CONCEAL OR DENY THE PROGRAM ALSO D E-STIGMATIZES DEMENTIA, ALLOWING STUDENTS TO APPRECIATE THE ENTIRE PERSON THEY CARE FOR AN D BECOME LESS FEARFUL OF MAKING A DIAGNOSIS AT THE END OF THE COURSE, WE HOPE THAT STUDEN T PARTICIPANTS WILL APPRECIATE THE IMPORTANCE OF EARLY DIAGNOSIS PRIOR TO CRISIS DEVELOPME NT, THE ROLE OF COGNITIVE- AND SOCIALLY-STIMULATING ACTIVITIES IN A PATIENT'S DAILY ROUTIN E, AND THE FACT THAT SIGNIFICANT MEASURES CAN BE TAKEN TO IMPROVE THE QUALITY OF LIFE OF P ATIENTS THE PROGRAM ALSO EMPOWERS INDIVIDUALS WITH ALZHEIMER'S DISEASE AS MENTORS AND EDU CATORS OF FUTURE PHYSICIANS IN JUNE 2017, THE FOUNDATION HOSTED THE 7TH ANNUAL ALZHEIMER' S FUNDRAISING BREAKFAST, WHICH RAISED MONEY TO BENEFIT ALZHEIMER'S RESEARCH AND CARE FOUR HUNDRED AND FORTY-THREE COMMUNITY MEMBERS ATTENDED THE EVENT, WHICH RAISED \$190,733 EMER GENCY MEDICINE FOR DECADES, REGIONS HAS BEEN THE LEADER IN EMERGENCY CARE FOR PEOPLE WHO LIVE IN THE EAST METRO AND ST CROIX VALLEY IN 2017, THE REGIONS EMERGENCY CENTER HAD 87, 435 PATIENT VISITS, IT ANNUALLY SERVES MORE THAN 50 PERCENT MORE PATIENTS THAN ANY OTHER H OSPITAL IN THE EAST METRO BUSINESSES RELY ON THE EC TO TREAT EMPLOYEES INJURED ON THE JOB , AND THE ER PLAYS A CENTRAL ROLE IN THE COMMUNITY'S PREPARATION FOR LARGE-SCALE DISASTERS IN 2017, THE FOUNDATION RAISED \$1,222,628 ON BEHALF OF EMERGENCY MEDICINE'S PROGRAMS AND PROJECTS</p>

