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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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

D Employer identification number
41-1888902

E Telephone number
(952) 883-6584

G Gross receipts $ 128,101,907

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 ▶

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:
OUR MISSION IS TO ADVOCATE & DEVELOP AWARENESS, BUILD PARTNERSHIPS, AND RAISE CONTRIBUTIONS.

2 Check this box ▶ ☐

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	37
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,351,578	21,044,894
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	480,132	2,305,321
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,074	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,803,636	23,350,215
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,256,311	8,570,410
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,047,715		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,385,833	4,710,622
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,642,144	13,281,032
19	Revenue less expenses. Subtract line 18 from line 12	-2,838,508	10,069,183

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	31,032,783	38,267,048
21	Total liabilities (Part X, line 26)	8,497,632	5,182,751
22	Net assets or fund balances. Subtract line 21 from line 20	22,535,151	33,084,297

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	2022-11-14 Date
	MEGAN M REMARK DIRECTOR & PRESIDENT Type or print name and title	

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01800653
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** (2021)

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:

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.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 11,442,926 including grants of $ 8,570,410) (Revenue $)

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

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,442,926

Part IV **Checklist of Required Schedules**

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

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

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	**25b**		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		

c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
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**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No

14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: ▶MEGAN REMARK PRESIDENT 640 JACKSON ST ST PAUL, MN 55101 (651) 254-1616

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROBERT BEFIDI DIRECTOR	0.20 0.00	X						0	0	0
(2) JAMES BRADSHAW DIRECTOR	0.20 0.00	X						0	0	0
(3) WILLIAM H FREY MD DIRECTOR	0.50 49.50	X						0	144,553	81,181
(4) LEAETTA HOUGH PHD DIRECTOR	0.60 0.00	X						0	0	0
(5) TIM KEENAN DIRECTOR	1.00 0.00	X		X				0	0	0
(6) TOM KINGSTON DIRECTOR & CHAIR	0.60 0.00	X		X				0	0	0
(7) KATIE KELLEY DIRECTOR	0.20 0.00	X						0	0	0
(8) MATT LAYMAN MD	0.20									

DIRECTOR	0.00	X		X				0	0	0
(9) CATHERINE DRAPER DIRECTOR	0.20 0.00	X						0	0	0
(10) LINDA HANSON DIRECTOR & VICE CHAIR	0.90 0.00	X		X				0	0	0
(11) LINDA HOESCHLER DIRECTOR	0.40 0.00	X						0	0	0
(12) LOUIS HENRY DIRECTOR	0.13 0.00	X						0	0	0
(13) DAN NELSON MD DIRECTOR	0.04 0.00	X						0	0	0
(14) CARLEEN RHODES DIRECTOR & SECRETARY	0.90 0.00	X						0	0	0
(15) SALLY SCOGGIN DIRECTOR	0.50 0.00	X						0	0	0
(16) DAN STOLTZ DIRECTOR	0.40 0.00	X						0	0	0
(17) TESHITE WAKO DIRECTOR & TREASURER	0.50 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEVE WELLINGTON DIRECTOR	0.30 0.00	X						0	0	0
(19) BRET C HAAKE MD DIRECTOR	0.50 54.50	X						0	610,106	90,699
(20) BALKRISHNA N JAHAGIRDAR MD DIRECTOR	0.50 56.50	X						0	563,676	82,165
(21) DONNA J ZIMMERMAN DIRECTOR	0.50 54.50	X						0	407,565	156,950
(22) JULIE BUSHMAN DIRECTOR	0.50 0.00	X						0	0	0
(23) FRANK FLORES DIRECTOR	0.20 0.00	X						0	0	0
(24) ANTHONY GRUNDHAUSER DIRECTOR AND VICE PRESIDENT	39.50 0.50	X		X				0	126,108	9,966
(25) MEGAN M REMARK PRESIDENT & DIRECTOR	0.50 49.50			X				0	764,111	236,346
(26) HEIDI G CONRAD CHIEF FINANCIAL OFFICER	0.50 54.50			X				0	573,646	188,484

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	0	3,189,765	845,791

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
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GROUP HEALTH PLAN INC 8170 33RD AVE S BLOOMINGTON, MN 55440	STAFFING	2,721,356
REGIONS HOSPITAL 8170 33RD AVE S BLOOMINGTON, MN 55440	STAFFING	930,747
RHSC INC 8170 33RD AVE S BLOOMINGTON, MN 55440	STAFFING	127,801
FAIRVIEW FOUNDATION 1690 UNIVERSITY AVE W STE 250 ST PAUL, MN 55102	CONSULTANTS	115,915

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 ▶ 4

Form **990** (2021)

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	**1a** Federated campaigns . .				
	b Membership dues . .				
	c Fundraising events . .				
	d Related organizations 547,078				
	e Government grants (contributions) 111,127				
	f All other contributions, gifts, grants, and similar amounts not included above 20.386.689				

	g Noncash contributions included in lines 1a - 1f:$ 572,873	**1g**				
	h Total. Add lines 1a-1f . . . . . ▶	21,044,894				
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a–2f. . . . . ▶					
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		633,814			633,814
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents **6a**					
	b Less: rental expenses **6b**					
	c Rental income or (loss) **6c**					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory **7a**	106,423,199				
	b Less: cost or other basis and sales expenses **7b**	104,751,692				
	c Gain or (loss) **7c**	1,671,507				
	d Net gain or (loss) . . . . . ▶			1,671,507		1,671,507
Other Revenue	**8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**					
	b Less: direct expenses . . . **8b**					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**					
	b Less: direct expenses . . . **9b**					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . **10a**					
	b Less: cost of goods sold . . **10b**					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					

c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶	23,350,215	0	0	2,305,321	

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,517,143	8,517,143		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	53,267	53,267		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,329,131	1,820,644	648,649	859,838
12 Advertising and promotion	222,953	131,963	39,126	51,864
13 Office expenses	150,232	129,690	8,833	11,709
14 Information technology	130,562	81,755	20,987	27,820
15 Royalties . .				
16 Occupancy	53,139	53,139		
17 Travel	48,964	43,437	2,377	3,150
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	31,792	18,812	5,581	7,399
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	464,680	314,280	64,677	85,723

b	TRAINING/EDUCATION	105,114	104,752	156	206
c	SUPPLIES & EQUIPMENT	90,822	90,811	5	6
d	BAD DEBT	83,233	83,233		
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	13,281,032	11,442,926	790,391	1,047,715
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	**1**	Cash–non-interest-bearing		935,927	**1**	861,678
	2	Savings and temporary cash investments		3,555,621	**2**	8,416,886
	3	Pledges and grants receivable, net		2,487,479	**3**	2,456,793
	4	Accounts receivable, net		37,420	**4**	38,189
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			**5**	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			**6**	
	7	Notes and loans receivable, net			**7**	
	8	Inventories for sale or use			**8**	
	9	Prepaid expenses and deferred charges		31,806	**9**	16,527
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	**10a**			
	b	Less: accumulated depreciation	**10b**		**10c**	
	11	Investments—publicly traded securities		23,984,530	**11**	26,476,975
	12	Investments—other securities. See Part IV, line 11			**12**	
	13	Investments—program-related. See Part IV, line 11			**13**	
	14	Intangible assets			**14**	
	15	Other assets. See Part IV, line 11			**15**	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		31,032,783	**16**	38,267,048
Liabilities	**17**	Accounts payable and accrued expenses		2,007,421	**17**	4,518,727
	18	Grants payable			**18**	
	19	Deferred revenue		6,490,211	**19**	664,024
	20	Tax-exempt bond liabilities			**20**	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			**21**	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			**22**	
	23	Secured mortgages and notes payable to unrelated third parties			**23**	
	24	Unsecured notes and loans payable to unrelated third parties			**24**	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			**25**	
	26	**Total liabilities.** Add lines 17 through 25		8,497,632	**26**	5,182,751
Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		3,942,151	**27**	7,819,297
	28	Net assets with donor restrictions		18,593,000	**28**	25,265,000
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33				

Net Assets or	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	22,535,151	32	33,084,297
	33	Total liabilities and net assets/fund balances	31,032,783	33	38,267,048

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Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,350,215
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,281,032
3	Revenue less expenses. Subtract line 2 from line 1	3		10,069,183
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		22,535,151
5	Net unrealized gains (losses) on investments	5		328,033
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		151,930
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		33,084,297

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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Form 990 (2021)

Additional Data

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

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

The organization is not a private foundation because it is: (For lines 1 through 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).)

