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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Washington Regional Medical Center	D Employer identification number 71-0664687
		Doing Business As	E Telephone number (479) 463-1168
		Number and street (or P O box if mail is not delivered to street address) Room/suite 3215 NORTHHILLS BLVD	G Gross receipts \$ 229,029,729
		City or town, state or country, and ZIP + 4 FAYETTEVILLE, AR 72703	
		F Name and address of principal officer WILLIAM L BRADLEY SAME AS ABOVE FAYETTEVILLE, AR 72703	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.WREGIONAL.COM			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1988	M State of legal domicile AR
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Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities WASHINGTON REGIONAL IS COMMITTED TO IMPROVING THE HEALTH OF PEOPLE IN COMMUNITIES WE SERVE THROUGH COMPASSIONATE, HIGH QUALITY CARE, PREVENTION AND WELLNESS EDUCATION		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	2,113
	6	Total number of volunteers (estimate if necessary)	6	177
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	6,066,768
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-209,322
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 13,599	Current Year 14,796
	9	Program service revenue (Part VIII, line 2g)	223,772,819	220,130,903
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,220,132	8,452,751
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	642,119	431,279
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,208,405	229,029,729
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
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)	92,641,720	89,542,746
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶591,402		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	128,971,085	125,245,711
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	221,612,805	214,788,457
19		Revenue less expenses Subtract line 18 from line 12	-404,400	14,241,272
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	284,130,702	291,087,784
	21	Total liabilities (Part X, line 26)	143,007,181	141,280,705
	22	Net assets or fund balances Subtract line 21 from line 20	141,123,521	149,807,079

Part II

Signature Block

Sign Here	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			
	Signature of officer		Date	
	DAN ECKELS SR VP & CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

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

Part IIIS

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

WASHINGTON REGIONAL IS COMMITTED TO IMPROVING THE HEALTH OF PEOPLE IN COMMUNITIES WE SERVE THROUGH COMPASSIONATE, HIGH QUALITY CARE, PREVENTION AND WELLNESS 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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 124,804,024 including grants of \$) (Revenue \$ 172,645,656)

Ancillary Services Support services offered in 2009 by Washington Regional Medical Center included surgery, recovery, labor and delivery, central supply, IV therapy, laboratory, radiology and special imaging, pharmacy, respiratory therapy, physical therapy, and occupational therapy A number of these services were available as outpatient services Washington Regional Medical Center also offered pulmonary rehabilitation and diabetic education programs, a sleep disorders center, a wound care clinic, and outpatient cardiac rehabilitation Washington Regional's surgery service performed 15,102 inpatient and outpatient surgeries The central services department provided 1,412,059 supply items to patients being treated Laboratory tests performed totaled 623,776 Radiology diagnostic procedures that included items such as x-rays, CT scans, ultrasound, cardiac catheterization, and nuclear images totaled 102,674 procedures Washington Regional also performed 3,540 magnetic resonance imaging scans The pharmacy sold patients 2,419,738 items, and respiratory therapy performed tests and treatments totaling 457,931 relative values The wound care center performed 10,454 treatments Pastoral care, case management, and volunteer services were offered at no cost to patients Our chaplains, who worked closely with local ministers, served as liaisons between patients and their faith groups to provide spiritual and emotional support when needed Case management helped patients and families locate community resources, home care, and financial assistance needed after leaving the hospital

4b

(Code) (Expenses \$ 32,906,606 including grants of \$) (Revenue \$ 24,311,740)

General Inpatient Services Washington Regional Medical Center is committed to providing a wide range of services to meet the general healthcare needs of its service population General inpatient services in 2009 included internal medicine, genatric health, obstetrics and gynecology, pediatrics, cardiology, cardiovascular surgery, intensive care, coronary intensive care, oncology, orthopedics, and genatric psychiatry Also included in general inpatient services nursing services, nursing education, admissions services, medical records, quality assurance, case coordination, and central scheduling Washington Regional continues to provide "intensivists" - physicians who specialize in caring for critically ill patients in the Medical Center's critical care unit Staffed by physicians from our Pulmonology team, these highly trained and experienced medical specialists coordinate the care provided by nurses, respiratory therapists, and others as needed by the patient They provide continuous clinical assessment and are able to address even the subtlest changes in clinical conditions The intensivist program is one of 30 NQF Hospital Best Practices At Washington Regional, hospitalists, physicians who specialize in caring for hospitalized patients, are on site to provide ongoing and immediate care They work as partners with our physicians and nursing staff to provide the highest standard of care during a patient's hospital stay The benefits to patients are numerous Often, timing is critical when making decisions about the needs of hospitalized patients Having internists available in the hospital enables instant care coordination between the hospitalist and the nurses They can modify treatment or follow-up on a test result on the spot, instead of waiting until the next day This hands-on approach not only helps prevent medical complications, but also results in reduced hospital stays and lower costs Patients are ready to go home that afternoon or evening, rather than having to wait to be discharged the next day And, the hospitalists can consult with the patient's family more readily In 2009, WRMC provide 12 hospitalists to our community WRMC’s specialized inpatient program, Senior Specialty Unit, is one of only a few such programs in the United States Genatricians evaluate our general inpatient population, aged 70+, to identify elderly patients who are at risk of "declining" during an inpatient hospital stay A multi-disciplinary team, staffed with geriatricians, geriatric nurse practitioner, nurse, social worker, dietician, pharmacologist, occupational therapist, case manager and volunteers proactively visit inpatients to identify the level of risk they have for developing issues that would cause them to worsen during their hospital stay The goal of the SSU team is to minimize or eliminate these threats to our elderly patients and improve their quality of life, by coordinating all aspects of their care, medically and socially Washington Regional had 12,057 acute admissions in 2009 and provided 49,203 days of inpatient acute care (This included 4,865 intensive care days and 4,173 cardiac critical care days) The average length of an inpatient hospital stay in 2009 was 4 35 days There were 823 babies born at Washington Regional in 2009, and (2,885) days of nursery care were given The geriatric psychiatry program had 373 admissions for a total of 4,818 days of care given

4c

(Code) (Expenses \$ 8,489,026 including grants of \$) (Revenue \$ 12,995,429)