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FORM 990, PART III, LINE 4A	<p>REGIONS HOSPITAL EMERGENCY MEDICINE RESIDENCY PROGRAM RESIDENTS PLAY A CRITICAL ROLE IN THE EMERGENCY CARE OFFERED AT REGIONS, AND MANY ALUMNI OF OUR RESIDENCY PROGRAM HAVE BECOME MEDICAL LEADERS ACROSS THE AREA. A \$1,077,500 CONTRIBUTION FROM THE FRED C. AND KATHERINE B. ANDERSEN FOUNDATION WILL ALLOW US TO INCREASE THE PRESENCE OF RESIDENTS IN OUR EMERGENCY ROOMS AND IMPROVE THE RESOURCES AND EQUIPMENT THEY USE FOR BOTH THEIR EDUCATION AND THE CARE THEY PROVIDE. WE WILL ALSO CREATE NEW PROGRAMS THAT HELP ENSURE THEIR CONTINUING WELLNESS, SUICIDE IS THE SECOND LEADING CAUSE OF DEATH AMONG MEDICAL RESIDENTS, WHO HAVE HIGHER RATES OF DEPRESSION AND BURNOUT. THE EMERGENCY DEPARTMENT ENDOWMENT THE FOUNDATION RAISED \$134,768 FOR THE EMERGENCY DEPARTMENT ENDOWMENT IN 2017. INTEREST FROM THE ENDOWMENT SUPPORTS EDUCATION, RESEARCH AND FACULTY DEVELOPMENT WITHIN THE DEPARTMENT. MENTAL HEALTH SERVICES TOGETHER, REGIONS AND HPMG'S MENTAL HEALTH SERVICES ARE THE LEADING PROVIDERS OF COMPREHENSIVE MENTAL AND CHEMICAL HEALTH SERVICES IN THE TWIN CITIES EAST METRO AND WESTERN WISCONSIN. IN 2017, THE FOUNDATION RAISED \$1,190,327 TO SUPPORT MENTAL HEALTH INITIATIVES. AFTON PLACE REGIONS IS BUILDING A 16-BED INTENSIVE RESIDENTIAL TREATMENT SERVICES (IRTS) FACILITY TO PROVIDE PERSONALIZED, 24-HOUR MENTAL HEALTH CARE TO INDIVIDUALS DISCHARGED FROM INPATIENT UNITS. KNOWN AS AFTON PLACE, THE FACILITY WILL IMPROVE OUTCOMES FOR PEOPLE EXPERIENCING A MENTAL ILLNESS AND FREE UP ROOM IN OUR INPATIENT MENTAL HEALTH UNITS FOR INDIVIDUALS IN NEED OF SUCH CARE. THIS WILL ALLOW US TO PROVIDE THE RIGHT CARE AT THE RIGHT TIME TO PATIENTS AND REDUCE THE OVERALL COST OF CARE. IT WILL ALSO HELP UNCLOG OUR EMERGENCY CENTER, WHICH CARES FOR MANY PATIENTS WHO NEED INPATIENT MENTAL HEALTH CARE. IN 2017, THE FOUNDATION RAISED \$895,596 TO HELP REGIONS BUILD THE FACILITY, WHICH WILL OPEN IN THE SPRING OF 2018. OUR GOAL IS TO RAISE \$2.1 MILLION. HEALTH AND WELLNESS PROGRAM HEALTH AND WELLNESS RECEIVES STATE FUNDING TO PROVIDE OUTPATIENT MENTAL HEALTH SERVICES TO DEAF AND HARD OF HEARING PEOPLE, INCLUDING INDIVIDUAL, COUPLE, GROUP, AND FAMILY THERAPY, CONSULTATION TO OTHER PROVIDERS, AND A COMMUNITY WORKSHOP. THE FOUNDATION IS RESPONSIBLE FOR ADMINISTERING THE GOVERNMENT GRANTS. THE HEALTH AND WELLNESS PROGRAM IS OPERATED BY REGIONS AND RECEIVED GOVERNMENT GRANTS WORTH \$106,581. THE LEE AND PENNY ANDERSON HEROCARE PROGRAM FOR VETERANS SOLDIERS EXPERIENCE SITUATIONS IN COMBAT THAT CIVILIANS CANNOT IMAGINE, AND MANY SUFFER PHYSICAL AND MENTAL WOUNDS YEARS AFTER THEIR MILITARY SERVICE HAS ENDED. YET OUR HEALTH CARE SYSTEM IS NOT SET UP TO BEST CARE FOR THEM. THE HEROCARE PROGRAM HELPS VETERANS RECOVER FROM THE PSYCHOLOGICAL EFFECTS OF COMBAT, ADJUST TO THEIR CIVILIAN LIVES AND THRIVE. AS PART OF THE PROGRAM, WE OFFER THE VERY BEST, MILITARY-INFORMED CARE WHILE ALSO HELPING VETERANS NAVIGATE THE MANY COMMUNITY SERVICES AVAILABLE TO THEM ONCE THEY LEAVE OUR FACILITY, INCLUDING THE SERVICES OF T</p>