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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990) 2021**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	10,246,346	9,600,876	6,693,314	5,351,578	21,044,894	52,937,008
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	10,246,346	9,600,876	6,693,314	5,351,578	21,044,894	52,937,008
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) . .						18,389,488
6 **Public support.** Subtract line 5 from line 4.						34,547,520

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	10,246,346	9,600,876	6,693,314	5,351,578	21,044,894	52,937,008
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	501,512	557,841	670,538	478,900	633,814	2,842,605
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						55,779,613

12 Gross receipts from related activities, etc. (see instructions) **12** 682,247

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 61.940 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 60.420 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						

4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	**Total.** Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b. .						
8	**Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** 2021	**(f)** Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13	**Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2021.** 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—2020.** 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 . . . . ▶ ☐

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		

c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**10b**		

Schedule A (Form 990) 2021

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	**2**		

Section C. Type II Supporting Organizations

		Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Schedule A (Form 990) 2021

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.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		

e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			

b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Return Reference	Explanation

Additional Data

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Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

REGIONS HOSPITAL FOUNDATION 41-1888902

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
-		$	
-		$	
-		$	
-		$	
-		$	

Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021) Page **4**

Name of organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a)

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

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SCHEDULE C (Form 990)

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

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	Employer identification number
REGIONS HOSPITAL FOUNDATION	41-1888902

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))

section 501(h)).

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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)** Yes	**(a)** No	**(b)** Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	

f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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.

Schedule C (Form 990) 2021

Additional Data

Return to Form

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Software Version:

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" 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:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	2,409,870	2,028,575	1,416,000	1,317,000	1,116,000
b Contributions	145,147	175,406	368,626	210,000	144,000
c Net investment earnings, gains, and losses	233,351	238,249	278,868	-39,000	120,000
d Grants or scholarships					
e Other expenditures for facilities and programs	38,765	32,360	34,919	72,000	63,000
f Administrative expenses					
g End of year balance	2,749,603	2,409,870	2,028,575	1,416,000	1,317,000

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** Term 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:

		Yes	**No**
(i) Unrelated organizations	**3a(i)**		No
(ii) Related organizations	**3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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

Schedule D (Form 990) 2021

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		

(c) Federal income taxes	

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 ☑

Schedule D (Form 990) 2021

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE TO BE USED FOR CAPITAL, PATIENT CARE, MEDICAL RESEARCH, AND MEDICAL EDUCATION.
PART X, LINE 2:	REGIONS HOSPITAL FOUNDATION IS INCLUDED IN THE HEALTHPARTNERS, INC. (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT. JUDGMENT IS REQUIRED IN DETERMINING HP'S EFFECTIVE TAX RATE AND IN EVALUATING ITS TAX POSITION. HP ESTABLISHES ACCRUALS FOR UNCERTAIN TAX POSITIONS WHEN, DESPITE THE BELIEF THAT HP'S TAX RETURN POSITIONS ARE FULLY SUPPORTABLE, HP BELIEVES THAT ITS POSITION MAY NOT BE FULLY SUSTAINED, PRIMARILY GIVEN THE RISKS ASSOCIATED WITH TAX LITIGATION OR DISPUTES. THE UNCERTAIN TAX

POSITION ACCRUALS ARE ADJUSTED IN LIGHT OF CHANGING FACTS AND CIRCUMSTANCES, SUCH AS THE PROGRESS OF TAX AUDITS, CASE LAW, AND EMERGING LEGISLATION. HP'S EFFECTIVE TAX RATE INCLUDES THE IMPACT OF CHANGES TO THE ACCRUALS FOR UNCERTAIN TAX POSITIONS. HP CLASSIFIES INTEREST AND PENALTIES ON TAX-RELATED MATTERS AS INCOME AND OTHER TAX EXPENSE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. HP RECORDED NO LIABILITIES AT DECEMBER 31, 2021 OR 2020 FOR UNRECOGNIZED TAX BENEFITS.

Additional Data

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Software Version:

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

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) REGIONS HOSPITAL 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309	41-0956618	501(C)(3)	5,578,476	0			CAPITAL EXPENDITURES ED EXPANSION
(2) HEALTHPARTNERS INSTITUTE 8170 33RD AVENUE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1670163	501(C)(3)	1,386,895	0			PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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	27	53,267			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information.

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

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

Additional Data

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III.			
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**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MEGAN M REMARK PRESIDENT & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	588,476	116,000	59,635	192,540	43,806	1,000,457	37,665
2 HEIDI G CONRAD CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	439,029	84,000	50,617	147,024	41,460	762,130	40,351
3 BRET C HAAKE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	518,850	79,000	12,256	48,868	41,831	700,805	0
4 BALKRISHNA N JAHAGIRDAR MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	386,269	0	177,407	41,007	41,158	645,841	0
5 DONNA J ZIMMERMAN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	302,484	61,000	44,081	117,737	39,213	564,515	31,147

6 WILLIAM H FREY MD DIRECTOR	(i) (ii)	0 133,792	0 0	0 10,761	0 64,421	0 16,760	0 225,734	0 0

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE 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 IS DETERMINED SOLELY BY THE RELATED ORGANIZATIONS.
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 $ 37,420 MEGAN M. REMARK $ 30,639 DONNA J. ZIMMERMAN $ 26,404
PART I, LINE 6	THE FOUNDATION 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, , HEALTH EQUITY, HEALTHCARE AFFORDABILITY MEASURES HEALTH CARE AND CARE DELIVERY MARKET SHARE, STRATEGIC CAPABILITIES, HOSPITAL AND CLINIC QUALITY MEASURES, FINANCIAL PERFORMANCE (OPERATING INCOME), ETC., AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM. AN OPERATING INCOME 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: MEGAN M. REMARK $37,665 DONNA J. ZIMMERMAN $31,147 HEIDI G. CONRAD $40,351 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.

Schedule J (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202213189349301911 - Submission: 2022-11-14 | TIN: 41-1888902

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		356	COST
5	Clothing and household goods	X		1,405	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	8	566,997	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	240	COST
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEDICAL EQUIPMENT)	X	8	3,025	RETAIL VALUE
26	Other ▶ (GIFT CERTIFICATES/CARDS)	X	1	500	RETAIL VALUE
27	Other ▶ (BADGE TAGS)	X	1	350	RETAIL VALUE
28	Other ▶ ( )				

			Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't 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

Additional Data

Return to Form

Software ID:

efile Public Visual Render | ObjectId: 202213189349301911 - Submission: 2022-11-14 | TIN: 41-1888902