Emergency Services Washington Regional's emergency physicians and staff, backed by the resources of more than 350 physicians on the medical staff, provided medical services to 45,315 patients in 2009 Washington Regional Medical Center's emergency department provided services regardless of patients' ability to pay The emergency department operates a poison information index that provides area health professionals quick access to treatments for more than 1,000 poisons Through a partnership with Central Emergency Medical Services, Washington Regional became the first healthcare provider in Northwest Arkansas to offer lifesaving technology for heart attack patients called LIFENET STEMI With web-based technology, LIFENET allow paramedics to perform a pre-hospital 12-lead EKG in the field Within 2-3 minutes, the EKG can be sent over a secure internet signal to any computer or smart phone, including the Emergency Department, Cath lab and the patient's personal physician Washington Regional added another valuable service to the community in 2009 by partnering with the University of Arkansas for Medical Science (UAMS) to provide life-saving emergency care for stroke patients Called Arkansas SAVES (Stroke Assistance through Virtual Emergency Support), the program uses a high-tech video communications system that enables WRMC emergency physicians and stroke neurologist from UAMS to administer life-saving treatments 24 hours a day Physicians and staff also provide a public service by responding to news media requests for community health information such as accident prevention, emergency management and avoiding weather-related illnesses The emergency room is capable of providing care for as many as 70,000 patient visits annually with its 46 treatment rooms

4d










Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 6,117,614 including grants of \$) (Revenue \$ 7,404,249)

4e

Total program service expenses➤\$ 172,317,270

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? 	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? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	99		
	b	Enter the number of Forms W-2G included in 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	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	2,113		
	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 this return (see instructions)		2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	Yes	
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
	b		If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		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	No
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
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, during the year, 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		For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h		For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
8		Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	No
9		Sponsoring organizations maintaining donor advised funds.			
a		Did the organization make any taxable distributions under section 4966?		9a	No
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b	No
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	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	9	
b	Enter the number of voting members that are independent	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ACCOUNTING DEPARTMENT 3215 NORTHHILLS BLVD FAYETTEVILLE, AR 72703 (479) 463-1168

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	3,650,374	183,781	1,646,737
----	-------	-----------	---------	-----------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶59

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
OZARK REGIONAL ANESTHESIA PO BOX 6340 FAYETTEVILLE, AR 72702	ANESTHESIA SERVICES	1,772,017
HEALTHCARE RENOVATIONS 12899 BETHEL BLACKTOP ROAD FARMINGTON, AR 72730	Construction/Projcts	587,406
AMCOL PO BOX 21625 COLUMBIA, SC 29221	COLLECTION SERVICES	490,581
EMCARE 7032 COLLECTION CENTER DR CHICAGO, IL 60693	ER PHYSICIANS	408,811
NW PERFUSION SERVICES 3276 N NORTH HILLS BLVD FAYETTEVILLE, AR 72703	PERFUSION SERVICES	464,780

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶19

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,796				
	g	Noncash contributions included in lines 1a-1f \$ 4,277						
	h	Total. Add lines 1a-1f			14,796			
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	900,099	211,730,488	211,730,488			
	b	REFERENCE LAB	621,500	3,004,830		3,004,830		
	c	REGENCY HOSPITAL SERVICES	541,900	1,795,648		1,795,648		
	d	EXERCISE CENTER	713,940	613,679		613,679		
	e	CATH LAB LEASE SPACE	623,000	305,595		305,595		
	f	All other program service revenue		2,680,663	1,270,999	347,016	1,062,648	
	g	Total. Add lines 2a-2f			220,130,903			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			8,096,049		8,096,049	
	4	Income from investment of tax-exempt bond proceeds . . .			356,569		356,569	
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents	431,279					
		b Less rental expenses						
		c Rental income or (loss)	431,279					
	d	Net rental income or (loss)			431,279	431,279		
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d	Net gain or (loss)			133		133	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .			0			
	10a	Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .				0				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			229,029,729	213,432,766	6,066,768	9,515,399	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,695,985		3,473,988	221,997
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	71,114,312	61,101,721	9,781,259	231,332
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,126,209	1,739,401	380,281	6,527
9	Other employee benefits	7,329,323	5,921,992	1,385,163	22,168
10	Payroll taxes	5,276,917	4,408,316	852,867	15,734
11	Fees for services (non-employees)				
a	Management	5,032,193	3,250,740	1,781,453	
b	Legal	471,160		471,160	
c	Accounting	381,579		381,579	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	161,856		161,856	
g	Other	465,425	465,425		
12	Advertising and promotion	470,987	12,017	452,768	6,202
13	Office expenses	3,002,260	745,284	2,245,735	11,241
14	Information technology	3,903,427	2,630,107	1,273,320	
15	Royalties	0			
16	Occupancy	3,434,152	2,598,667	834,659	826
17	Travel	453,032	338,914	103,640	10,478
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	178,336	81,301	94,170	2,865
20	Interest	5,529,393		5,529,393	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,203,710	11,525,998	3,676,103	1,609
23	Insurance	1,784,691	49,163	1,735,528	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	46,805,963	46,541,029	264,902	32
b	BAD DEBT	22,717,771	22,717,771		
c	PURCHASED SERVICES	5,748,851	2,030,656	3,681,577	36,618
d	REPAIRS AND MAINTENANCE	3,644,342	2,603,606	1,040,478	258
e	NON CAPITAL EQUIPMENT	1,951,720	1,777,210	168,642	5,868
f	All other expenses	3,904,863	1,777,952	2,109,264	17,647
25	Total functional expenses. Add lines 1 through 24f	214,788,457	172,317,270	41,879,785	591,402
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			106,550	1	37,409
	2	Savings and temporary cash investments			31,111,517	2	39,303,007
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			33,957,133	4	30,899,100
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,068,692	8	1,150,724
	9	Prepaid expenses and deferred charges			1,931,883	9	1,995,255
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	237,772,641	156,735,508	10c	149,408,673
	b	Less accumulated depreciation	10b	88,363,968			
	11	Investments—publicly traded securities			35,053,944	11	45,327,720
	12	Investments—other securities See Part IV, line 11			6,676,151	12	6,220,160
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			17,489,324	15	16,745,736
	16	Total assets. Add lines 1 through 15 (must equal line 34)			284,130,702	16	291,087,784
Liabilities	17	Accounts payable and accrued expenses			25,918,899	17	22,369,056
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			111,334,908	20	109,086,343
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,520,696	23	2,946,581
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,232,678	25	6,878,725
	26	Total liabilities. Add lines 17 through 25			143,007,181	26	141,280,705
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			141,064,526	27	149,756,869
	28	Temporarily restricted net assets			58,995	28	50,210
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			141,123,521	33	149,807,079
	34	Total liabilities and net assets/fund balances			284,130,702	34	291,087,784