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FORM 990, PART III, LINE 4A	<p>HE VETERANS ADMINISTRATION THE PROGRAM WENT LIVE IN JUNE 2014 AND HAD A GREAT START WE ORIGINALLY PREDICTED THAT THE PROGRAM WOULD SERVE 60 PATIENTS ANNUALLY, YET IT SERVED 1,327 IN 2017 WITH HELP FROM CONTRIBUTIONS, THE PROGRAM EXPANDED INTO THE HOSPITAL'S EMERGENCY CENTER AND MEDICAL UNITS AND THE REGIONS ALCOHOL AND DRUG ABUSE PROGRAM (ADAP), AND IN THE NEXT YEAR WE WILL CONSIDER EXPANDING TO PARK NICOLLET METHODIST HOSPITAL AND EIGHT HEALTHPARTNERS OUTPATIENT MENTAL HEALTH CLINICS IN 2017, THE FOUNDATION RECEIVED \$50,586 IN NEW CONTRIBUTIONS FOR HEROCARE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) MHDAP ALLEVIATES OR AVERTS MANY MENTAL HEALTH CRISES IN THE EAST METRO AREA BY COVERING THE FULL COST OR CO-PAYS OF MEDICATIONS FOR UNINSURED AND UNDER-INSURED PATIENTS WHO TEMPORARILY CANNOT AFFORD THEM KEY SOCIAL WORKERS AND CARE PROVIDERS OF THE EAST METRO'S THREE LARGEST EMERGENCY DEPARTMENTS, COUNTY CRISIS SERVICES, THE MENTAL HEALTH CRISIS ALLIANCE AND OTHER SELECT CLINICS ARE GIVEN THE ABILITY TO DISTRIBUTE PRESCRIPTIONS TO PATIENTS WITH SEVERE MENTAL ILLNESS WHO LACK IMMEDIATE ACCESS TO AFFORDABLE MEDICATIONS REGIONS MANAGES MHDAP AND THE FOUNDATION RAISES FUNDS ON ITS BEHALF IN 2017, THE FOUNDATION RECEIVED \$30,000 IN CHARITABLE DONATIONS FOR THIS PROGRAM MAKE IT OK IN 2017, THE FOUNDATION RAISED \$23,275 FOR MAKE IT OK, A CAMPAIGN TO FIGHT THE STIGMA ASSOCIATED WITH MENTAL ILLNESSES REGIONS WORKED WITH LOCAL COMMUNITY ORGANIZATIONS SUCH AS THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA, TWIN CITIES PUBLIC TELEVISION (TPT) AND THE ADVERTISING FIRM PRESTON KELLY TO CREATE MAKE IT OK THE CAMPAIGN LAUNCHED IN MAY 2013 WITH ADVERTISING THAT INCLUDED TELEVISION, RADIO, PRINT, SOCIAL MEDIA, ONLINE VIDEO, INTERNET PURCHASES AND TRANSIT SHELTERS MAKE IT OK TARGETS BUSINESSES, HEALTH CARE ORGANIZATIONS, POLICE DEPARTMENTS, COLLEGES AND UNIVERSITIES, COMMUNITIES OF FAITH AND OTHER SECTORS OF OUR SOCIETY FOR A DEEPER DIVE INTO THE TOPICS OF MENTAL ILLNESS AND STIGMA WE ALSO PARTNER CLOSELY WITH COMMUNITIES ACROSS MINNESOTA AND BEYOND THAT COALESCE TO FIGHT STIGMA, WORKING WITH COMMUNITY LEADERS TO DESIGN LOCAL APPROACHES AND ENGAGE DIVERSE STAKEHOLDERS THE MAKE IT OK CAMPAIGN IS COMMUNITY BASED AND NOT BRANDED BY HEALTHPARTNERS, SO OTHER ORGANIZATIONS CAN EASILY ACCESS THE SAME MATERIALS HEALTHPARTNERS AND MAKE IT OK SUPPORT "THE HILARIOUS WORLD OF DEPRESSION," A PODCAST HOSTED BY MINNESOTA PUBLIC RADIO PERSONALITY JOHN MOE THAT IS PRODUCED BY AMERICAN PUBLIC MEDIA "THE HILARIOUS WORLD OF DEPRESSION" IS A SERIES OF FRANK AND FUNNY CONVERSATIONS WITH TOP COMEDIANS AND COMEDIC PERSONALITIES LIKE PETER SAGAL, DICK CAVETT, MARIA BAMFORD, AND ANDY RICHTER WHO HAVE EXPERIENCED DEPRESSION THE PODCAST WAS RANKED AMONG THE TOP 20 PODCASTS ON ITUNES AND USA TODAY NAMED IT ONE OF THE TOP NEW PODCASTS OF THE YEAR THE PODCAST ALSO WON THE 2017 WEBBY AWARD FOR BEST IN COMEDY THE WEBBY AWARD IS THE LEADING INTERNATIONAL AWARD HONORING E</p>