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	CORPORATE STRUCTURE, PURPOSE, GOVERNANCE 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 HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION 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, INC. (HPI) IS A MINNESOTA NONPROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(4) AND IS THE PARENT ENTITY OF HEALTHPARTNERS ORGANIZATIONS REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS". HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS. 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 1.8 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE. HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 EMPLOYED PHYSICIANS AND DENTISTS, EIGHT OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 129 PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN SERVING MORE THAN 1.32 MILLION PATIENTS. HEALTHPARTNERS HEALTH PLANS CONTRACT WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS TO SERVE PLAN MEMBERS. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM. AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2021 ARE TOTAL COST OF CARE MEASUREMENTS (A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-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). A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN 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, 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-RAMSEY, 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, LAKEVIEW HEALTH (LH), 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: IN 2021, THE FOUNDATION RECEIVED CONTRIBUTIONS TO SUPPORT 86 DIFFERENT PROGRAMS AT REGIONS AND OTHER HEALTH-RELATED ORGANIZATIONS WITHIN HEALTHPARTNERS. THE FOUNDATION ALSO PROVIDED PATIENT CARE GRANT SUPPORT TO 13 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 CONSISTENT WITH THE FOUNDATION'S MISSION. CONTRIBUTIONS RECEIVED IN 2021 ARE BEING USED TO FUND PATIENT CARE, MEDICAL RESEARCH, THE EDUCATION OF HEALTH PROFESSIONALS, COMMUNITY HEALTH PROGRAMS, AND EQUIPMENT AND FACILITY EXPENSES. THIS INCLUDES THE WORK OF THE EMERGENCY DEPARTMENT, MENTAL HEALTH, NEUROSCIENCE, BURN CENTER, CHARITY CARE, HARDSHIP ASSISTANCE PROGRAMS, EDUCATIONAL SCHOLARSHIPS FOR EMPLOYEES, EMPLOYEE HEALTH AND WELL-BEING PROGRAM, REACH OUT AND READ, HEALTHPARTNERS CANCER CENTER AT REGIONS HOSPITAL, HEALTHPARTNERS HOSPITAL@HOME, HEALTHPARTNERS INSTITUTE, HEALTHPARTNERS HOSPICE, AND LITTLE MOMENTS COUNT. PROGRAM HIGHLIGHTS ARE LISTED BELOW. FUNDRAISING TOTALS LISTED INCLUDE NEW GIFTS, PLEDGES, AND ESTATE COMMITMENTS AND DO NOT INCLUDE PAYMENTS MADE ON PREVIOUS PLEDGES. BLENDED GIFTS OF CURRENT DOLLARS AND ESTATE COMMITMENTS ALLOW DONORS TO GIVE MORE THAN THEY EVER THOUGHT POSSIBLE AND CREATE SUSTAINING SOURCES OF FUNDING FOR KEY INITIATIVES. REGIONS RESPONDS FIRST REGIONS HOSPITAL LEADS THE TWIN CITIES EAST METRO AND ST. CROIX VALLEY IN PROVIDING EMERGENCY, INPATIENT MENTAL HEALTH AND CHARITY CARE. PEOPLE OF EVERY INSURANCE AND INCOME LEVEL KNOW THEY CAN COME TO REGIONS AND RECEIVE OUTSTANDING SERVICE. BUT WE NEED TO DO MORE. PATIENT VOLUMES WERE A GROWING ISSUE EVEN BEFORE THE PANDEMIC AND THE CLOSING OF ST. JOSEPH'S HOSPITAL AND EMERGENCY