Part XI **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Washington Regional Medical Center	Employer identification number 71-0664687
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Washington Regional Medical Center

Employer identification number
71-0664687

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

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 XIV

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	865,169	807,942		
b	Contributions	262,021	181,309		
c	Investment earnings or losses	21,196	27,812		
d	Grants or scholarships	7,750	8,510		
e	Other expenditures for facilities and programs	111,699	143,384		
f	Administrative expenses				
g	End of year balance	1,028,937	865,169		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 65 000 % %

b

Permanent endowment ▶ 32 000 % %

c

Term endowment ▶ 3 000 % %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

Yes

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,235,385		1,235,385
b Buildings		123,021,143	22,500,403	100,520,740
c Leasehold improvements		3,735,976	1,470,606	2,265,370
d Equipment		101,267,415	62,214,978	39,052,437
e Other		8,512,723	2,177,982	6,334,741
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				149,408,673

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1229,029,729
2	Total expenses (Form 990, Part IX, column (A), line 25)	2214,788,457
3	Excess or (deficit) for the year Subtract line 2 from line 1	314,241,272
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1014,241,272

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1229,029,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b134	
c	Add lines 4a and 4b4c134	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	5229,029,729

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1214,788,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b134	
c	Add lines 4a and 4b4c134	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	5214,788,457

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanat ion
LOSS ON DISPOSAL OF ASSETS	SCHEDULE D, RECONCILIATION	

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Washington Regional Medical Center

Employer identification number
71-0664687

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	1	3,194	4,168,632		4,168,632	1 760 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	9,083	13,741,732	9,299,647	4,442,085	1 870 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs	2	12,277	17,910,364	9,299,647	8,610,717	3 630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6		569,615	25,160	544,455	0 230 %
f Health professions education (from Worksheet 5)	3		100,000		100,000	0 040 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1		116,441	22,149	94,293	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			121,158		121,158	0 050 %
j Total Other Benefits	10		907,214	47,309	859,906	0 360 %
k Total. Add lines 7d and 7j)	12	12,277	18,817,578	9,346,956	9,470,623	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	25,577,213	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3557,721	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	571,099,310	
6	Enter Medicare allowable costs of care relating to payments on line 5	667,086,815	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	74,012,495	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)							
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital

WASHINGTON REGIONAL MEDICAL CENTER
3215 NORTHHILLS BLVD
FAYETTEVILLE, AR 72703

X X X X

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

THE ORGANIZATION PREPARES A COMMUNITY BENEFIT REPORT ANNUALLY AND PRESENTS THE REPORT TO THE WASHINGTON COUNTY, ARKANSAS QUORUM COURT AND POSTS THE REPORT ON THE ORGANIZATION'S WEBSITE

THE ORGANIZATION REPORTS NO SUBSIDIZED HEALTH SERVICES, BUT ITS SOLE MEMBER, WASHINGTON REGIONAL MEDICAL SYSTEM, OPERATES A PHYSICIAN CLINIC CALLED THE PAT WALKER CENTER FOR SENIORS (PWCS) THE PWCS WAS CREATED TO SERVE THE COMMUNITY'S SENIOR CITIZENS WHO ARE ALMOST EXCLUSIVELY MEDICARE BENEFICIARES THE PWCS WAS CREATED TO ADDRESS THE FACT THAT OTHER AREA PROVIDERS WERE UNWILLING TO ACCEPT ADDITIONAL MEDICARE PATIENTS DUE TO THE LOW AMOUNT OF MEDICARE REIMBURSEMENT WASHINGTON REGIONAL PROVIDED THIS SUBSIDIZED SERVICE IN 2009 AT A NET LOSS OF \$1,823,056 TO ENSURE ACCESS TO MEDICAL CARE FOR SENIORS

BAD DEBT IS EXCLUDED FROM TOTAL EXPENSE FOR CALCULATION OF % OF TOTAL EXPENSE THE ORGANIZATION EXCLUDED FROM TOTAL EXPENSE BAD DEBT OF \$22,717,772 FOR THE PURPOSE OF CALCULATING COMMUNITY BENEFIT PERCENT OF TOTAL EXPENSES

THE ORGANIZATION USES A COST ACCOUNTING SYSTEM WHICH ADDRESSES VARIOUS PATIENT SEGMENTS, E G INPATIENTS, OUTPATIENTS, EMERGENCY ROOM PATIENTS, ETC

THE ORGANIZATION PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS PATIENT ACCOUNTS ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT THE COST OF BAD DEBT IS ESTIMATED BY USING A COST TO CHARGE RATIO THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR CHARITY IS ESTIMATED TO BE 10%, OR A RELATIVELY SMALL NUMBER, AS PATIENTS HAVE MANY CHANCES TO LEARN ABOUT FINANCIAL ASSISTANCE, AND THE ASSUMPTION IS MADE THAT QUALIFYING PATIENTS WILL ACT UPON INFORMATION RECEIVED THE ORGANIZATION FOLLOWS THE VHA/CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS, AND AS SUCH, DOES NOT REPORT BAD DEBT FROM THE TREATMENT OF PATIENTS AS A COMMUNITY BENEFIT

THE ORGANIZATION FOLLOWS THE VHA/CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS, AND AS SUCH, WOULD NOT REPORT A SHORTFALL FROM THE TREATMENT OF MEDICARE PATIENTS AS A COMMUNITY BENEFIT

THE ORGANIZATION'S BAD DEBT POLICY SPECIFICALLY ADDRESSES THAT COLLECTION AGENCIES ARE REQUIRED TO ANALYZE THE PATIENT'S ABILITY TO PAY, AND IN THE EVENT THAT CHARITY IS IDENTIFIED, THE ACCOUNT IS RETURNED TO A/R AND THEN PROMPTLY WRITTEN OFF TO CHARITY