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FORM 990, PART III, LINE 4A	<p>XCELLENCE ON THE INTERNET ORTHOPEDIC TRAUMA REGIONS IS WIDELY KNOWN AS A DESTINATION FOR PATIENTS OF ALL AGES WHO EXPERIENCE COMPLEX FRACTURES AND OTHER ORTHOPEDIC INJURIES, PROVIDING ACUTE CARE AT THE TIME OF INJURY THROUGH REHABILITATION. IN 2017, THE FOUNDATION RAISED \$977,987 FOR THE HOSPITAL'S ORTHOPEDICS PROGRAMS. THIS INCLUDED \$958,562 FOR THE REGION'S HOSPITAL ORTHOPEDIC TRAUMA CENTER. CONTRIBUTIONS WILL HELP FAMILIES NAVIGATE THE DIFFICULT COURSE OF RECOVERY, SUPPORT THE TRAINING OF THE NEXT GENERATION OF ORTHOPEDIC PROFESSIONALS AND EXPAND THE CENTER'S RESEARCH AND INNOVATION. PROCEEDS FROM THE FOUNDATION'S 2017 WINE AUCTION ARE HELPING SUPPORT THE REGION'S HOSPITAL ORTHOPEDIC TRAUMA CENTER. CANCER CARE: WITH THE HELP OF CHARITABLE CONTRIBUTIONS, THE REGION'S CANCER CARE CENTER (THE CENTER) PROVIDES A COMPREHENSIVE RANGE OF SERVICES TO PREVENT, DIAGNOSE AND TREAT CANCER AND BLOOD DISORDERS. THE CENTER ALSO HELPS PATIENTS AND THEIR FAMILIES NAVIGATE CANCER, FROM BEFORE A DIAGNOSIS IS MADE TO AFTER TREATMENT HAS BEEN SUCCESSFULLY COMPLETED. THE CENTER'S STAFF MEMBERS DO EVERYTHING THEY CAN TO COMFORT PATIENTS AND VISITORS AND MAKE THEIR CARE CONVENIENT. THE FINANCIAL REIMBURSEMENT FOR SUCH HOLISTIC CARE ONLY GOES SO FAR. AS A PART OF THE EAST METRO'S SAFETY-NET HOSPITAL, THE CENTER ALSO SEES A HIGHER PERCENTAGE OF UNINSURED PATIENTS AND PATIENTS INSURED VIA GOVERNMENT ASSISTANCE PROGRAMS THAN OTHER LOCAL PROVIDERS, AND THIS LEADS TO HIGHER LEVELS OF CHARITY CARE. THIS MAKES THE CENTER HIGHLY DEPENDENT ON CHARITABLE CONTRIBUTIONS TO FUND SPECIAL PROGRAMMING SUCH AS MEDICAL RESEARCH, NURSE NAVIGATION, BASIC NEEDS ASSISTANCE, INTEGRATIVE THERAPIES, PATIENT EDUCATION, THE CONTINUING EDUCATION OF STAFF, SUPPORT GROUPS, A CANCER LIBRARY AND MORE. IN 2017, THE FOUNDATION RAISED \$280,827 TO SUPPORT THE CENTER. NURSE NAVIGATION- CANCER PATIENTS AND THEIR FAMILIES FACE THE CHALLENGE OF THEIR LIVES, YET THEY MUST OFTEN NAVIGATE A COMPLEX SYSTEM OF CARE, SPECIALISTS AND DECISIONS. A NURSE NAVIGATOR WORKS WITH PATIENTS FROM THE MOMENT A DIAGNOSIS IS SUSPECTED, HELPING ELIMINATE BARRIERS THAT MAY OTHERWISE PREVENT THEM FROM GETTING THE RIGHT CARE AT THE RIGHT TIME FROM THE RIGHT PERSON. IN 2017, THE FOUNDATION RECEIVED \$105,000 TO HELP FUND A 0.8 FTE NURSE NAVIGATOR IN THE CENTER. THE NURSE NAVIGATOR FOCUSES ON PATIENTS WITH LUNG AND BRAIN CANCER. REGIONS DOES NOT RECEIVE REIMBURSEMENT FOR THESE SERVICES, MAKING CHARITABLE CONTRIBUTIONS VITAL.</p>