	GROWING ISSUE EVEN BEFORE THE PANDEMIC AND THE CLOSING OF ST. JOSEPH'S HOSPITAL AND EMERGENCY ROOM. SINCE THEN, FINDING ROOM FOR ALL PATIENTS HAS BECOME AN EVEN MORE URGENT COMMUNITY NEED. WITH THE HELP OF GENEROUS DONORS, REGIONS HOSPITAL IS READY TO RESPOND BY EXPANDING ITS EMERGENCY CENTER AND INPATIENT MENTAL HEALTH FACILITIES. THE FOUNDATION RAISED $8,187,520 IN 2021 TOWARD THIS COMBINED EFFORT, WHICH WE ARE CALLING REGIONS RESPONDS FIRST. BY YEAR'S END, THE FOUNDATION HAD RAISED $14,327,520 TOWARDS ITS FUNDRAISING GOAL OF $18.75 MILLION. THE FOLLOWING IS A SUMMARY OF CAMPAIGN ACTIVITIES, GOAL, AND RESULTS TO DATE. EMERGENCY CENTER EXPANSION IN THE FIRST PHASE OF THE EMERGENCY CENTER PROJECT, WE WANT TO PROVIDE STRONGER CARE TO MORE PATIENTS WHO EXPERIENCE THE WORST INJURIES AND ILLNESSES. THE ER ADDED 13 HIGH-ACUITY BEDS IN 2021, INCREASING THE DEPARTMENT'S TOTAL BED CAPACITY BY 25 PERCENT. A NEW UNIT IN A PREVIOUSLY SHELLED SPACE OPENED IN AUGUST AND A RENOVATED UNIT OPENED IN DECEMBER. THE PROJECT INCLUDED FOUR NEW RESUSCITATION ROOMS TO PROVIDE LIFE-SAVING CARE AND SIX ROOMS THAT CAN BE CONVERTED INTO SAFE SPACES FOR THE CARE OF PATIENTS EXPERIENCING A MENTAL HEALTH CRISIS. THE ER WILL ALSO MOVE MORE RADIOLOGY AND IMAGING SERVICES INTO THE DEPARTMENT TO HELP IT PROVIDE QUICKER DIAGNOSIS AND CARE TO PATIENTS. THE FINAL TWO PHASES OF THE ER EXPANSION WILL HELP ENSURE WE CAN PROVIDE THE FINEST AND TIMELIEST CARE TO ALL PATIENTS. WORK SHOULD LAST FROM 2022-2024. THE PROJECTS WILL INCLUDE: 1) UPGRADED AND EXPANDED ARRIVAL AREA: WE WANT TO CREATE AN AREA WHERE PATIENTS FEEL WELCOMED AND SAFE, AND WHERE THEIR CARE STARTS QUICKLY. 2) RENOVATED MODERATE- TO HIGH-ACUITY CARE UNITS: THESE UNITS SERVE 40 PERCENT OF ER VISITORS AND MUST PROVIDE THE MOST EFFICIENT CARE AND MAINTAIN THE VERSATILITY TO SERVE HIGHER-ACUITY PATIENTS. MENTAL HEALTH EXPANSION WE WANT TO HELP MEET THE NEED FOR GREATER MENTAL HEALTH CRISIS CARE. TO DO THIS, WE OPENED 20 NEW BEDS ON A SHELLED FLOOR IN OUR MENTAL HEALTH FACILITY IN DECEMBER 2021. THE UNIT WAS BUILT TO BETTER SERVE THE GROWING NUMBER OF PATIENTS WHO ALSO EXPERIENCE MEDICAL CONDITIONS, INCLUDING INFECTIOUS DISEASES LIKE COVID-19. NEUROSCIENCE REGIONS AND HEALTHPARTNERS ARE DESTINATIONS OF CHOICE FOR NEUROLOGICAL CARE, OFFERING A WIDE 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, HELPING PATIENTS MAXIMIZE THEIR QUALITY OF LIFE DURING AND AFTER TREATMENT. THIS COMBINATION MAKES US UNIQUE IN THE REGION AND HAS LED TO SEVERAL NATIONAL AWARDS IN THE FIELDS OF NEUROSCIENCE AND NEUROSURGERY.
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	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 IN ST. PAUL IS THE LARGEST FREE-STANDING NEUROSCIENCE CENTER IN THE UPPER MIDWEST AND ONE OF ONLY A FEW IN THE COUNTRY. IN 2021, THE FOUNDATION RAISED $2,474,240 TO SUPPORT NEUROSCIENCE PROGRAMS. CHARITABLE CONTRIBUTIONS MAKE A HUGE IMPACT ON OUR ABILITY TO OFFER THE FINEST NEUROSCIENCE CARE, REHABILITATION AND RESEARCH. DONATIONS HELP PAY FOR PROGRAMS AND SERVICES NOT COVERED BY EVERYDAY INCOME, ALLOWING US TO INNOVATE AND FIND BETTER WAYS TO IDENTIFY, TREAT AND PREVENT NEUROLOGICAL CONDITIONS. HERE ARE SOME EXAMPLES OF PROGRAMS FUNDED WITH THE HELP OF CONTRIBUTIONS. WORKING WITH PROMISING NEW TREATMENTS -ORIGINALLY DEVELOPED IN OUR LABS, INTRANASAL INSULIN HAS BECOME ONE OF THE MOST EXCITING POTENTIAL TREATMENTS FOR ALZHEIMER'S DISEASE, HAVING BEEN SHOWN TO IMPROVE THE MEMORY, ATTENTION AND FUNCTIONING OF ALZHEIMER'S PATIENTS. WE TESTED A POTENTIALLY SAFER AND MORE EFFECTIVE FORMULATION OF THE MEDICINE AND ARE EXPANDING OUR WORK WITH INTRANASAL INSULIN TO OTHER NEUROLOGICAL CONDITIONS. WE RAISED FUNDS FOR A CLINICAL STUDY INVOLVING FRONTOTEMPORAL DEMENTIA (FTD), THE MOST COMMON CAUSE OF YOUNG ONSET DEMENTIA IN PEOPLE UNDER THE AGE OF 60. CURRENTLY THERE ARE NO EFFECTIVE TREATMENTS FOR FTD. WE EXPANDED OUR TRIALS TO INCLUDE PEOPLE WITH DOWN SYNDROME (DS), SINCE DEMENTIA IS VERY COMMON IN PEOPLE WITH DS AND NO OTHER ORGANIZATION CONDUCTS THIS TYPE OF TRIAL WITH THIS POPULATION. WE ARE ALSO APPLYING INTRANASAL INSULIN TO ANIMAL MODELS OF PARKINSON'S DISEASE AND SPINAL CORD INJURY TO IDENTIFY CORRECT DOSES AND TREATMENT FREQUENCIES. -WE BEGAN WORK WITH TRANSCRANIAL MAGNETIC STIMULATION (TMS), WHICH PROVIDES ELECTRICAL STIMULATION TO SPECIFIC BRAIN AREAS. TRADITIONALLY USED FOR DEPRESSION, TMS IS AMONG A GROWING FAMILY OF NONINVASIVE BRAIN STIMULATION TECHNIQUES BEING DEVELOPED TO TREAT MULTIPLE NEUROCOGNITIVE DISORDERS, INCLUDING ALZHEIMER'S DISEASE. SMALL CLINICAL TRIALS HAVE REPORTED POSITIVE EFFECTS OF TMS ON THE COGNITIVE FUNCTIONING OF PEOPLE WITH ALZHEIMER'S, BUT MORE RESEARCH IS NEEDED, INCLUDING AN EXAMINATION OF TMS'S POTENTIAL INFLUENCE ON THE DEVELOPMENT OF ALZHEIMER'S. WE WANT TO BE THE FIRST ORGANIZATION TO TEST TMS WITH ALZHEIMER'S PATIENTS WHILE INCORPORATING A NEW IMAGING TECHNIQUE TO BETTER IDENTIFY THE DYSFUNCTIONAL NETWORKS THAT MAY BENEFIT FROM THE TREATMENT. THE FOUNDATION RAISED $25,500 FOR THIS EFFORT IN 2021. IMPROVING THE TREATMENT OF PATIENTS AND THEIR FAMILIES -WE DEVELOPED A NEW NEUROWELL MODEL OF CARE FOR DEMENTIA. FOR AS LONG AS POSSIBLE, PEOPLE WITH DEMENTIA WANT TO LIVE FREE AND INDEPENDENT LIVES; REMAIN AT HOME; ENJOY STRONG, POSITIVE RELATIONSHIPS WITH OTHERS; AND CONTINUE TO EXPERIENCE MEANING AND PURPOSE. YET THERE IS NO OTHER PROGRAM IN MINNESOTA AND ONLY A HANDFUL IN THE COUNTRY THAT PROVIDE "WRAPAROUND CARE" FOR THESE PEOPLE AND THEIR FAMILIES TO MAKE THESE GOALS POSSIBLE. BY PROVIDING COMPREHENSIVE BRAIN HEALTH AND WELLNESS PROGRAMMING, PATIENTS AND FAMILIES WOULD EXPERIENCE MORE EQUITABLE CARE, BETTER CONNECTIONS TO COMMUNITY RESOURCES, REDUCED STRESS AND DEPRESSION AS CAREGIVERS, IMPROVED CAREGIVER RESILIENCE AND OVERALL IMPROVEMENT IN QUALITY OF LIFE. THE FOUNDATION RAISED $10,000 TOWARD THE NEUROWELL MODEL OF CARE IN 2021 TO HELP PAY FOR PATIENT WORKBOOKS. -HELPING PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILIES COORDINATE THEIR CARE HAS BEEN SHOWN TO IMPROVE THEIR OUTCOMES. WITH THE HELP OF CONTRIBUTIONS, WE WILL TEST THE BENEFITS OF A MULTI-COMPONENT CARE COORDINATION PROGRAM WHEN OFFERED TO SUCH INDIVIDUALS FOLLOWING EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS. CALLED REACH-ER, IT IS BASED ON A PROGRAM SHOWN TO IMPROVE THE MOOD, WELL-BEING AND QUALITY OF LIFE OF INDIVIDUALS WHO CARE FOR PEOPLE LIVING WITH DEMENTIA. THE FOUNDATION RAISED $111,913 FOR THIS STUDY. -IN 2018 WE RECEIVED A FOUR-YEAR, $1.5 MILLION COMMITMENT FROM THE MERCK FOUNDATION TO CREATE AND MANAGE A NEW CARE ECOSYSTEM PROGRAM, WHICH IS EXTENDING THE REACH OF DEMENTIA SPECIALISTS VIA PHONE- AND WEB-BASED CARE TO PATIENTS AND THEIR FAMILIES, ESPECIALLY RURAL-DWELLING AND HOMEBOUND POPULATIONS THAT TOO OFTEN LACK ROBUST CHRONIC CARE MANAGEMENT. AS PART OF THE PROGRAM, WE ARE WORKING WITH THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO TO DEVELOP CARE ECOSYSTEM TRAINING MATERIALS THAT CAN BE USED BY HEALTH SYSTEMS TO LAUNCH THE PROGRAM AND IMPLEMENT IT IN OUR OWN SYSTEM. PREVENTING NEUROLOGICAL DISORDERS -THE MINNESOTA MEMORY PROJECT IS AN ONGOING REGISTRY THAT FOLLOWS ADULTS WITH AND WITHOUT DIAGNOSED MEMORY LOSS OVER A SPAN OF TEN YEARS TO COLLECT INFORMATION ON MEMORY CHANGES WITH AGING. THIS