CENTER FOR EXERCISE SLEEP LAB WOUND CENTER

- 2
- Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

THE ORGANIZATION CONDUCTS NEEDS ASSESSMENTS IN A VARIETY OF WAYS WITH RESPECT TO PRACTITIONER RECRUITMENT IN THE DEVELOPEMENT OF NEW HEALTH CARE SERVICES, THE ORGANIZATION MAY PERFORM INTERNAL ASSESSMENTS OF THE NEED FOR SUCH PROVIDERS OR SERVICES OR ENGAGE EXTERNAL CONSULTANTS TO ASSESS THOSE NEEDS THE ORGANIZATION IS ALSO ADVISED BY ITS COMMUNITY BASED BOARD OF DIRECTORS, MEDICAL STAFF, LOCAL GOVERNMENT, AND LOCAL NONPROFIT ORGANIZATIONS OF COMMUNITY NEEDS THAT MIGHT BE ADDRESSED BY THE ORGANIZATION THE ORGANIZATION ALSO IDENTIFIES THE NEED FOR NEW SERVICES OR SHORTCOMINGS IN EXISTING COMMUNITY HEALTH RESOURCES BY ANALYZING UTILIZATION PATTERNS IN ITS SERVICE OFFERINGS, E G PATIENTS PRESENTING TO THE E/D FOR SERVICES NO LONGER PROVIDED ELSEWHERE THE PAT WALKER CENTER FOR SENIORS IS AN EXAMPLE WHERE THE ORGANIZATION HAS RESPONDED TO THE NEEDS OF A PATIENT POPULATION WHO BECAME UNDERSERVED WHEN OTHER LOCAL PROVIDERS ELECTED TO DISCONTINUE SERVICES TO THE ELDERLY POPULATION DUE TO REDUCED MEDICARE REIMBURSEMENT

- 3
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

DURING PRE-REGISTRATION AND REGISTRATION, STAFF IDENTIFY PATIENT FINANCIAL NEEDS DURING DISCUSSIONS OF SOURCE OF PAYMENT WHEN PATIENTS STATE AN INABILITY TO PAY, ORGANIZATION PERSONNEL SCREEN FOR CHARITY ELIGIBILITY BY ASKING FOR INCOME AND FAMILY SIZE PATIENTS THAT STAFF BELIEVE MAY QUALIFY FOR FINANCIAL ASSISTANCE ARE REFERRED TO FINANCIAL COUNSELORS TO DISCUSS CHARITY ASSISTANCE AVAILABLE, INFORMATION NEEDED, AND THE DECISION PROCESS DURING THE A/R PRE-COLLECTION PROCESS, CORRESPONDENCE LETTERS FROM THE ORGANIZATION CLEARLY STATE THAT PATIENTS WHO BELIEVE THAT THEY MAY QUALIFY FOR ASSISTANCE UNDER THE CHARITY ASSISTANCE PROGRAM SHOULD CALL FOR THIS SPECIFIC HELP PHONE DISCUSSIONS, DURING THE A/R PRE-COLLECTION PHASE AND THE BAD DEBT COLLECTION PHASE, SCREEN FOR THOSE WHO MAY QUALIFY FOR BENEFITS UNDER THE CHARITY CARE POLICY THIS IS EVIDENCED BY THE MANY INSTANCES OF CHARITY PROVIDED TO ACCOUNTS THAT WERE IN THE COLLECTION OR THE BAD DEBT COLLECTION PHASE WHEN THE CHARITY DETERMINATION WAS MADE THE ORGANIZATION ALSO ATTEMPTS TO IDENTIFY HEALTHCARE COVERAGE UNDER FEDERAL AND STATE PROGRAMS AND FACILITATE PATIENTS' ENROLLMENT IN SUCH PROGRAMS FUNDING OF THESE EFFORTS IN 2009 COST \$300,000

- 4
- Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

THE ORGANIZATION SERVES AS A REGIONAL REFERRAL CENTER FOR NORTHWEST ARKANSAS, WESTERN OKLAHOMA, AND SOUTHWEST MISSOURI WRMC'S PRIMARY AND SECONDARY SERVICE AREAS INCLUDE WASHINGTON, BENTON, MADISON AND CARROLL COUNTIES THE ESTIMATED POPULATION FOR THESE FOUR COUNTIES IN NORTHWEST ARKANSAS IN 2009 WAS 462,493 FOR THESE FOUR COUNTIES, THE MEDIAN HOUSEHOLD INCOME WAS \$42,613 AND THE INCOME PER CAPITA WAS \$21,721 OVER 65% OF OUR INPATIENT ADMISSIONS WERE FROM WASHINGTON COUNTY AND 13% PERCENT FROM BENTON COUNTY OVER 8% PERCENT OF OUR PATIENTS CAME FROM MADISON AND CARROLL COUNTIES AND 4% FROM NEIGHBORING OKLAHOMA AND MISSOURI THE REMAINING PERCENTAGE CAME FROM OTHER COUNTIES IN ARKANSAS AND FROM ACROSS THE NATION WASHINGTON AND BENTON COUNTY RESIDENTS REPRESENTED OVER 84% OF OUR OUTPATIENTS OF THE TOTAL ADMISSIONS IN 2009, 21% WERE UNINSURED OR MEDICAID RECIPIENTS THERE ARE TWO OTHER MEDICAL SYSTEMS IN NORTHWEST ARKANSAS THAT OWN FIVE HOSPITALS IN THE PRIMARY AND SECONDARY SERVICE AREAS OF WASHINGTON REGIONAL MEDICAL CENTER

- 5
- Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

THE ORGANIZATION PROVIDES COMMUNITY SUPPORT THROUGH BEING A MAJOR PARTICIPANT IN DISASTER READINESS, PUBLIC HEALTH EMERGENCY ACTIVITIES, AND COMMUNITY DISEASE SURVEILLANCE FROM AN ENVIRONMENTAL PERSPECTIVE, THE ORGANIZATION SEGREGATES AND PROPERLY DISPOSES OF HAZARDOUS CLINICAL WASTE IN ORDER TO SAFEGUARD COMMUNITY NATURAL RESOURCES, PART OF THE ORGANIZATION'S MISSION IS TO IMPROVE THE HEALTH OF THE CITIZENS IN THE COMMUNITIES WE SERVE, AND THE ORGANIZATION IMPORTANTLY ADDED WALKING TRAILS AROUND THE CAMPUS, CONNECTED THESE TRAILS TO THE CITY'S WALKING TRAILS, AND CONTRIBUTED LAND TO THE CITY TO ADD TO ITS WALKING TRAILS THE ORGANIZATION CONTINUALLY ASSESSES NEEDS FOR VARIOUS PHYSICIANS, AND RECRUITS AS APPROPRIATE IN 2009, WASHINGTON REGIONAL ADDED 47 NEW PHYSICIANS IN THE AREAS OF NEPHROLOGY, DERMATOLOGY, EMERGENCY MEDICINE, NEONATOLOGY, OBSTETRICS/GYNCOLOGY, NEUROLOGY, OTOLARYNGOLOGY, PATHOLOGY, CARDIOLOGY, HEMATOLOGY, ORTHOPEDICS, INFECTIOUS DISEASE, ORAL AND MAXILLOFACIAL SURGERY, OPHTHALMOLOGY, FAMILY PRACTICE, INTERNAL MEDICINE, PHYSICAL MEDICINE/REHABILITATION AND TELEMEDICINE INCLUDED IN THE 2009 COMMUNITY BENEFITS TOTALS, THE ORGANIZATION PROVIDED \$100K IN FINANCIAL SUPPORT TO THE UNIVERSITY OF ARKANSAS AND NORTHWEST ARKANSAS COMMUNITY COLLEGE TO ASSIST NURSING EDUCATION PROGRAMS AT EACH INSTITUTION