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FORM 990, PART III, LINE 4A	<p>CANCER RESEARCH- WHEN CANCER STRIKES, PATIENTS NEED THE HOPE THAT COMES WITH ACCESS TO THE MOST ADVANCED TREATMENTS. MANY WANT TO PARTICIPATE IN THE LATEST CLINICAL TRIALS. WE ARE A LEADING PROVIDER OF CANCER RESEARCH, AND WITH HELP FROM DONATIONS, WE ARE ACCELERATING THE PROGRAM WITH A PARTICULAR EMPHASIS ON EARLY-STAGE RESEARCH. THIS EXPANSION WILL MAKE US A REGIONAL RESOURCE FOR THE LATEST CANCER RESEARCH. AS A RESULT, LOCAL RESIDENTS WILL HAVE GREATER ACCESS TO THE LATEST BREAKTHROUGH THERAPIES. EASIER ACCESS TO CLINICAL TRIALS WILL ALLOW PATIENTS TO FOCUS LESS ON THE DETAILS OF THEIR TREATMENT AND MORE ON THEIR DAILY LIVES. THIS ACCESS IS ESPECIALLY VALUABLE TO THE MANY LOW-INCOME PATIENTS WE SERVE, SINCE SUCH PATIENTS OFTEN DO NOT HAVE THE RESOURCES TO ACCESS TRIALS ELSEWHERE YET DESERVE THE SAME ACCESS TO THE NEWEST TREATMENTS. IN 2017, THE FOUNDATION RAISED \$72,765 FOR THE CANCER RESEARCH PROGRAM.</p> <p>HARDSHIP ASSISTANCE- TREATMENT FOR CANCER CAN INTRODUCE CONSIDERABLE EMOTIONAL AND FINANCIAL STRESS INTO THE LIVES OF OUR PATIENTS. WITH THE SUPPORT OF DONATIONS, WE PROVIDE BASIC NEEDS ASSISTANCE TO THOSE WHO EXPERIENCE TEMPORARY FINANCIAL NEEDS WHILE UNDERGOING CANCER TREATMENT. THE FOUNDATION RECEIVED \$21,333 FROM THE WILLIAM AND CONNIE CARROLL ENDOWMENT FUND OF THE SAINT PAUL FOUNDATION TO SUPPORT PATIENTS WHO ARE UNDERGOING TREATMENT AND LIVE IN THE TWIN CITIES EAST METRO AREA. TO SUPPORT THE BASIC NEEDS OF BREAST CANCER PATIENTS, WE RECEIVED \$10,000 FROM THE HOPE CHEST FOR BREAST CANCER FOUNDATION. WE ALSO USE SOME GENERAL CONTRIBUTIONS TO THE CENTERS TO PROVIDE BASIC NEEDS ASSISTANCE.</p> <p>BIL GANGL MEMORIAL FUND- BIL WAS A REGIONS CANCER CARE CENTER PATIENT WHO PASSED AWAY NINE YEARS AGO. EVERY YEAR, HIS FAMILY AND THE MAHTOMEDI HIGH SCHOOL TRACK TEAM, WHICH BIL COACHED, HOLD THE BIL GANGL 24HR RELAY TO RAISE FUNDS FOR PATIENTS BEING TREATED AT REGIONS FOR CANCER. SPECIAL GRANTS HELP PATIENTS FOCUS ON FAMILY, FUN AND LIVING WHILE THEY RECEIVE TREATMENT. IN 2017, GRANTS PAID FOR SPECIAL TRIPS, GAMES, MASSAGES, RESTAURANT MEALS, TICKETS TO A VIKINGS GAME AND MATERIALS TO HELP A PATIENT CREATE AUDIO BOOKS FOR FAMILY MEMBERS BY PROVIDING FUNDS FOR SPECIAL ACTIVITIES AND FAMILY EVENTS, THE BIL GANGL MEMORIAL FUND LIGHTENS THE BURDEN AND BRIGHTENS THE DAY FOR PEOPLE WITH CANCER AND THE FRIENDS AND FAMILY WHO CARE FOR THEM. IN 2017, THE FUND RECEIVED \$19,782 IN NEW CONTRIBUTIONS.</p> <p>HEALTHPARTNERS INSTITUTE HEALTHPARTNERS INSTITUTE (INSTITUTE) IS A 501(C)(3) ORGANIZATION WITHIN HEALTHPARTNERS AND IS DEDICATED TO IMPROVING THE HEALTH OF HEALTHPARTNERS MEMBERS, PATIENTS AND THE COMMUNITY. THE INSTITUTE USES MEDICAL RESEARCH AND CONTINUING EDUCATION TO DELIVER OUTSTANDING HEALTH AND EXPERIENCE AND GREATER AFFORDABILITY. THE FOUNDATION RAISED \$253,895 FOR THE INSTITUTE'S PROGRAMS IN 2017. THIS INCLUDED \$249,045 AS PART OF THE ONE CAMPAIGN, THE ANNUAL EMPLOYEE GIVING PROGRAM OF REGIONS AND HEALTHPARTNERS. THESE FUNDS DO NOT INCLUDE THE MONEY RAISED FOR CA</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>NCER AND NEUROSCIENCE RESEARCH BURN CENTER THE BURN CENTER AT REGIONS SERVES PATIENTS FROM ACROSS THE MIDWEST, PROVIDING CARE AND SPECIALIZED TREATMENT FOR THERMAL, ELECTRICAL, AND CHEMICAL BURNS AS WELL AS FROSTBITE AND COLD INJURIES. THE BURN CENTER IS THE MOST COMPLETE AND EXTENSIVE FACILITY OF ITS KIND IN THE UPPER MIDWEST AND IS VERIFIED BY THE COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION. IT HAS THE LATEST EQUIPMENT, TEMPERATURE CONTROLLED PRIVATE ROOMS, SPECIALLY DESIGNED BATHTUBS, AND A LARGE REHABILITATION DEPARTMENT. IN 2017, THE FOUNDATION RAISED \$250,652 TO SUPPORT BURN CENTER PROGRAMS. THE HEALING EDUCATION AND TRAINING (HEAT) PROGRAM- THE FOUNDATION RECEIVED A \$150,000 GRANT FROM THE MINNESOTA FAIR PLAN TO FUND THE HEAT PROGRAM, WHICH IS OVERSEEN BY THE BURN CENTER. THE HEAT PROGRAM WORKS ON MANY FRONTS TO REDUCE THE INJURY, DEATH AND PROPERTY LOSS THAT IS A RESULT OF JUVENILES SETTING FIRES AS WELL AS UNSAFE ENVIRONMENTS AND PRACTICES. AMONG THE PROGRAM'S EFFORTS, A TEAM OF TRAINED PROFESSIONALS PROVIDES PERSONAL FIRE SAFETY EDUCATION, MENTAL HEALTH SCREENINGS, CHILD PROTECTION REFERRALS AND REINTEGRATION ASSISTANCE TO YOUTH FIRE SETTERS AND THEIR FAMILIES. THE HEAT PROGRAM TEAM ALSO CREATED A COMPREHENSIVE WEBSITE WITH FIRE SAFETY RESOURCES, PARTNERED WITH THE U.S. FOREST SERVICE AND THE MINNESOTA DEPARTMENT OF NATURAL RESOURCES IN AN EFFORT TO PREVENT CAMPFIRE INJURIES AND WORKED WITH LOCAL AND REGIONAL ORGANIZATIONS TO PROVIDE EDUCATIONAL RESOURCES TO JUVENILES AND FAMILIES. THE 21ST ANNUAL BURNAID GOLF CLASSIC- IN SEPTEMBER THE FOUNDATION RAISED \$55,024 AT THE BURNAID GOLF CLASSIC, WHICH IS CO-HOSTED BY THE NATIONAL FIRE SPRINKLER ASSOCIATION-MINNESOTA CHAPTER AND THE FOUNDATION IN COOPERATION WITH THE STATE FIRE MARSHAL DIVISION. COMMUNITY HEALTH PROGRAM AT REGIONS, WE WANT EVERYONE IN OUR COMMUNITY TO LIVE A LONG, HEALTHY LIFE. THAT'S WHY THE HOSPITAL INVESTS SIGNIFICANTLY IN PROGRAMS THAT HELP RESIDENTS STAY SAFE, IMPROVE THEIR QUALITY OF LIFE AND REACH THEIR FULL POTENTIAL. IN 2017, THE FOUNDATION RAISED \$227,422 FOR SUCH PROGRAMS. HEALTHRISE- AS PART OF A COLLABORATION WITH WEST SIDE COMMUNITY HEALTH SERVICES AND THE ST. PAUL FIRE DEPARTMENT, COMMUNITY PARAMEDICS VISIT THE HOMES OF PATIENTS WITH HEART DISEASE AND DIABETES TO EDUCATE THEM AND ENSURE THEY HAVE WHAT THEY NEED TO IMPROVE THEIR HEALTH. COMMUNITY PARAMEDICS ARE ADVANCED LIFE SUPPORT PERSONNEL WHO PROVIDE