	MEMORY LOSS OVER A SPAN OF TEN YEARS TO COLLECT INFORMATION ON MEMORY CHANGES WITH AGING. THIS INFORMATION WILL HELP PHYSICIANS DISCRIMINATE BETWEEN MEMORY LOSS THAT IS COMMON WITH AGING AND SYMPTOMS THAT MAY INDICATE THE PRESENCE OF DEMENTIA. THE PROJECT ALSO COLLECTS INFORMATION FROM CAREGIVERS ABOUT THE PHYSICAL AND MENTAL HEALTH EFFECTS RELATED TO CARING FOR INDIVIDUALS WITH MEMORY LOSS. IN ALL, 654 COMMUNITY MEMBERS JOINED THE PROJECT. 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 2021, THE FOUNDATION RAISED $1,195,798 TO SUPPORT VARIOUS MENTAL HEALTH INITIATIVES OUTSIDE OF THE MENTAL HEALTH FACILITY EXPANSION THAT IS PART OF THE REGIONS RESPONDS FIRST CAMPAIGN. THE FOLLOWING ARE HIGHLIGHTS OF THOSE FUNDRAISING EFFORTS. THE LEE AND PENNY ANDERSON HEROCARE PROGRAM FOR VETERANS MEMBERS OF THE MILITARY EXPERIENCE SITUATIONS DURING THEIR SERVICE THAT CIVILIANS CANNOT IMAGINE, AND MANY SUFFER PHYSICAL AND MENTAL WOUNDS YEARS AFTER THEIR MILITARY SERVICE HAS ENDED. YET HISTORICALLY OUR HEALTH CARE SYSTEM HAS NOT BEEN SET UP TO BEST CARE FOR THESE HEROES. HEROCARE OFFERS THE BEST, MILITARY-INFORMED CARE TO VETERANS, MILITARY MEMBERS AND THEIR FAMILY MEMBERS. THE PROGRAM ALSO ENSURES THEY RECEIVE THE ONGOING SERVICES NEEDED TO STABILIZE THEIR LIVES AND THRIVE. THIS INCLUDES THE SERVICES OF THE VA. IN 2021, HEROCARE SERVED 840 PATIENTS, AND THE FOUNDATION RAISED $1,051,770 IN SUPPORT OF THE PROGRAM. HEALTH AND WELLNESS PROGRAM THE FOUNDATION ADMINISTERS STATE GOVERNMENT GRANTS TO SUPPORT THE HEALTH AND WELLNESS PROGRAM, WHICH PROVIDES 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 HEALTH AND WELLNESS PROGRAM IS OPERATED BY REGIONS AND THE FOUNDATION ADMINISTERED GOVERNMENT GRANTS WORTH $109,896 IN 2021. MAKE IT OK TO FIGHT THE STIGMA RELATED TO MENTAL ILLNESSES, HEALTHPARTNERS CREATED MAKE IT OK IN PARTNERSHIP WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA, TWIN CITIES PUBLIC TELEVISION AND 30 OTHER LOCAL ORGANIZATIONS. TOGETHER, WE ARE PROMOTING HEALTHY CONVERSATIONS ABOUT MENTAL ILLNESSES AND ENCOURAGING PEOPLE TO SEEK THE HELP THEY NEED AND DESERVE. MAKE IT OK LAUNCHED ITS FIRST ADVERTISING CAMPAIGN IN 2013, BUT AT HEART IT'S A GRASSROOTS MOVEMENT THAT USES TRAINED "AMBASSADORS" TO PROMOTE ITS MESSAGE IN LOCAL BUSINESSES, ORGANIZATIONS AND COMMUNITIES. THE MAIN GEOGRAPHIC TARGET OF MAKE IT OK HAS BEEN THE TWIN CITIES, GREATER MINNESOTA, WESTERN WISCONSIN AND IOWA. HOWEVER, COMMUNITIES ACROSS THE U.S. HAVE SHOWN AN INTEREST IN MAKE IT OK, AND MATERIALS FROM THE CAMPAIGN'S WEB SITE HAVE BEEN DOWNLOADED BY PEOPLE WORLDWIDE. MAKE IT OK IS MAKING AN EXTRA EFFORT TO SUPPORT MENTAL HEALTH DURING THE COVID-19 PANDEMIC. THE PANDEMIC HAS RESULTED IN MORE MENTAL HEALTH SYMPTOMS DUE TO INCREASED FEAR, ISOLATION, JOB LOSS AND FINANCIAL DEVASTATION, SO MAKE IT OK IS REMINDING PEOPLE TO SEEK CARE WHEN THEY NEED IT AND TO REACH OUT TO OTHERS WHO MAY BE SUFFERING IN ISOLATION. MAKE IT OK IS FUNDED WITH CONTRIBUTIONS TO THE FOUNDATION, WHICH RECEIVED $29,851 ON ITS BEHALF IN 2021. HEALTHPARTNERS HOSPITAL@HOME PROGRAM HEALTHPARTNERS HOSPITAL@HOME ACTS AS A VIRTUAL HOSPITAL UNIT, BRINGING HOSPITAL CARE INTO THE HOMES OF PATIENTS WHILE OPENING BEDS FOR OTHERS WHO NEED THEM. THE PROGRAM FOLLOWS A MODEL OF CARE THAT HAS BEEN SHOWN TO LIMIT HOSPITAL ADMISSIONS, SAVE ON EXPENSES AND EVEN PROVIDE IMPROVED OUTCOMES FOR PATIENTS WITH ACUTE ILLNESSES WHO WOULD OTHERWISE BE HOSPITALIZED. AS SUCH, IT COULD BECOME A KEY TOOL IN OUR NATION'S ABILITY TO MEET THE FUTURE MEDICAL NEEDS OF AN AGING POPULATION.
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	HOSPITAL@HOME PARTNERS CLOSELY WITH COMMUNITY PARAMEDICS (CPS), WHO VISIT THE HOME OF PATIENTS AND ESTABLISH VIDEO CONNECTIONS WITH PHYSICIANS SO THEY CAN PROVIDE DIRECT CARE TO THE PATIENTS. CPS THEN PROVIDE THE HANDS-ON CARE ORDERED BY THE PHYSICIANS DURING THE VISIT, INCLUDING MEDICATIONS ASSISTANCE, LAB TESTING, ASSESSMENTS AND EDUCATION. PATIENTS ARE SEEN DAILY AS NECESSARY DURING THEIR TIME IN HOSPITAL@HOME. OUR CPS SERVED 575 UNIQUE PATIENTS IN 2021. OF THOSE PATIENTS, 246 RECEIVED FULL HOSPITAL@HOME CARE, WHICH INCLUDES THAT OF PHYSICIANS. HOSPITAL@HOME SERVED 135 PATIENTS WITH COVID-19 AND HAS BEEN A CRITICAL COMPONENT OF OUR RESPONSE TO THE PANDEMIC. THE FOUNDATION RAISED $1,000,000 FOR THE PROGRAM IN 2021. CANCER CARE WITH THE HELP OF CONTRIBUTIONS TO THE FOUNDATION, THE HEALTHPARTNERS CANCER CENTER AT REGIONS HOSPITAL (THE CANCER CENTER) PROVIDES A COMPREHENSIVE RANGE OF SERVICES TO PREVENT, DIAGNOSE AND TREAT CANCER AND BLOOD DISORDERS. THE CANCER CENTER ALSO HELPS PATIENTS AND THEIR FAMILIES NAVIGATE CANCER, FROM BEFORE A DIAGNOSIS IS MADE TO AFTER TREATMENT HAS BEEN SUCCESSFULLY COMPLETED. THE CANCER 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. REGIONS HOSPITAL IS THE EAST METRO'S SAFETY-NET HOSPITAL, SO THE CANCER 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 CANCER CENTER HIGHLY DEPENDENT ON CHARITABLE CONTRIBUTIONS TO FUND SPECIAL PROGRAMMING SUCH AS MEDICAL RESEARCH, A DIETICIAN, NURSE NAVIGATION, BASIC NEEDS ASSISTANCE, INTEGRATIVE THERAPIES, PATIENT EDUCATION, CONTINUING EDUCATION OPPORTUNITIES FOR STAFF, SUPPORT GROUPS AND MORE. IN 2021, THE FOUNDATION RAISED $570,387 TO SUPPORT THE CANCER CENTER. THE FOLLOWING ARE HIGHLIGHTS OF THESE FUNDRAISING EFFORTS. 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 HAS MADE US A REGIONAL RESOURCE FOR THE LATEST CANCER RESEARCH AND GIVES LOCAL RESIDENTS GREATER ACCESS TO THE LATEST BREAKTHROUGH THERAPIES. EASIER ACCESS TO CLINICAL TRIALS ALLOWS PATIENTS TO FOCUS LESS ON THE DETAILS OF THEIR TREATMENT AND MORE ON THEIR DAILY LIVES. ACCESS TO CLINICAL TRIALS IS ESPECIALLY VALUABLE TO THE MANY LOW-INCOME PATIENTS WE SERVE, SINCE THEY OFTEN DO NOT HAVE THE RESOURCES TO ACCESS TRIALS ELSEWHERE YET DESERVE THE SAME ACCESS TO NEW TREATMENTS. IN 2021, THE FOUNDATION RAISED $110,465 SPECIFICALLY FOR THE CANCER RESEARCH PROGRAM. JOHN AND YVONNE HUIZINGA FAMILY CANCER ENDOWMENT IN 2019, A GRATEFUL PATIENT ESTABLISHED THIS ENDOWMENT TO SUPPORT THE WORK OF THE CANCER CENTER. THE FOUNDATION RAISED $40,000 IN CONTRIBUTIONS FOR THE FUND IN 2021. 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. OUR 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. THE NAVIGATOR POSITION HAS BEEN AN EVEN