- 6
- Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

THE BOARD IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE LOCALLY AND ARE NOT EMPLOYEES OR FAMILY MEMBERS OF EMPLOYEES ONE BOARD MEMBER IS A CONTRACTOR OF THE ORGANIZATION THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY WE RECRUIT BOTH PRIMARY CARE PHYSICIANS AND SPECIALISTS TO OUR MEDICAL STAFF ON A CONTINUAL BASIS WITH MORE THAN 380 DOCTORS ON OUR MEDICAL STAFF, WASHINGTON REGIONAL HAS THE EXPERTISE NEEDED BY OUR PATIENTS IN MOST BRANCHES OF SPECIALIZED MEDICINE AND SURGERY -INCLUDING LEADING EXPERTS IN CARDIAC SURGERY, VASCULAR INTERVENTIONS SUCH AS CARTOID STENTING, NEONATOLOGY, AND INTERVENTIONAL RADIOLOGY THE ORGANIZATION ACTS RESPONSIBLY IN THE ALLOCATION OF SURPLUS THROUGH THE PROVISION OF GENEROUS COMMUNITY BENEFITS CHARITY WAS PROVIDED AT A COST OF \$4.4 MILLION ALONG WITH THE UNREIMBURSED COST OF MEDICAID SERVICES AT \$4.4 MILLION THESE TWO CATEGORIES BENEFITED IN EXCESS OF 12,000 PATIENTS WHO WERE UNABLE TO PAY FOR THEIR CARE OR ONLY PAY A PORTION OF THE COST PRENATAL CARE AT THE WASHINGTON COUNTY HEALTH DEPARTMENT WAS SUPPORTED BY CASH DONATIONS OF \$47,000 THE FREE HEALTH CLINIC WAS SUPPORTED BY DONATIONS OF \$41,000 THE ORGANIZATION HAS ALSO BEEN A CONSISTENT FUNDING SOURCE FOR THE WASHINGTON COUNTY HIV CLINIC WITH DONATIONS OF \$117,000 IN 2009 THE GOAL OF THIS CLINIC IS TO MANAGE THE HEALTH OF HIV POSITIVE PATIENTS IN THE MOST COST EFFECTIVE MANNER THE ORGANIZATION ALSO ATTEMPTS TO IDENTIFY, FOR PATEINTS, HEALTHCARE COVERAGE UNDER FEDERAL AND STATE PROGRAMS AND FACILITATE ENROLLMENT IN SUCH PROGRAMS FUNDING OF THESE EFFORTS IN 2008 COST \$284,000 EDUCATIONAL FUNDING TO HELP ADDRESS THE SHORTAGE OF HEALTHCARE WORKERS, SPECIFICALLY RN'S, RADIOLOGY TECHS AND ULTRASOUND TECHS, TOTALED \$187,000 WASHINGTON REGIONAL'S DEDICATION TO THE IMPLEMENTATION OF THE ELECTRONIC MEDICAL RECORD HAS BEEN UNSURPASSED BY MANY HOSPITALS IN 2009, WRMC WAS RATED IN THE TOP 1% OF OVER 5,000 HOSPITALS NATIONWIDE FOR PROGRESS IN COMPLETING THE GOAL OF CREATING A PAPERLESS PATIENT RECORD ENVIRONMENT THE HISTORIC STEP IN 2009 WAS THE COMPUTERIZED PROVIDER ORDER ENTRY (CPOE) PORTION OF THE ELECTRONIC MEDICAL RECORD (EMR) IT TOOK 18 MONTHS TO BUILD AND ANOTHER 9 MONTHS TO TRAIN AND ROLL-OUT THROUGHOUT THE HOSPITAL ALL TOLD, WASHINGTON REGIONAL'S COMPREHENSIVE EMR SYSTEM REPRESENTS A TOTAL FINANCIAL COMMITMENT OF MORE THAN \$23 MILLION ONE OF THE MANY CLINICAL ENHANCEMENTS MADE POSSIBLE WITH THE ELECTRONIC MEDICAL RECORD IS THE RAPID RESPONSE TEAM (RRT) OR PRE-CODE TEAM IN THE PAST THREE YEARS, OUR RAPID RESPONSE TEAM INITIATIVE HAS DECREASED OUR OUT OF CRITICAL CARE ARREST FROM 4.2 PER MONTH TO ONLY 1.0 PER MONTH FOR 2009 WRMC'S QUALITY CARE RATINGS CONSISTENTLY EXCEED NATIONAL STANDARDS BELOW ARE SOME OF OUR 2009 ACCOMPLISHMENTS THE AVERAGE LENGTH OF TIME PATIENTS REMAINED IN OUR HOSPITAL WAS 4 DAYS THAT'S 5% LOWER THAN EXPECTED, AND TRANSLATES TO PEOPLE GETTING BACK TO THEIR WORK AND THEIR LIVES SOONER, AT A COST SAVINGS TO THE COMMUNITY AND TO BUSINESSES INCIDENCE OF SEPSIS IS 32% BELOW NATIONAL AVERAGE, DEEP VEIN THROMBOSIS INDICENCE IS 27% LOWER THAN THE NATIONAL AVERAGE, OUR MORTALITY RATE WAS 32% LOWER THAN THE NATIONAL AVERAGE, WHICH TRANSLATES TO 71 MORE MEMBERS OF OUR COMMUNITY - OVER THE PAST YEAR - WHO ARE ALIVE TODAY DUE TO EXCEPTIONAL CARE THEY RECEIVED AT WASHINGTON REGIONAL ALSO IN 2009, WRMC CONTINUED TO PROVIDE INTENSIVIST, PHYSICIANS WITH ADVANCED CRITICAL CARE BOARD CERTIFICATION WHO SPECIALIZE IN TREATING THE MOST SERIOUSLY ILL OR INJURED PATIENTS STUDIES HAVE SHOWN THAT PATIENTS WHOSE CARE IS MANAGED BY A SPECIALLY TRAINED INTENSIVIST IN THE ICU/CCU RECOVER MORE QUICKLY AND ACHIEVE GREATER CLINICAL OUTCOMES OVERALL WITH THE PRESENCE OF THESE SPECIALISTS, ICU MORTALITY RATES ARE DECREASED BY 30% THIS PROGRAM IS ONE OF THE NATIONAL QUALITY FORUM'S BEST PRACTICES AND WRMC WAS FIRST IN NWA TO BRING THIS LEVEL OF CARE TO THE COMMUNITY