NON-EMERGENCY CARE TO PATIENTS WHO HAVE TROUBLE VISITING A DOCTOR AND DO NOT QUALIFY FOR TRADITIONAL HOME CARE SERVICES. THEY CAN PERFORM PHYSICAL EXAMS, DRAW BLOOD SAMPLES, EDUCATE PATIENTS ON THE USE OF MEDICATIONS AND EVALUATE A HOME FOR PHYSICAL HAZARDS. AS PART OF THE HEALTHRISE PROGRAM, BILINGUAL COMMUNITY HEALTH WORKERS WORK ALONGSIDE THE COMMUNITY PARAMEDICS AND ASSIST IN CONNECTING PATIENTS TO COMMUNITY RESOURCES. IN 2017, THE FOUNDATION RECEIVED \$208,756 FROM MEDTRONIC PHILANTHROPY AS PART OF A HEALTHRISE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>U S GRANT AWARD THE FOUNDATION WAS ONE OF THREE MINNESOTA NONPROFITS THAT RECEIVED THE AWARD IN 2015 NO HELMET NO RIDE (NHNR)- NHNR IS AN INJURY PREVENTION PROGRAM DEDICATED TO EDUCATING MIDDLE AND HIGH SCHOOL STUDENTS ABOUT THE IMPORTANCE OF ALWAYS WEARING A HELMET WHILE ON BIKES, BLADES AND BOARDS THE PROGRAM PROVIDES THIS EDUCATION THROUGH POWERFUL P RESENTATIONS BROUGHT DIRECTLY TO THE SCHOOLS AT NO COST NHNR ALSO PARTICIPATES IN COMMUNI TY EVENTS IN A VARIETY OF VENUES, INCLUDING SKATE PARKS, BIKE RODEOS, AND SKI HILLS REPLA CEMENT HELMETS ARE PROVIDED FOR THOSE IN NEED IN 2017, NHNR EDUCATION WAS DELIVERED TO OV ER 2,000 MIDDLE AND HIGH SCHOOL STUDENTS IN THE TWIN CITIES METRO AREA ADDITIONALLY, NHNR WAS PRESENT AT FIVE COMMUNITY EVENTS, PROMOTING SAFETY AND PROPER HELMET FITTING AND PROV IDING MORE THAN 100 HELMETS TO THOSE IN NEED IN 2017, THE FOUNDATION SECURED \$16,255 FOR NHNR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE HEALTHPARTNERS HOSPICE AND PALLIATIVE CA RE SUPPORTS PATIENTS AND THEIR LOVED ONES WHO ARE DEALING WITH SERIOUS OR LIFE-LIMITING IL NNESSES IT ALSO HELPS FAMILY MEMBERS THROUGH THE GRIEVING PROCESS AFTER THEIR LOVED ONES HAVE DIED CONTRIBUTIONS TO THE PROGRAM HELP FUND SERVICES NOT COVERED BY REIMBURSEMENT, I NCLUDING MASSAGE AND MUSIC THERAPY, PROGRAM SUPPLIES AND THE PROFESSIONAL DEVELOPMENT OF S TAFF IN 2017, THE FOUNDATION SECURED \$167,725 FOR THE PROGRAM WISHING WELL FUNDED BY TH E ONE CAMPAIGN ANNUAL EMPLOYEE GIVING PROGRAM, WISHING WELL ASSISTS PATIENTS WHO HAVE IMME DIATE HARDSHIP NEEDS MOST ASSISTANCE IS GIVEN IN THE FORM OF BUS TOKENS AND CAB VOUCHERS TO HELP PATIENTS GET TO AND FROM REGIONS, BUT WISHING WELL ALSO HELPS PATIENTS PURCHASE FO OD, TEMPORARY LODGING AND PRESCRIPTION DRUGS IN 2017, THE FOUNDATION RECEIVED \$55,276 FOR WISHING WELL REACH OUT AND READ OFFERED IN 53 HEALTHPARTNERS CLINICS, REACH OUT AND REA D IS A NATIONAL PROGRAM THAT ENCOURAGES PARENTS TO READ TO THEIR CHILDREN AND HELPS CARE P ROVIDERS IDENTIFY CHILDREN WITH DEVELOPMENT DISABILITIES AS PART OF THE PROGRAM, CHILDREN BETWEEN THE AGES OF SIX MONTHS AND FIVE YEARS ARE GIVEN NEW BOOKS WHEN THEY GO IN FOR THE IR REGULAR CHECKUPS (BOOKS ARE PROVIDED IN SEVEN DIFFERENT LANGUAGES) TRAINED CARE PROVID ERS WATCH HOW CHILDREN INTERACT WITH THE BOOKS TO SEE IF THEY ENGAGE IN AGE-APPROPRIATE BE HAVIORS IF CHILDREN HAVE DEVELOPMENT DISABILITIES, THE CARE PROVIDERS CAN SET THEM UP WIT H EARLY INTERVENTION AT LOCAL SCHOOLS MOTHERS ALSO RECEIVE A NEW BOOK AT THEIR 32-WEEK CH ECKUPS TO ENCOURAGE THEM TO READ TO THEIR BABIES EARLY, AND BY 2019 WE WANT TO GIVE ALL MO THERS LEAVING THE HOSPITAL WITH THEIR NEWBORNS A BOOK STUDIES SHOW THAT REACH OUT AND REA D FAMILIES READ TOGETHER MORE OFTEN, AND PRESCHOOL AGE CHILDREN SERVED BY THE PROGRAM SCOR E THREE TO SIX MONTHS AHEAD OF THEIR PEERS ON VOCABULARY TESTS IN 2017, THE FOUNDATION RE CEIVED \$49,073 FOR REACH OUT AND READ</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HAND SURGERY FELLOWSHIP IN 2017, OUR HAND SURGERY FELLOWSHIP CELEBRATED ITS 25TH ANNIVERSARY CHARITABLE DONATIONS PLAY A CRUCIAL ROLE IN THE TRAINING AND EXPERIENCES WE OFFER TO OUR HAND SURGERY FELLOWSHIP STUDENTS, HELPING FUND MICROSURGERY COURSE FEES, EDUCATIONAL SEMINARS, AND ALUMNI GATHERINGS IN 2017, THE FOUNDATION SECURED \$13,725 FOR THE HAND SURGERY FELLOWSHIP EMPLOYEE GIVING IN 2017, EMPLOYEES FROM REGIONS AND OTHER HEALTHPARTNERS ORGANIZATIONS DONATED \$484,870 TO THE FOUNDATION'S ANNUAL ONE CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION WITH A HEALTHPARTNERS MATCH, THE CAMPAIGN RAISED \$817,644 PATIENT CARE FUNDS FROM THE CAMPAIGN WERE SPLIT BETWEEN WISHING WELL, INTEGRATIVE MEDICINE, PATIENT EDUCATION MATERIALS, REGIONS HOSPITAL'S DRUG ASSISTANCE PROGRAM, AN EMPLOYEE ASSISTANCE FUND, CARE CHANNELS IN HOSPITAL ROOMS, NEWSPAPERS FOR PATIENTS AND CARE IMPROVEMENT GRANTS TWENTY-TWO PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF \$137,924 WORTH OF ASSISTANCE THE 2017 ONE CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTHPARTNERS, INCLUDING AMERY HOSPITAL FOUNDATION, HUDSON HOSPITAL FOUNDATION, WESTFIELDS HOSPITAL FOUNDATION, LAKEVIEW MEMORIAL HOSPITAL FOUNDATION AND PARK NICOLLET FOUNDATION GENERAL CONTRIBUTIONS IN 2017, THE FOUNDATION SECURED \$367,561 IN GENERAL CONTRIBUTIONS FUNDS ARE USED TO PAY FOR SPECIAL PROGRAMS, SERVICES AND FACILITIES THAT HAVE NO OTHER FUNDING SOURCE TO RECEIVE FUNDING FROM GENERAL CONTRIBUTIONS, A PROJECT MUST BE DEEMED A PRIORITY BY REGIONS LEADERSHIP AND BE APPROVED BY THE REGIONS HOSPITAL FOUNDATION BOARD OF DIRECTORS IN 2017, GENERAL CONTRIBUTIONS WERE USED TO PURCHASE 11 MEDICATION TAKE BACK KIOSKS THAT WERE PLACED AT 11 CLINIC PHARMACY LOCATIONS ACROSS THE HEALTHPARTNERS SYSTEM THE KIOSKS ALLOW PATIENTS TO DISPOSE OF EXPIRED, UNWANTED, OR UNUSED MEDICINES FROM THEIR HOMES THIS HELPS REDUCE THE CHANCES OF CONTROLLED SUBSTANCES BEING MISUSED AND ABUSED OR FALLING INTO THE WRONG HANDS GENERAL CONTRIBUTIONS ALSO HELPED FUND NURSES WEEK CELEBRATIONS IN THE HOSPITAL</p>