	GREATER ASSET DURING THE PANDEMIC, HELPING PATIENTS AND THEIR FAMILY MEMBERS OVERCOME THE ADDITIONAL OBSTACLES IMPOSED BY COVID-19. SUCH WORK INCLUDED HELPING PATIENTS SCHEDULE MULTIPLE PROCEDURES BACK-TO-BACK WHEN THEY ALL REQUIRE COVID-19 TESTING FIRST, HELPING OUR LUNG CANCER SUPPORT GROUP GO VIRTUAL, AND BUILDING STRONGER RELATIONSHIPS OVER PHONE AND VIDEO WITH FAMILY MEMBERS OF PATIENTS WITH BRAIN TUMORS. IN 2021, THE FOUNDATION RECEIVED $40,000 TO HELP FUND A 0.8 FTE NURSE NAVIGATOR IN THE CANCER CENTER. THE NURSE NAVIGATOR FOCUSES ON PATIENTS WITH LUNG AND BRAIN CANCER. THESE CANCERS HAVE A HIGH PREVALENCE AMONG CANCERS IN THE TWIN CITIES, ARE ACCOMPANIED BY A HEAVY WEIGHT OF SYMPTOMS AND REQUIRE A MULTIDISCIPLINARY APPROACH TO CARE. THE NAVIGATOR ALSO ASSISTS PATIENTS WITH A DIAGNOSIS OF SARCOMA. THIS IS NOT A FEE-FOR-SERVICE POSITION, SO IT REQUIRES ALTERNATE FUNDING SOURCES SUCH AS PHILANTHROPY. JOHN KINGSTON MELANOMA THIS FUND WAS CREATED IN MEMORY OF A CANCER CENTER PATIENT TO SUPPORT MELANOMA PATIENT CARE, RESEARCH AND EDUCATION. THIS INCLUDES THE CREATION OF EDUCATIONAL VIDEOS AND PURCHASE OF DIAGNOSTIC EQUIPMENT. THE FOUNDATION RAISED $21,000 FOR THE FUND IN 2021. HARDSHIP ASSISTANCE TREATMENT FOR CANCER CAN INTRODUCE CONSIDERABLE EMOTIONAL AND FINANCIAL STRESS INTO THE LIVES OF PATIENTS. WITH THE SUPPORT OF DONATIONS TO THE FOUNDATION, WE PROVIDE BASIC NEEDS ASSISTANCE TO THOSE WHO EXPERIENCE TEMPORARY FINANCIAL NEEDS WHILE UNDERGOING CANCER TREATMENT. THE FOUNDATION RAISED $20,885 IN 2021 FOR THE ONCOLOGY PATIENT AND FAMILY SUPPORT FUND, WHICH HELPS FAMILIES PAY FOR FOOD, CLOTHING AND SHELTER DURING TIMES OF CRISIS. THE FOUNDATION RAISED $20,948 FROM THE SAINT PAUL & MINNESOTA FOUNDATION TO ASSIST PATIENTS WHO ARE UNDERGOING TREATMENT AND LIVE IN THE TWIN CITIES EAST METRO AREA. BIL GANGL MEMORIAL FUND BIL WAS A CANCER CENTER PATIENT WHO PASSED AWAY IN 2009. EVERY YEAR HIS WIFE, MEGAN, AND HIS CHILDREN, LEAH AND JOE, PARTNER WITH THE MAHTOMEDI HIGH SCHOOL TRACK TEAM TO HOST A RELAY IN MEMORY OF BIL, THEIR FORMER COACH. HIS FRIENDS, FAMILY MEMBERS AND REGIONS HOSPITAL STAFF MEMBERS ALSO PARTICIPATE. A PORTION OF THE EVENT'S PROCEEDS SUPPORT THE BIL GANGL MEMORIAL FUND OF THE CANCER CENTER. THE MONEY FUNDS FAMILY ACTIVITIES FOR PATIENTS BEING TREATED IN THE CANCER CENTER. THIS INCLUDES EVERYTHING FROM RESTAURANT MEALS AND MEMORY-MAKING SUPPLIES TO VIKINGS TICKETS AND TRIPS TO SEE FAMILY MEMBERS. BY PROVIDING FUNDS FOR THESE SPECIAL ACTIVITIES, THE BIL GANGL MEMORIAL FUND LIGHTENS THE BURDEN AND BRIGHTENS THE DAY OF PEOPLE WITH CANCER AND THOSE WHO CARE FOR THEM. IN 2021, THE FOUNDATION RECEIVED $12,518 IN NEW CONTRIBUTIONS TO THE FUND. BURN CENTER THE REGIONS HOSPITAL BURN CENTER 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 2021, THE FOUNDATION RAISED $104,983 TO SUPPORT BURN CENTER PROGRAMS. THIS INCLUDED $70,000 FROM THE BURN AID FOUNDATION, WHICH ENCOMPASSED PROCEEDS FROM THE 25TH ANNUAL BURNAID GOLF CLASSIC. THE NATIONAL FIRE SPRINKLER ASSOCIATION AND MINNESOTA STATE FIRE MARSHAL'S OFFICE PARTNERED TO SPONSOR THE EVENT. CHILDREN'S BURN SUMMER CAMP EVERY YEAR, DONATIONS TO THE BURN CENTER SPONSOR THE COST OF SENDING CHILDREN BETWEEN THE AGES OF 8 AND 18 WHO HAVE BEEN PATIENTS IN OUR BURN CENTER TO CHELEY CAMP IN ESTES PARK, COLORADO. KIDS ENJOY SWIMMING, HORSEBACK RIDING, CLIMBING AND FISHING. THEY MEET AND SOCIALIZE WITH KIDS JUST LIKE THEMSELVES AND RECEIVE TIPS FOR COPING WITH THEIR INJURIES. DONATIONS HELPED FUND THE PARTICIPATION OF EIGHT CAMPERS IN 2021. CONTRIBUTIONS ALSO HELP PAY FOR THE COST OF SENDING TWO STAFF MEMBERS FROM OUR BURN CENTER WITH OUR CAMPERS SO THEY HAVE FAMILIAR FACES AT CAMP TO MAKE THEM FEEL AT HOME. IN 2021, THE FOUNDATION RAISED $19,066 FOR CAMP ACTIVITIES. HEALTHPARTNERS HOSPICE HEALTHPARTNERS HOSPICE SUPPORTS PATIENTS AND THEIR LOVED ONES WHO ARE DEALING WITH LIFE-LIMITING ILLNESSES. SUCH SERVICES HAVE BEEN MORE IMPORTANT THAN EVER DURING THE COVID-19 PANDEMIC, WHEN PATIENTS IN ISOLATION NEED ADDITIONAL SUPPORT AND THEIR FAMILY MEMBERS NEED HELP CONNECTING WITH THEM. HEALTHPARTNERS HOSPICE ALSO HELPS FAMILY MEMBERS THROUGH THE GRIEVING PROCESS AFTER THEIR LOVED ONES DIE. CONTRIBUTIONS TO THE PROGRAM FUND SERVICES NOT COVERED BY REIMBURSEMENT, INCLUDING MUSIC THERAPY, PROGRAM SUPPLIES, AND THE PROFESSIONAL DEVELOPMENT OF STAFF. IN 2021, THE FOUNDATION SECURED $89,558 FOR THE PROGRAM.
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	WISHING WELL FUNDED PRIMARILY BY THE ONE CAMPAIGN ANNUAL EMPLOYEE GIVING PROGRAM OF REGIONS AND HEALTHPARTNERS, WISHING WELL ASSISTS PATIENTS WHO HAVE IMMEDIATE 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 FOOD, TEMPORARY LODGING, AND PRESCRIPTION DRUGS. IN 2021, THE FOUNDATION RAISED $81,224 FOR WISHING WELL. LITTLE MOMENTS COUNT WE WANT ALL MINNESOTANS TO UNDERSTAND THE IMPORTANCE OF READING, TALKING, SINGING AND PLAYING WITH BABIES IN THE FIRST THOUSAND DAYS OF LIFE AND THE PROFOUND IMPACT THESE ACTIVITIES CAN HAVE ON THEIR HEALTH AND DEVELOPMENT. LITTLE MOMENTS COUNT IS A COMMUNITY COLLABORATION THAT INCLUDES PARTNERS ACROSS STATE, MEDIA, BUSINESS AND HEALTH ORGANIZATIONS THAT SERVE PARENTS AND YOUNG CHILDREN. THE CAMPAIGN FEATURES COMMUNITY AWARENESS EFFORTS ON THE IMPORTANCE OF EARLY BRAIN DEVELOPMENT AND WHAT ALL STAKEHOLDERS CAN DO, EVEN IN LITTLE MOMENTS, TO SUPPORT YOUNG CHILDREN AND THEIR FAMILIES. THE FOUNDATION RAISED $80,378 IN 2021 TO HELP FUND THE INITIATIVE. 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 $66,416 FOR THE INSTITUTE'S PROGRAMS IN 2021 AS PART OF THE ONE CAMPAIGN, THE ANNUAL EMPLOYEE GIVING PROGRAM OF REGIONS AND HEALTHPARTNERS. THESE FUNDS DO NOT INCLUDE MONEY THE FOUNDATION RAISED FOR SPECIFIC DEPARTMENTAL RESEARCH SUCH AS CANCER AND NEUROSCIENCE, WHICH ARE ALSO UNDER THE PURVIEW OF THE INSTITUTE. SCHOLARSHIPS THE FOUNDATION RAISES MONEY FOR SCHOLARSHIP FUNDS AND DISTRIBUTES THEM TO REGIONS EMPLOYEES. IN 2021 THE FOUNDATION RAISED $52,495 FOR SCHOLARSHIPS. THIS INCLUDED $50,000 FOR THE KATIE AND JACK HARTMANN ENDOWED NURSING SCHOLARSHIP, WHICH PROVIDES SCHOLARSHIPS TO EMPLOYEES FOR THE CONTINUED EDUCATION AND CERTIFICATION OF NURSING AND NURSING-RELATED CAREERS. EMERGENCY DEPARTMENT REGIONS IS THE EMERGENCY CARE LEADER FOR PEOPLE WHO LIVE IN THE EAST METRO AND ST. CROIX VALLEY. IN 2021, THE REGIONS EMERGENCY CENTER HAD 87,687 PATIENT VISITS. IT ANNUALLY SERVES 50 PERCENT MORE PATIENTS THAN ANY OTHER EMERGENCY ROOM IN THE EAST METRO. BUSINESSES RELY ON THE ER TO TREAT EMPLOYEES INJURED ON THE JOB, AND THE ER PLAYS A CENTRAL ROLE IN THE COMMUNITY'S PREPARATION FOR