- 7
- If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

PARENT CORPORATION, WASHINGTON REGIONAL MEDICAL SYSTEM, PROVIDES PLANNING AND COORDINATION OF THE DELIVERY OF HEALTH SERVICES AND ALSO OPERATES PHYSICIAN CLINICS THE ORGANIZATION, WASHINGTON REGIONAL MEDICAL CENTER, IS THE LARGEST PROVIDER OF ACUTE CARE SERVICES IN NORTHWEST ARKANSAS WASHINGTON REGIONAL MEDICORP IS A SIBLING CORPORATION THAT PROVIDES SERVICES FOR THE ELDERLY INCLUDING LONG TERM CARE, SKILLED NURSING, AND ASSISTED LIVING EUREKA REGIONAL HEALTH PROVIDES MEDICAL FACILITIES IN CARROLL COUNTY FOR A PHYSICIAN CLINIC WASHINGTON REGIONAL MEDICAL FOUNDATION PROVIDES FUNDRAISING ACTIVITIES THAT SUPPORT WASHINGTON REGIONAL MEDICAL CENTER'S MISSION OF IMPROVING THE HEALTH OF CITIZENS IN THE COMMUNITIES IT SERVES WASHINGTON REGIONAL MEDICAL SERVICES PROVIDES MEDICAL REAL ESTATE FOR VARIOUS MEDICAL OFFERINGS SUCH AS BROOKSTONE ASSISTED LIVING, OFFICE SPACE FOR WASHINGTON REGIONAL MEDICAL FOUNDATION, AND PARKING SPACE FOR THE NORTH HILLS CAMPUS THE ORGANIZATION HAS FOUR SUBSIDIARIES THE 51% OWNED DIALYSIS CENTERS OF NORTHWEST ARKANSAS PROVIDES CHRONIC DIALYSIS SERVICES TO PATIENTS WITH RENAL FAILURE THE 54% OWNED NORTH HILLS SURGERY CENTER PROVIDES OUTPATIENT SURGICAL SERVICES THE 50% OWNED HEALTH PARTNERS, PHO COORDINATES CONTRACTING BETWEEN PROVIDERS, INSURERS, AND SOME EMPLOYERS TO FACILITATE THE ACCESS OF CARE TO THE COMMUNITY THE 100% OWNED WASHINGTON REGIONAL REHABILITATIVE SERVICES, LLC HOLDS A 50% OWNERSHIP IN THE REHAB HOSPITAL THROUGH THIS OWNERSHIP, THE ORGANIZATION ENSURES ACCESS TO QUALITY REHAB SERVICES FOR PATIENTS REGARDLESS OF ABILITY TO PAY

- 8
- If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Washington Regional Medical Center

Employer identification number
71-0664687

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
William L Bradley	(i) (ii)	385,875		40,012	286,423	31,991	744,301	40,380
Mark A Bever	(i) (ii)	227,864		16,216	140,565	15,846	400,491	14,314
Claudia A Williams	(i) (ii)	144,241		8,224	94,836	14,029	261,330	14,644
Daniel R Eckels	(i) (ii)	215,854		27,419	145,619	9,777	398,669	26,706
Rebecca D Magee	(i) (ii)	204,830			125,143	18,659	348,632	0
Thomas J Olmstead	(i) (ii)	207,690		16,497	136,989	8,815	369,991	16,285
David G Ratcliff MD	(i) (ii)	207,639 52,397		23,389 5,902	143,822 36,293	8,995 2,270	383,845 96,862	21,738 5,486
Stephen M Percival	(i) (ii)	123,450			47,822	9,812	181,084	0
Eileen C Kradel	(i) (ii)	113,307		1,081	43,573	4,548	162,509	0
William C Rogers	(i) (ii)	128,812		5,273	77,252	10,660	221,997	9,376
James V Wardein	(i) (ii)	55,044 106,849		9,599 18,633	28,679 55,671	4,817 9,351	98,139 190,504	5,016 9,736
Matthew G Cheadle MD	(i) (ii)	364,542				10,512	375,054	
Rogers C Montgomery MD	(i) (ii)	250,333	17,000	5,602	18,000	11,795	302,730	6,000
Anthony W Williams MD	(i) (ii)	230,438	18,000	5,917	17,333	10,341	282,029	6,000
Rene E Diamond MD	(i) (ii)	220,000	17,500	7,952	17,183	5,199	267,834	6,000
Bradley G Campbell MD	(i) (ii)	220,000	16,000	6,758	17,178	9,957	269,893	6,000

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, 4a	RECEIVE A SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT	The Organization answered "yes" to this question because it paid severance to Kyle McCann, an officer of the Organization whose compensation is disclosed on the Core Form, Part VII. Compensation is not reported on Schedule J as it did not meet the minimum requirement for reporting on Schedule J. Severance paid was \$20,916. The terms of the severance arrangement were that the Organization would pay Mr. McCann the severance amount in return for a waiver of all claims against the Organization.
SCHEDULE J, PART I, 4b	PARTICIPATE IN, OR RECEIVE PMTS FROM SUPPLEMENTAL NON-QUALIFIED RET. PLAN	ANY AMOUNTS RECEIVED FROM PARTICIPATION IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WERE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). WILLIAM BRADLEY RECEIVED 40380 FROM PARTICIPATION IN A 457(F) PLAN. MARK BEVER RECEIVED 14740 FROM PARTICIPATION IN A 457(F) PLAN. DANIEL ECKELS RECEIVED 27679 FROM PARTICIPATION IN A 457(F) PLAN. THOMAS OLMSTEAD RECEIVED 16285 FROM PARTICIPATION IN A 457(F) PLAN. DAVID RATCLIFF RECEIVED 28175 FROM PARTICIPATION IN A 457(F) PLAN. JIM WARDEIN RECEIVED 33979 FROM PARTICIPATION IN A 457(F) PLAN. CLAUDIA WILLIAMS RECEIVED 14847 FROM PARTICIPATION IN A 457(F) PLAN. BILL ROGERS RECEIVED 9718 FROM PARTICIPATION IN A 457(F) PLAN.