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CHIEF EXECUTIVE OFFICER OF REGIONS HOSPITAL AND THE VICE PRESIDENT OF MEDICAL AFFAIRS OF REGIONS HOSPITAL SERVE AS VOTING DIRECTORS ALL ADDITIONAL DIRECTORS ARE APPOINTED BY HPI-RAMSEY (THE SOLE CORPORATE MEMBER), BASED ON NOMINATIONS BY THE BOARD OF DIRECTORS OF THE FOUNDATION



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUESTED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS THE LEGAL DEPARTMENT OF HEALTHPARTNERS REVIEWS THE QUESTIONNAIRE RESPONSES AND DEVELOPS A REPORT DETAILING ANY POTENTIALLY MATERIAL CONFLICTS FOR THE PRESIDENT AND CHAIR OF THE BOARD A VERBAL SUMMARY IS ALSO GIVEN TO THE FULL BOARD OR APPROPRIATE COMMITTEE, AND REINFORCES THE POLICY'S MANDATE THAT EACH PERSON IS OBLIGATED TO DISCLOSE ANY NEW POTENTIAL CONFLICTS AS THEY MAY ARISE THROUGHOUT THE YEAR BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOUNDATION HAS NO EMPLOYEES AND DOES NOT PAY COMPENSATION ALL OFFICERS AND KEY EMPLOYEES ARE PAID BY GROUP HEALTH PLAN, INC (GHI) OR BY REGIONS HOSPITAL, RELATED ORGANIZATIONS ANY COMPENSATION DISCLOSED IS PAID AND DETERMINED SOLELY BY THE RELATED ORGANIZATIONS THEREFORE, PART VI, SECTION B, QUESTION 15 IS NOT APPLICABLE TO THE FOUNDATION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM THE FOUNDATION OR HEALTHPARTNERS THE FOUNDATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE THE FOUNDATION'S CONFLICT OF INTEREST POLICY THROUGH IT'S RELATED ORGANIZATIONS, HEALTHPARTNERS, INC AND GROUP HEALTH PLAN, INC CAN BE VIEWED THROUGH THE HEALTHPARTNERS COM WEBSITE

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANT, CONTRACTOR & AFFILIATE SERVICES PROGRAM SERVICE EXPENSES 521,632 MANAGEMENT AND GENERAL EXPENSES 5,310 FUNDRAISING EXPENSES 95,401 TOTAL EXPENSES 622,343 LEASED EMPLOYMENT SERVICES PROGRAM SERVICE EXPENSES 2,034,740 MANAGEMENT AND GENERAL EXPENSES 975,942 FUNDRAISING EXPENSES 269,781 TOTAL EXPENSES 3,280,463

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NON-CASH GIFTS IN KIND -156,285

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318070078	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization REGIONS HOSPITAL FOUNDATION				Employer identification number 41-1888902	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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
<b>(1)</b> HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
<b>(2)</b> 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
<b>(3)</b> 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
<b>(4)</b> 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
<b>(5)</b> DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(6)</b> 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
<b>(7)</b> 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?

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

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

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

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

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2017

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)

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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
8171 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
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	STILLWATER HEALTH SYSTEM		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY TO IMPROVE HEALTH	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
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
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	DURABLE MEDICAL EQUIPMENT , PHARMACY AND OTHER HEALTH CARE RETAIL SALES	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	CLINIC SERVICES	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
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
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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND IMPORVE 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
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
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
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
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
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
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
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