	LARGE-SCALE DISASTERS. IN 2021, THE FOUNDATION RAISED $32,027 ON BEHALF OF THE EMERGENCY DEPARTMENT'S PROGRAMS AND PROJECTS OUTSIDE OF EMERGENCY CENTER EXPANSION EFFORTS THAT ARE PART OF THE REGIONS RESPONDS FIRST CAMPAIGN. FUNDS RAISED INCLUDED $18,900 FOR THE EMERGENCY DEPARTMENT ENDOWMENT, WHICH SUPPORTS EDUCATION, RESEARCH AND FACULTY DEVELOPMENT WITHIN THE DEPARTMENT. JOHN A. BIGHLEY KINDNESS FUNDS CONTRIBUTIONS TO THESE FUNDS MEMORIALIZE JOHN BIGHLEY, WHO DIED IN OCTOBER 2021, AND MIRROR THE ACTS OF MUTUAL KINDNESS WITNESSED BETWEEN JOHN AND THE HOSPITAL STAFF WHO CARED FOR HIM. DONATIONS WILL FUND A MINIMUM OF TWO CASH AWARDS EACH YEAR FOR REGIONS HOSPITAL EMPLOYEES. ONE GIFT WILL RECOGNIZE A NURSE AND THE OTHER A NON-MEDICAL STAFF MEMBER. THE FOUNDATION RAISED $28,750 FOR THE JOHN A. BIGHLEY KINDNESS FUNDS IN 2021, INCLUDING $25,000 TO AN ENDOWED FUND. CLINICIAN RESEARCH AND EDUCATION THE FOUNDATION RAISED $19,191 FOR THIS NEW FUND, WHICH WILL BE USED BY PHYSICIANS AND OTHERS FOR SMALL RESEARCH AND EDUCATION PROJECTS. REGIONS EMPLOYEE HEALTH AND WELL-BEING IN HONOR OF BROCK NELSON, FORMER PRESIDENT AND CEO OF REGIONS HOSPITAL, THE FOUNDATION RAISED $16,156 TO FUND THE REGIONS EMPLOYEE HEALTH AND WELL-BEING FUND IN 2021. CHARITABLE CONTRIBUTIONS HELP PAY FOR THE CONTINUING EDUCATION OF STAFF, SCHOLARSHIPS FOR PROGRAMS THAT IMPROVE THE HEALTH AND WELLNESS OF EMPLOYEES, AND BASIC NEEDS ASSISTANCE FOR STAFF MEMBERS EXPERIENCING DIFFICULT LIFE CIRCUMSTANCES. BY HELPING EMPLOYEES BETTER THEMSELVES AND THRIVE, THE FUND STRENGTHENS THE HOSPITAL'S CULTURE OF PROVIDING THE BEST CARE AND EXPERIENCE TO ALL PATIENTS AND VISITORS. CHARITY CARE REGIONS IS THE LARGEST PROVIDER OF CHARITY CARE IN THE EAST METRO AND THE SECOND LARGEST IN THE TWIN CITIES, BEHIND HENNEPIN HEALTHCARE. IN 2021, REGIONS PROVIDED $20.4 MILLION IN CHARITY CARE COSTS TO CARE FOR 54,323 PATIENTS THAT HAD NO INSURANCE OR COULD NOT AFFORD THEIR CARE. CHARITY CARE REPRESENTED 2.6% OF THE HOSPITAL'S TOTAL OPERATING EXPENSES. TO HELP REGIONS HOSPITAL PROVIDE THE FINEST CARE TO ALL PATIENTS, THE FOUNDATION RAISED $14,600 IN 2021 TO HELP PAY FOR UNFUNDED PATIENT CARE EXPENSES. THIS INCLUDED $10,000 SPECIFICALLY FOR THE CARE OF CHILDREN AGES 17 AND UNDER WHEN NO ALTERNATE SOURCE OF FUNDING CAN BE FOUND REACH OUT AND READ IN 2021, THE FOUNDATION RAISED $13,738 FOR REACH OUT AND READ. OFFERED IN 52 HEALTHPARTNERS CLINICS, REACH OUT AND READ IS A NATIONAL PROGRAM THAT ENCOURAGES PARENTS TO READ TO THEIR CHILDREN AND HELPS CARE PROVIDERS 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 THEIR REGULAR CHECKUPS (BOOKS ARE PROVIDED IN 12 DIFFERENT LANGUAGES). TRAINED CARE PROVIDERS WATCH HOW CHILDREN INTERACT WITH THE BOOKS TO SEE IF THEY ENGAGE IN AGE-APPROPRIATE BEHAVIORS. IF CHILDREN APPEAR TO HAVE DEVELOPMENT DELAYS, THE CARE PROVIDERS CAN SET THEM UP WITH EARLY INTERVENTION AT LOCAL SCHOOLS. MOTHERS ALSO RECEIVE A NEW BOOK AT THEIR PRENATAL 32-WEEK CHECKUPS TO ENCOURAGE THEM TO READ TO THEIR BABIES EARLY. STUDIES SHOW THAT REACH OUT AND READ FAMILIES READ TOGETHER MORE OFTEN, AND PRESCHOOL AGE CHILDREN SERVED BY THE PROGRAM SCORE THREE TO SIX MONTHS AHEAD OF THEIR PEERS ON VOCABULARY TESTS. CRITICAL CARE RESEARCH CENTER OFTEN TAKING PLACE IN EMERGENCY OR INTENSIVE CARE SETTINGS, CRITICAL CARE CAN BE COMPLEX AND FAST PACED AND INVOLVE A WIDE VARIETY OF CONDITIONS AND TREATMENT PLANS. OUR CRITICAL CARE RESEARCH CENTER (CCRC) ADDRESSES THE FULL CONTINUUM OF CARE, FROM THE TIME AN AMBULANCE ARRIVES AT A PATIENT'S SIDE THROUGH DISCHARGE FROM THE HOSPITAL AND BEYOND. OUR PHYSICIAN-LED RESEARCH GROUP CONDUCTS FEDERAL, INDUSTRY AND INVESTIGATOR-INITIATED TRIALS IN TRAUMATIC BRAIN INJURY, CARDIAC ARREST RESUSCITATION, SEPTIC SHOCK, PAIN AND MORE. SINCE THE PANDEMIC BEGAN, THE CCRC HAS ENGAGED IN HIGH-IMPACT STUDIES OF DRUGS AND TREATMENTS FOR COVID-19. THE FOUNDATION RAISED $10,000 FOR THE CCRC IN 2021. THE FUNDS ARE HELPING PAY FOR PROGRAM JACKETS AND A CADAVER LABS FOR CCRC INTERNS, RESEARCH INTO ACUTE CARE SURGERY CASES THAT RESULT IN CANCER FINDINGS, AND A STUDY OF HEALTHY STREETS, A COMMUNITY-BASED EFFORT TO REDUCE GROUP AND GUN VIOLENCE IN RAMSEY COUNTY. EMPLOYEE GIVING IN 2021, THE FOUNDATION RECEIVED $230,035 FROM EMPLOYEES OF REGIONS HOSPITAL AND HEALTHPARTNERS AS PART OF THE ANNUAL ONE CAMPAIGN. WITH A HEALTHPARTNERS MATCH, THE FOUNDATION RECEIVED A TOTAL OF $418,192 AS PART OF THE CAMPAIGN. CONTRIBUTIONS ARE FUNDING RESEARCH, MEDICAL EDUCATION, PATIENT CARE GRANTS, WISHING WELL, HEALTHPARTNERS HOSPICE, AND REGIONS EMPLOYEE HEALTH AND WELL-BEING, AMONG OTHER PROGRAMS. IN 2021, 13 PROGRAMS RECEIVED PATIENT CARE GRANT SUPPORT FOR A TOTAL OF $41,800 IN ASSISTANCE. GENERAL CONTRIBUTIONS IN 2021, THE FOUNDATION SECURED $285,304 IN GENERAL CONTRIBUTIONS. FUNDS ARE USED TO PAY FOR SPECIAL PROGRAMS, SERVICES AND FACILITY EXPENSES 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 2021, GENERAL CONTRIBUTIONS HELPED PAY FOR THE POSITION OF A CANCER DIETICIAN AND SPONSOR RECOVERY CORPS, WHICH HELPS MINNESOTANS SUSTAIN THEIR RECOVERY FROM SUBSTANCE USE DISORDER AND REBUILD THEIR LIVES.
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.
FORM 990, PART VI, SECTION A, LINE 7A	ALL FOUNDATION DIRECTORS ARE APPOINTED BY HPI-RAMSEY, THE FOUNDATION'S SOLE CORPORATE MEMBER, EXCEPT THAT THE PRESIDENT & CHIEF EXECUTIVE OFFICER OF HEALTHPARTNERS, INC., A RELATED ENTITY, HAS THE POWER TO APPOINT ONE FOUNDATION DIRECTOR.
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
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