Software ID:

Software Version:

EIN: 71-0664687

Name: Washington Regional Medical Center

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
William L Bradley	(i) (ii)385,875		40,012	286,423	31,991	744,301	40,380
Mark A Bever	(i) (ii)227,864		16,216	140,565	15,846	400,491	14,314
Claudia A Williams	(i) (ii)144,241		8,224	94,836	14,029	261,330	14,644
Daniel R Eckels	(i) (ii)215,854		27,419	145,619	9,777	398,669	26,706
Rebecca D Magee	(i) (ii)204,830			125,143	18,659	348,632	0
Thomas J O Imstead	(i) (ii)207,690		16,497	136,989	8,815	369,991	16,285
David G Ratcliff MD	(i)207,639		23,389	143,822	8,995	383,845	21,738
	(ii)52,397		5,902	36,293	2,270	96,862	5,486
Stephen M Percival	(i) (ii)123,450			47,822	9,812	181,084	0
Eileen C Kradel	(i) (ii)113,307		1,081	43,573	4,548	162,509	0
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James V Wardein	(i)55,044		9,599	28,679	4,817	98,139	5,016
	(ii)106,849		18,633	55,671	9,351	190,504	9,736
Matthew G Cheadle MD	(i) (ii)364,542				10,512	375,054	
Rogers C Montgomery MD	(i) (ii)250,333	17,000	5,602	18,000	11,795	302,730	6,000
Anthony W Williams MD	(i) (ii)230,438	18,000	5,917	17,333	10,341	282,029	6,000
Rene E Diamond MD	(i) (ii)220,000	17,500	7,952	17,183	5,199	267,834	6,000
Bradley G Campbell MD	(i) (ii)220,000	16,000	6,758	17,178	9,957	269,893	6,000

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>		OMB No 1545-0047
			2009
			Open to Public Inspection
Department of the Treasury Internal Revenue Service			
Name of the organization Washington Regional Medical Center		Employer identification number 71-0664687	

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	WASHINGTON COUNTY ARKANSAS SERIES 2005A	71-6003197	937537CH9	08-17-2005	24,770,750	NEW HOSPITAL CONSTRUCTION		X		X
B	WASHINGTON COUNTY ARKANSAS SERIES 2005B	71-6003197	937537CH9	08-17-2005	85,282,996	REFUNDED BONDS ISSUED 4/5/2000		X		X

Part II

Proceeds

	A	B	C	D	E
1	Total proceeds of issue	24,826,306	85,466,596		
2	Gross proceeds in reserve funds	5,959,848	5,959,848		
3	Proceeds in refunding or defeasance escrows	84,056,889	84,056,889		
4	Other unspent proceeds				
5	Issuance costs from proceeds	218,340	739,654		
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds	24,552,410			
8	Year of substantial completion	2008	2002		
	YesNo	YesNo	YesNo	YesNo	YesNo
9	Were the bonds issued as part of a current refunding issue?	X	X		
10	Were the bonds issued as part of an advance refunding issue?	X	X		
11	Has the final allocation of proceeds been made?	X	X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X		

Part III

Private Business Use

	A	B	C	D	E
	YesNo	YesNo	YesNo	YesNo	YesNo
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X	X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X	X		

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 610 %		0 610 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		5 230 %								
6	Total of lines 4 and 5		5 230 %		0 610 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X	X							
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X	X							
6	Did the bond issue qualify for an exception to rebate?		X		X						

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Washington Regional Medical Center	Employer identification number 71-0664687
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Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 11a	COPY OF FORM 990 PROVIDED TO GOVERNING BODY PRIOR TO FILING	In advance of tax year 2009, the General Counsel and Chief Financial Officer of the Organization provided members of the board of directors with education regarding the regulatory requirements and areas of inquiry contained within the revised Form 990. At a duly called meeting of the Organization's Audit and Finance Committee, which is comprised of the Organization's board of directors, held in November 2010, copies of the proposed Form 990 filing prepared on behalf of the Organization were presented and reviewed with the board membership in detail by the Organization's Chief Financial Officer and General Counsel.
PART VI, SECTION B, LINE 12 C	MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY	The terms of the Conflict of Interest Policy are incorporated within the Bylaws of the Organization, are reviewed annually with the Board of Directors, each of whom are required to sign an acknowledgment that they have reviewed the policy and are aware of its terms, and is reviewed in detail at the time of new board member orientation. As potential conflicts arise, those conflicts are addressed pursuant to the policy.
PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION	The Board of Directors of a Related Organization (Washington Regional Medical System) has a standing Compensation Committee comprised of independent members of the Board of Directors of the Related Organization that regularly review the performance of the members of senior management of the Organization, engage independent compensation consultant, tax and legal advisors to ascertain and opine as to the reasonableness of total compensation paid to members of senior management, as determined on the basis of compensation surveys prepared by such advisors, and who determine the total compensation paid members of senior management of the Organization in conformance with the rebuttable presumption requirements of Section 4958 of the Internal Revenue Code.
PART VI, SECTION C, LINE 19	HOW THE ORGANIZATION MAKES CERTAIN DOCUMENTS AVAILABLE TO THE PUBLIC	The Organization's Form 990 filing, governing documents, conflict of interest policy, and certain financial statements are available to the public upon written request.
PART VI, SECTION A, LINE 2, SCH L Part IV	OFFICER OR DIRECTOR BUSINESS RELATIONSHIPS	Ann Rosso, David McClinton, and Woody Bassett serve as Directors for both the Organization and The Bank of Fayetteville. The Organization maintains bank accounts at The Bank of Fayetteville. Bill Bradley, CEO, serves as a director of Arvest Bank. The organization also maintains bank accounts at Arvest. Anthony Hui is a Director of the Organization and serves as the President of North West Arkansas Pathology Associates, P.A. The Organization purchases pathology services from North West Arkansas Pathology Associates, P.A.
PART VI, SECTION A, LINE 7A	DOES THE ORGANIZATION HAVE MEMBERS WHO MAY ELECT MEMBERS OF GOVERNING BODY?	THE ORGANIZATION HAS A MEMBER WHO IS AUTHORIZED TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY AS PERMITTED UNDER THE ARKANSAS NONPROFIT CORPORATION ACT OF 1993.
PART VI, SECTION A, LINE 6	DOES THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?	THE ORGANIZATION HAS A MEMBER AS PERMITTED UNDER THE ARKANSAS NONPROFIT CORPORATION ACT OF 1993.
PART VI, SECTION A, LINE 7B	ARE ANY DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBER?	THE MEMBER OF THE ORGANIZATION HAS THE RIGHT TO APPROVE CERTAIN ACTIONS OF THE ORGANIZATION'S GOVERNING BODY AS ARE RESERVED TO THE MEMBER UNDER THE ARKANSAS NONPROFIT CORPORATION ACT OF 1993.

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
DIALYSIS CENTER OF NORTHWEST ARKANSAS 107 E MONTE PAINTER DR FAYETTEVILLE, AR72703 43-2074310 WR REHABILITATION SERVICES	RENAL DIALYSI	AR	Wash Reg Med Ct	RELATED	606,104	1,126,126	No			Yes	
3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 26-1611632 NORTH HILLS SURGERY CENTER	PARTNER IN REHAB	AR	Wash Reg Med Ct	RELATED	903,367	2,742,686	No			Yes	
1125 N COLLEGE FAYETTEVILLE, AR72703 71-0807771	AMB SURG CTR	AR	Wash Reg Med Ct	RELATED	263,815	140,256	No			Yes	

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
HEALTH PARTNERS 180 W APPLEBY RD FAYETTEVILLE, AR72703 71-0764667	PHO	AR	NA	C	40,507	157,505	0 500 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

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

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

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

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i Yes

1j No

1k Yes

1l No

1m No

1n No

1o No

1p No

1q No

1r Yes

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 71-0664687

Name: Washington Regional Medical Center

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
WASHINGTON REGIONAL MEDICAL SYSTEM 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 71-0664686	PHYS CLINIC	AR	501(C)3	11	
WASHINGTON REGIONAL MEDICAL SERVICES 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 71-0664683	MEDICAL R/E	AR	501(C)3	11	
WASHINGTON REGIONAL MEDICORP 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 71-0707450	LTC HOSPITAL	AR	501(C)3	3	
WASHINGTON REGIONAL FOUNDATION 3215 N NORTHHILLS FAYETTEVILLE, AR72703 71-0664685	FUNDRAISING	AR	501(C)3	11	
WASHINGTON REGIONAL OUTREACH SERVICES 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 58-1913581	MEDICAL R/E	AR	501(C)3	11	
EUREKA REGIONAL HEALTH 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 71-0769450	MEDICAL R/E	AR	501(C)3	11	
WASHINGTON REGIONAL MED CTR AUXILLARY 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR72703 71-0503767	VOLUNTEER SVC	AR	501(C)3	11	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Washington Regional Medical System	K	179,567
(2)	Washington Regional Medicorp	K	226,582
(3)	Washington Regional Medical System	I	322,380
(4)	Washington Regional Foundation	R	1,055,244
(5)	Washington Regional Medical System	R	-6,800,000
(6)	Washington Regional Medical Services	A	107,874
(7)	Washington Regional Medical Services	J	-15,400
(8)	Washington Regional Medical System	J	-83,902

Additional Data

Software ID:
Software Version:
EIN: 71-0664687
Name: Washington Regional Medical Center

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code)	(Expenses \$	4,639,035	including grants of \$	(Revenue \$	6,669,375)
HOSPICE/HOME HEALTH					
(Code)	(Expenses \$	768,081	including grants of \$	(Revenue \$	31,879)
COMMUNITY BENEFITS					
(Code)	(Expenses \$	710,498	including grants of \$	(Revenue \$	702,995)
EDUCATION					

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David C McClinton Chairman		X								
Woodson W Bassett III Esquire Vice Chairman		X								
Dorothy J Hanby Secretary		X								
Timothy T Helder Director		X								
Ann B Rosso Director		X								
Daniel E Ferritor PhD Director		X								
Anthony N Hui MD Director		X								
M Gareth Eck MD Director		X								
James D Sharp MD Director		X								
William L Bradley President/CEO	40 0			X				425,887		318,414
Mark A Bever Exec VP/Admin	40 0			X				244,080		156,411
Claudia A Williams Chief Nurse Officer	40 0			X				152,465		108,865
Daniel R Eckels SR VP/CFO	40 0			X				243,273		155,396
Rebecca D Magee SR VP/CIO	40 0			X				204,830		143,802
Thomas J Olmstead SR VP/Gen Counsel	40 0			X				224,187		145,804
David G Ratcliff MD Chief Medical Officer	40 0			X				231,028	58,299	191,380
Stephen M Percival VP of Human Resources	40 0			X				123,450		57,634
Eileen C Kradel Compliance Officer	40 0			X				114,388		48,121
William C Rogers Exec Director Foundation	40 0			X				134,085		87,912
James V Wardein Exec Diretor Health Partners	40 0			X				64,643	125,482	98,518
Kyle L McCann SR VP/COO	40 0			X				108,016		16,982
Matthew G Cheadle MD Neonatologist	40 0					X		364,542		10,512
Rogers C Montgomery MD Hospitalist	40 0					X		272,935		29,795
Anthony W Williams MD Hospitalist	40 0					X		254,355		27,674
Rene E Diamond MD Hospitalist	40 0					X		245,452		22,382

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bradley G Campbell MD Hospitalist	40.0					X		242,758		27,135

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE	900,099	211,730,488	211,730,488		
REFERENCE LAB	621,500	3,004,830		3,004,830	
REGENCY HOSPITAL SERVICES	541,900	1,795,648		1,795,648	
EXERCISE CENTER	713,940	613,679		613,679	
CATH LAB LEASE SPACE	623,000	305,595		305,595	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	46,805,963	46,541,029	264,902	32
BAD DEBT	22,717,771	22,717,771		
PURCHASED SERVICES	5,748,851	2,030,656	3,681,577	36,618
REPAIRS AND MAINTENANCE	3,644,342	2,603,606	1,040,478	258
NON CAPITAL EQUIPMENT	1,951,720	1,777,210	168,642	5,868