	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.
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 ASKED 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 ENDING WITH A REMINDER TO COVERED PERSONS OF 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.
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.
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 ITS RELATED ORGANIZATIONS, HEALTHPARTNERS, INC. AND GROUP HEALTH PLAN, INC. CAN BE VIEWED THROUGH THE HEALTHPARTNERS.COM WEBSITE.
FORM 990, PART IX, LINE 11G	CONSULTANT, CONTRACTOR & AFFILIATE SERVICES: PROGRAM SERVICE EXPENSES 1,645,273. MANAGEMENT AND GENERAL EXPENSES 526,418. FUNDRAISING EXPENSES 859,838. TOTAL EXPENSES 3,031,529. STAFFING SERVICES: PROGRAM SERVICE EXPENSES 175,371. MANAGEMENT AND GENERAL EXPENSES 122,231. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 297,602.
FORM 990, PART XI, LINE 9:	NON-CASH GIFTS IN KIND -572,873. ASSET TRANSFER FROM HP INSTITUTE 724,803.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
REGIONS HOSPITAL FOUNDATION

Employer identification number
41-1888902

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)HEALTHPARTNERS INC 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
(2)HPI-RAMSEY 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
(3)GROUP HEALTH PLAN INC 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
(4)RH WISCONSIN INC 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
(5)HEALTHPARTNERS INSTITUTE 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
(6)CAPITOL VIEW TRANSITIONAL CARE CENTER 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
(7)REGIONS HOSPITAL 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
(8)RHSC INC 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	HEALTHPARTNERS INC		No
(9)PHYSICIANS NECK & BACK CLINICS 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
(10)HUDSON HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
(11)HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
(12)LAKEVIEW HEALTH FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		No
(13)LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	LAKEVIEW HEALTH		No
(14)STILLWATER MEDICAL GROUP 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	LAKEVIEW HEALTH		No
(15)LAKEVIEW HEALTH 8170 33RD AVE S PO BOX 1309	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No

MPLS, MN 554401309 30-0221189							
(16)WESTFIELDS HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
(17)WESTFIELDS HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC		No
(18)RAMSEY INTEGRATED HEALTH SERVICES 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
(19)PARK NICOLLET HEALTH SERVICES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
(20)PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No
(21)PARK NICOLLET METHODIST HOSPITAL 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
(22)PARK NICOLLET HEALTH CARE PRODUCTS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	DURABLE MEDICAL EQUIPMENT , AND OTHER HEALTH CARE RETAIL SALES	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
(23)PARK NICOLLET CLINIC 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
(24)PNMC HOLDINGS 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
(25)AMERY REGIONAL MEDICAL CENTER INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
(26)AMERY REGIONAL MEDICAL CENTER FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No
(27)HUTCHINSON HEALTH 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-1715908	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
(28)HUTCHINSON HEALTH FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 36-3317820	PROVIDE SUPPORT TO HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(VI)	HUTCHINSON HEALTH		No
(29)HEALTHPARTNERS RC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-4261122	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES		No
(30)OLIVIA HOSPITAL & CLINIC FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1839619	PROVIDE SUPPORT TO HOSPITAL	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS RC		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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

Schedule R (Form 990) 2021

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.

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o	Sharing of paid employees with related organization(s)	1o	Yes
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

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

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

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Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?	(i) Code V-UBI amount in box 20	(j) General or managing partner?	(k) Percentage ownership

		(state or foreign country)	(related, unrelated, excluded from tax under sections 512-514)	501(c)(3) organizations?		income	assets			box 20 of Schedule K-1 (Form 1065)	partner?		
				Yes	No			Yes	No		Yes	No	

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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

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Additional Data

Return to Form

Software ID:

Software Version: