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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WHITE COUNTY MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3214 EAST RACE AVENUE
Suite

City or town, state or province, country, and ZIP or foreign postal code
SEARCY, AR 72143

D Employer identification number
71-0772737

E Telephone number
(501) 268-6121

G Gross receipts $ 264,400,143

F Name and address of principal officer
RAYMOND MONTGOMERY II
3214 EAST RACE AVENUE
SEARCY, AR 72143

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITY-HEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile AR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION MAINTAINED A HOSPITAL IN SEARCY, AR TO BENEFIT THE SEARCY, AR TO BENEFIT THE SURROUNDING AREA THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR FINANCIAL STATUS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,040
6	Total number of volunteers (estimate if necessary)	**6**	157
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,830
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-4,570

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	90,000	50,000
	9 Program service revenue (Part VIII, line 2g)	224,641,434	224,484,698
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,033,978	3,047,663
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,554,169	3,153,801
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,319,581	230,736,162
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,385,153	17,810,779
	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)	76,549,894	79,886,039
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	121,367,223	115,599,754
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	214,302,270	213,296,572
	19 Revenue less expenses Subtract line 18 from line 12	16,017,311	17,439,590

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	222,788,504	242,004,683
	21 Total liabilities (Part X, line 26)	34,523,632	35,043,822
	22 Net assets or fund balances Subtract line 21 from line 20	188,264,872	206,960,861

Part II Signature Block

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

Sign Here

****** | 2015-08-10
Signature of officer | Date

STUART HILL VICE PRESIDENT/ TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMBER SHERRILL		2015-08-10		P00748683

Firm's name ▶ BKD LLP | Firm's EIN ▶

Firm's address ▶ PO BOX 3667
LITTLE ROCK, AR 722033667 | Phone no (501) 372-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE THE QUALITY OF HEALTH AND WELL-BEING FOR THE COMMUNITIES WE SERVE THROUGH COMPASSIONATE CARE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 191,482,088 including grants of $ 17,810,779) (Revenue $ 226,194,728)

THE ORGANIZATION MAINTAINED A HOSPITAL IN SEARCY, ARKANSAS TO BENEFIT THE SURROUNDING AREA THE HOSPITAL PROVIDES CARE TO PATIENTS MEETING CERTAIN CRITERIA WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY CHARGES EXCLUDED FROM REVENUE UNDER THE MEDICAL CENTER'S CHARITY CARE POLICY WERE $9,485,047 AND $11,628,845 FOR FISCAL YEAR END 2014 AND 2013, RESPECTIVELY THERE WAS A REDUCTION IN CHARITY CARE IN FISCAL YEAR ENDED 9/30/2014, DUE TO MEDICAID EXPANSION IN ARKANSAS

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 191,482,088

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	110		
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		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,040		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		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 ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶STUART HILL 3214 EAST RACE AVENUE
SEARCY, AR 72143 (501) 380-1001

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH FEATHER VICE CHAIRMAN	1 0 1 0	X		X				0	0	0
(2) MARVIN DELK DIRECTOR	1 0 1 0	X						0	0	0
(3) EUGENE MCKAY DIRECTOR	1 0 1 0	X						0	0	0
(4) MITCHELL HAMILTON CHAIRMAN	1 0 1 0	X		X				0	0	0
(5) JIM WILSON SECRETARY	1 0 1 0	X		X				0	0	0
(6) LEAH MILLER DIRECTOR	1 0 1 0	X						0	0	0
(7) CLEVE TREAT DIRECTOR	1 0 1 0	X						0	0	0
(8) RAYMOND MONTGOMERY PRESIDENT/CEO	40 0 1 0			X				375,744	0	23,803
(9) STUART HILL VICE PRESIDENT/TREASURER	40 0 1 0			X				223,296	0	15,648
(10) LADONNA JOHNSTON VICE PRESIDENT PATIENT SERVICE	40 0 1 0			X				196,142	0	14,995
(11) SCOTTY PARKER ASST VP ANCILLARY SERVICES	40 0 0 0					X		143,306	0	13,105
(12) GARY VODEHNAL PHARMACIST	40 0 0 0					X		134,472	0	8,690
(13) BJ ROBERTS ASST VP FISCAL SERVICES	40 0 0 0					X		138,052	0	14,970
(14) WILLIAM THORPE MD HOSPITALIST	40 0 0 0					X		194,492	0	9,950
(15) MICHAEL HOWELL CLINIC ADMINISTRATOR	40 0 0 0					X		169,809	0	11,138

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,575,313	0	112,299

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶30

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITE COUNTY ER PHYSICIANS LLC, 1446 MISSLE BASE RD JUDSONIA AR 72081	ER PHYSICIANS	7,558,520
ST VINCENT HEART CLINIC, 10100 KANIS ROAD LITTLE ROCK AR 72205	CARDIOLOGY SERVICES	4,672,396
ANESTHESIA PAIN MANAGEMENT, 119 W MARKET AVE SEARCY AR 72143	ANESTHESIOLOGY	1,296,000
SIGNET HEALTH CORPORATION, 504 SEVILLE RD STE 201 DENTON TX 76205	MANAGEMENT SERVICES	883,064
SERVICE PROFESSIONALS, 1924 FENDLEY DR NORTH LITTLE ROCK AR 72114	MGMT SVCS & SUPPLIES	656,768
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶29		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	50,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		50,000			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENUE	621110	224,484,698	224,484,698		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		224,484,698			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		290,991			290,991
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	729,343					
	b	Less rental expenses	1,228,072					
	c	Rental income or (loss)	-498,729	0				
	d	Net rental income or (loss) . . . . . ▶			-498,729			-498,729

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	35,189,081	3,500				
	b	Less cost or other basis and sales expenses	32,435,909					
	c	Gain or (loss)	2,753,172	3,500				
	d	Net gain or (loss) . . . . . ▶			2,756,672			2,756,672
	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			
Other Revenue		Miscellaneous Revenue	Business Code					
	11a	EHR	900099		1,710,030	1,710,030		
	b	CAFETERIA/CATERING REVENUE	722320		1,163,971		1,830	1,162,141
	c	CHILD CARE REVENUE	624410		203,140			203,140
	d	All other revenue			575,389			575,389
	e	**Total.** Add lines 11a–11d . . . . . ▶			3,652,530			
	12	**Total revenue.** See Instructions . . . . . ▶			230,736,162	226,194,728	1,830	4,489,604

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	17,810,779	17,810,779		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	960,324		960,324	
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	62,932,784	53,241,474	9,691,310	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,051,397	1,735,493	315,904	
9 Other employee benefits	9,463,244	8,005,955	1,457,289	
10 Payroll taxes	4,478,290	3,788,657	689,633	
11 Fees for services (non-employees)				
a Management	4,354,778	3,684,166	670,612	
b Legal	218,056	184,477	33,579	
c Accounting	255,681	216,308	39,373	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,908,887	11,766,993	2,141,894	
12 Advertising and promotion	749,237	633,859	115,378	
13 Office expenses	6,154,572	5,206,801	947,771	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	8,656,483	7,323,431	1,333,052	
17 Travel	259,079	219,182	39,897	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	496,747	420,251	76,496	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,253,939	7,828,882	1,425,057	
23 Insurance	1,130,849	956,704	174,145	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT EXPENSE	35,848,838	35,848,838		
b MEDICAL SUPPLIES	17,640,416	17,640,416		
c PHARMACY	5,614,862	5,614,862		
d REPAIRS & MAINTENANCE	4,110,663	3,477,643	633,020	
e All other expenses	6,946,667	5,876,917	1,069,750	
25 **Total functional expenses.** Add lines 1 through 24e	213,296,572	191,482,088	21,814,484	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		55,480,486	1	13,434,972
	2	Savings and temporary cash investments		40,798,072	2	80,201,859
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		21,717,662	4	19,919,157
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		7,000,000	7	7,000,000
	8	Inventories for sale or use		4,330,836	8	4,345,986
	9	Prepaid expenses and deferred charges		3,452,648	9	3,578,502
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 177,359,419			
	b	Less accumulated depreciation	10b 109,872,290	69,760,881	10c	67,487,129
	11	Investments—publicly traded securities		18,238,970	11	42,294,943
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		2,008,949	15	3,742,135
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		222,788,504	16	242,004,683
Liabilities	17	Accounts payable and accrued expenses		14,882,855	17	20,560,180
	18	Grants payable		0	18	0
	19	Deferred revenue		1,025,826	19	1,025,826
	20	Tax-exempt bond liabilities		13,197,875	20	12,124,625
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,886,305	23	1,333,191
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,530,771	25	0
	26	**Total liabilities.** Add lines 17 through 25		34,523,632	26	35,043,822
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		188,264,872	27	206,960,861
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		188,264,872	33	206,960,861
	34	Total liabilities and net assets/fund balances		222,788,504	34	242,004,683

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,736,162
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,296,572
3	Revenue less expenses Subtract line 2 from line 1	3	17,439,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	188,264,872
5	Net unrealized gains (losses) on investments	5	1,256,399
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	206,960,861

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? — **11g(i)**		
(ii) A family member of a person described in (i) above? — **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
WHITE COUNTY MEDICAL CENTER	71-0772737

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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

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

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

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		19,223
j	Total Add lines 1c through 1i			19,223
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1I	PORTION OF AMERICAN HOSPITAL ASSOCIATION AND ARKANSAS HOSPITAL ASSOCIATION DUES ATTRIBUTABLE TO LOBBYING - $19,223

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,214,941		3,214,941
b Buildings		98,645,574	50,049,990	48,595,584
c Leasehold improvements		957,283	348,331	608,952
d Equipment		72,313,861	58,337,406	13,976,455
e Other		2,227,760	1,136,563	1,091,197
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				67,487,129

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	197,371,795
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,256,399		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,228,072		
e	Add lines **2a** through **2d**			2e	2,484,471
3	Subtract line **2e** from line **1**			3	194,887,324
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	35,848,838		
c	Add lines **4a** and **4b**			4c	35,848,838
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	230,736,162

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	178,675,806
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,228,072		
e	Add lines **2a** through **2d**			2e	1,228,072
3	Subtract line **2e** from line **1**			3	177,447,734
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	35,848,838		
c	Add lines **4a** and **4b**			4c	35,848,838
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	213,296,572

Part XIII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	THE MEDICAL CENTER, THE HOSPITAL AND THE FOUNDATION HAVE BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW AS SUCH, THEY ARE REQUIRED TO FILE IRS FORM 990 ON AN ANNUAL BASIS THE MEDICAL CENTER IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR INCOME TAX RETURNS FILED FOR YEARS BEFORE 2011 THE MEDICAL CENTER IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME
FORM 990, SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE $35,848,838
FORM 990, SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE $35,848,838
FORM 990, SCHEDULE D, PART XI, LINE 2D	RENT EXPENSES $1,228,072
FORM 990, SCHEDULE D, PART XII, LINE 2D	RENT EXPENSES $1,228,072

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,860,352		2,860,352	1 600 %
b Medicaid (from Worksheet 3, column a)			26,670,107	11,805,835	14,864,272	8 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			950,463	237,257	713,207	0 400 %
d **Total** Financial Assistance and Means-Tested Government Programs			30,480,922	12,043,092	18,437,831	10 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			301,257	84,911	216,346	0 120 %
f Health professions education (from Worksheet 5)			222,137	133,282	88,855	0 050 %
g Subsidized health services (from Worksheet 6)			36,763,359	24,301,557	12,461,802	6 970 %
h Research (from Worksheet 7)			40,575		40,575	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			89,464		89,464	0 050 %
j **Total.** Other Benefits			37,416,792	24,519,750	12,897,042	7 210 %
k **Total.** Add lines 7d and 7j			67,897,714	36,562,842	31,334,873	17 530 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,375		1,375	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			23,217		23,217	0 010 %
8 Workforce development			174,996		174,996	0 100 %
9 Other						
10 **Total**			199,588		199,588	0 110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	35,848,838		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	4,672,020		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	67,976,177		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	58,690,054		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	9,286,123		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b		No

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 2

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group WHITE COUNTY MEDICAL CENTER

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **12**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 4A	PAGE 8, FOOTNOTE 1, PATIENT ACCOUNTS RECEIVABLE OF THE ORGANIZATION'S ATTACHED FINANCIAL STATEMENTS DESCRIBES BAD DEBT EXPENSE

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 2	AMOUNT REPORTED ON LINE 2 IS BASED ON BAD DEBTS PER THE AUDITED FINANCIAL STATEMENTS LINE 3 WAS DETERMINED BY APPLYING A WEIGHTED AVERAGE POVERTY LEVEL FOR THE TOP SEVEN COUNTIES COMPRISING WCMCS PATIENT CENSUS FOR THE FISCAL YEAR

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 8	THE MEDICARE COST REPORT FOR FYE 2014 WAS UTILIZED TO DETERMINE THE AMOUNT FOR LINE 6

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 2	THE HEALTHCARE NEEDS OF THE COMMUNITY ARE PREPARED BY THE MARKETING AND PUBLIC RELATIONS DEPARTMENT AND REPORTED EVERY TWO YEARS AS PART OF THE HOSPITAL STRATEGIC PLAN

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 3	HOSPITAL HAS A SOCIAL WORKER THAT VISITS AND WORKS WITH EACH PATIENT OR PATIENT'S FAMILY REGARDING ANY NEEDS THE PATIENT MAY HAVE, FINANCIAL OR OTHERWISE SIGNS AND INFORMATIONAL BROCHURES ARE POSTED AND MADE AVAILABLE TO EDUCATE PATIENTS OF FINANCIAL ASSISTANCE PROGRAMS FINANCIAL COUNSELORS VISIT PATIENTS TO ASSIST IN REGISTERING FOR FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS ADDITIONALLY, A FINANCIAL ASSISTANCE COMPANY IS CONTRACTED TO ASSIST PATIENTS FIND AND REGISTER FOR MEDICAL ASSISTANCE BOTH PRIVATE AND PUBLIC

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 4	THE PRIMARY COMMUNITY SERVICED IS APPROXIMATELY A SIX COUNTY AREA SURROUNDING WHITE COUNTY, ARKANSAS THE SOCIO ECONOMIC MAKEUP OF THE COMMUNITY IS MIXED, WITH STRATUM FROM INDIGENT TO THOSE HAVING NO APPARENT FINANCIAL NEEDS THE PAYER MIX OF THE HOSPITAL IS 24% COMMERCIAL, 3% SELF PAY, 58% MEDICARE, AND 15% MEDICAID

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 5	THE HOSPITAL PARTICIPATES IN MANY COMMUNITY ACTIVITIES AND EDUCATION PROGRAMS TO PROVIDE GENERAL HEALTH EDUCATION AND SCREENINGS FOR RESIDENTS WITHIN THE COMMUNITY THESE ACTIVITIES INCLUDE THE ANNUAL DAY OF CARING AND COUNTY FAIR THE HOSPITAL IS FOCUSED ON PROVIDING FOR THE NEEDS OF THE COMMUNITY THROUGH EXPANDING SERVICES AND TEAMING WITH OTHER AREA PROVIDERS TO PROVIDE NECESSARY RESOURCES THE HOSPITAL MAKES ITSELF AND RESOURCES AVAILABLE NOT ONLY TO THE IMMEDIATE MEDICAL COMMUNITY (WHITE COUNTY AND SURROUNDING AREA), BUT ALSO TO THE NEEDS OF OTHER HEALTHCARE PROVIDERS IN THE ENTIRE STATE THE HOSPITAL PROVIDES MEDICAL SCREENINGS AND EDUCATION TO REGIONAL BUSINESSES AND SCHOOLS THROUGH THE HEALTHWORKS DEPARTMENT, HEALTH FAIRS, PATIENT-COMMUNITY-EMPLOYEE HEALTH EDUCATION, ATHLETIC TRAINERS TO LOCAL SCHOOLS, AND VARIOUS TRAINING PROGRAMS THE HOSPITAL IS ALSO ACTIVELY EXPANDING AND EVALUATING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS TO ENSURE COMMUNITY DIALOG AND INPUT ARE RECEIVED

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 6	THE HOSPITAL AND ITS AFFILIATED ORGANIZATIONS ARE COMMITTED TO PROVIDING HIGH QUALITY, PERSONALIZED CARE TO THEIR IMMEDIATE SERVICE AREA (WHITE COUNTY AND SURROUNDING AREAS) AND THE ENTIRE STATE THE HOSPITAL IS LEAD BY A VOLUNTEER INDEPENDENT GOVERNING BODY CONSISTING OF RESIDENTS OF THE ORGANIZATION'S SERVICE AREA WHO ARE NEITHER EMPLOYEES OR DIRECT INDEPENDENT CONTRACTORS THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL REQUESTING QUALIFIED PHYSICIANS WITHIN THE SERVICE AREA FOR ALL NECESSARY DEPARTMENTS THE ORGANIZATION IS COMMITTED TO ENSURING CONTINUED FUNDING IS AVAILABLE FOR ALL NECESSARY SERVICES, ADVANCED EQUIPMENT, QUALITY SUPPLIES, COMPETENT CARING TEAM MEMBERS, AND CONTINUED OPERATIONAL FLEXIBILITY FOR FUTURE UNCERTAINTY

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7 COL F	BAD DEBT EXPENSE IN THE AMOUNT OF $35,848,838 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7	THE COST TO CHARGE RATIO AS CALCULATED USING WORKSHEET 2 WAS USED TO DETERMINE THE COSTS ON LINE 7

Additional Data

Software ID:
Software Version:
EIN: 71-0772737
Name: WHITE COUNTY MEDICAL CENTER

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 1J	IMPLEMENTATION PLAN
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3	THE FACILITY HELD "TOWNHALL" MEETINGS IN THE VARIOUS COMMUNITIES THE INVITEES CONSISTED O F COUNTY HEALTH DEPARTMENTS, COUNTY SHERIFFS, COUNTY JUDGES, CITY MAYORS, MINISTERIAL LEAD ERS FROM LOCAL CHURCHES OF VARYING DENOMINATIONS, COUNTY DEPARTMENTS OF HUMAN SERVICES, SC HOOL DISTRICT ADMINISTRATORS AND NURSING STAFF, LOCAL BUSINESS LEADERS, CHAMBER OF COMMERC E REPRESENTATIVES, AND OTHER MEDICAL COMMUNITY REPRESENTATIVES THOSE INVITED WERE ENCOURA GED TO PROVIDE FEEDBACK ON THE HEALTH NEEDS IN THEIR RESPECTIVE COMMUNITIES EVEN IF UNABLE TO ATTEND THE EVENTS
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 4	ADVANCED CARE HOSPITAL OF WHITE COUNTY
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7	THE ORGANIZATION HAS PRIORITIZED KEY NEEDS WHICH IT BELIEVES ARE OF GREATEST SIGNIFICANCE WITHIN THE SURROUNDING COMMUNITY AND WHICH THE ORGANIZATIONS RESOURCES, BOTH FINANCIAL AND SERVICES, ARE BEST SUITED TO ADDRESS AND MOST LIKELY TO HAVE THE GREATEST IMPACT ON IMPRO VING THE HEALTH AND WELLBEING OF THE COMMUNITY AS A WHOLE
FORM 990, SCHEDULE H, PART V, LINE 18	COLLECTION ACTIONS TAKEN BEYOND THE MINIMUM LEGALLY REQUIRED TO ENSURE ALL PATIENTS ARE TR EATED EQUALLY ARE BASED ON A PROPENSITY TO PAY ANALYSIS PERFORMED BY A CONTRACTED THIRD PA RTY
FORM 990, SCHEDULE H, PART V, LINE 20	THE MEDICAL CENTER UTILIZED THE AVERAGE OF THE THREE LARGEST INSURERS AS DETERMINED BY GROSS REVENUE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
WCMC WEST CLINIC 2505 WEST BEEBE CAPPS EXPRESSWAY SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
WCMC SURGERY CENTER 710 MARION STREET SUITE 101 SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
FAMILY PRACTICE ASSOCIATES 3130 EAST RACE SUITE 100 SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
SEARCY MEDICAL CENTER 2900 HAWKINS SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
WHITE COUNTY ONCOLOGY 415 ROGERS DR SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
ORTHO AND SPINE CENTER 710 MARION STREET SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
WHITE COUNTY MEDICAL CENTER CARDIOLOGY 711 SANTA FE DRIVE SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
WESTSIDE FAMILY MEDICAL CLINIC 103 WOODLANE DRIVE SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
CLARITY WELLNESS CENTER 403 POPLAR ST SUITE D SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
MCAFEE URGENT CARE CLINIC 2902 E RACE AVE SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME
MCAFEE MEDICAL CLINIC 710 W DEWITT HENRY DR BEEBE,AR 72012	OUTPATIENT MRI & CT PT DME
SMC WEST CLINIC 2505 WEST BEEBE CAPPS EXPRESSWAY SEARCY,AR 72143	OUTPATIENT MRI & CT PT DME

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WHITE COUNTY PHYSICIAN GROUP 3214 EAST RACE AVENUE SEARCY,AR 72143	27-5303218	501 (C) (3)	17,810,779	0	N/A	N/A	FURTHER EXEMPT PURPOSE

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	WHITE COUNTY MEDICAL CENTER CONTRIBUTES ONLY TO RELATED ENTITIES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RAYMOND MONTGOMERY PRESIDENT/CEO	(i)	333,268	10,026	32,450	18,644	5,159	399,547	0
	(ii)	0	0	0	0	0	0	0
(2)STUART HILL VICE PRESIDENT/TREASURER	(i)	213,270	10,026	0	10,681	4,967	238,944	0
	(ii)	0	0	0	0	0	0	0
(3)LADONNA JOHNSTON VICE PRESIDENT PATIENT SERVICE	(i)	186,117	10,025	0	9,395	5,600	211,137	0
	(ii)	0	0	0	0	0	0	0
(4)SCOTTY PARKER ASST VP ANCILLARY SERVICES	(i)	133,281	10,025	0	6,888	6,217	156,411	0
	(ii)	0	0	0	0	0	0	0
(5)BJ ROBERTS ASST VP FISCAL SERVICES	(i)	128,027	10,025	0	6,698	8,272	153,022	0
	(ii)	0	0	0	0	0	0	0
(6)WILLIAM THORPE MD HOSPITALIST	(i)	194,492	0	0	5,409	4,541	204,442	0
	(ii)	0	0	0	0	0	0	0
(7)MICHAEL HOWELL CLINIC ADMINISTRATOR	(i)	138,512	21,937	9,360	7,539	3,599	180,947	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	ALL MEMBERS OF THE EXECUTIVE TEAM HAVE ACCESS TO THE ORGANIZATION'S SOCIAL CLUB MEMBERSHIP NO PART OF THE MEMBERSHIP IS TREATED AS TAXABLE COMPENSATION BECAUSE ALL USE IS CONSIDERED BUSINESS USE PERSONAL EXPENSES ARE PAID BY THE OFFICERS TO THE CLUB

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WHITE COUNTY ARKANSAS	71-6012741	963653AK6	12-29-2005	9,582,500	RETIRE PROJECT LOAN		X		X		X
B	WHITE COUNTY ARKANSAS	71-6012741	963653AR1	02-15-2006	10,000,000	PURCHASE FACILITY & RENOVATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,260,000	125,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	9,889,692	10,280,487		
4	Gross proceeds in reserve funds	950,000	674,948		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	190,000	181,600		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2006	2007		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	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	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2C	THE LAST REBATE COMPUTATION DATE FOR THE 2005 SERIES BONDS WAS 12/1/2010 THE LAST REBATE COMPUTATION DATE FOR THE 2006 SERIES BONDS WAS 02/01/2011

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE IS DIFFERENT BECAUSE OF INVESTMENT INCOME

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV	THE BOND YEAR END FOR SERIES 2005 IS 12/02/2013 THE BOND YEAR END FOR SERIES 2006 IS 02/01/2014

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	
FORM 990, PART VI, SECTION A, LINE 7B	THE VOTE OF THE BOARD OF DIRECTORS DETERMINES THE SELECTION OF NEW BOARD MEMBERS THE SELE CTION IS SUBJECT TO THE APPROVAL OF THE WHITE COUNTY QUORUM COURT
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL CONFLICT OF INTEREST POLICIES ARE REVIEWED BY EACH OFFICER AND DIRECTOR THE OFFICE RS AND DIRECTORS THEN SIGN AN ATTESTATION DOCUMENT INDICATING THE EXISTENCE OF ANY CONFLIC T OR LACK THEREOF
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE ORGANIZATION'S CEO PRESENTS FORM 990'S OF OTHER ORGANIZATIONS AND COMPENSATION SURVEYS OR STUDIES TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR ANALYSIS AND COMPENSATION DECISIONS FOR ALL REMAINING TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES, HUMAN RESOURCES REVIEWS COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF WAGES/SALARIES ON AN ANN UAL BASIS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC WITHIN THE ADMINISTRATIVE OFFICE UPON A VALID PURPOSE AND REQUEST
FORM 990, PART XII, LINES 2B AND 2C	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED ON A CONSOLIDATED BASIS BY AN INDEPEND ENT ACCOUNTANT THE GOVERNING BODY AS A WHOLE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE EXECUTIVE TEAM OF THE HOSPITAL AS WELL AS THE INTERNAL AUD IT DEPARTMENT THE BOARD OF DIRECTORS IS PROVIDED COPIES OF THE 990 PRIOR TO FILING
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THOSE PERSONS WHO SERVE AS DIRECTORS OF THE CORPORATION
FORM 990, PART VI, SECTION A, LINE 7A	DIRECTORS SHALL BE ELECTED BY PLURALITY VOTE AT THE ANNUAL MEETING OF THE BOARD OF DIRECTO RS AT EACH SUCH ELECTION FOR DIRECTORS, EVERY MEMBER ENTITLED TO VOTE AT SUCH ELECTION SH ALL HAVE THE RIGHT TO CAST ONE VOTE FOR AS MANY PERSONS AS THERE ARE DIRECTORS TO BE ELECT ED AND FOR WHOSE ELECTION HE OR SHE HAS A RIGHT TO VOTE THE NOMINATION OF A NEW BOARD MEM BER IS SUBMITTED TO THE COUNTY QUORUM COURT FOR APPROVAL

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WHITE COUNTY MEDICAL CENTER

Employer identification number
71-0772737

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) WHITE COUNTY MEDICAL FOUNDATION 3214 EAST RACE SEARCY, AR 72143 62-1697734	FUNDRAISING	AR	501 (C) (3)	11A	WCMC	Yes	
(2) ADVANCED CARE HOSPITAL OF WHITE COUNTY 1200 SOUTH MAIN SEARCY, AR 72143 20-8459270	LT ACUTE CARE	AR	501 (C) (3)	3	WCMC	Yes	
(3) WHITE COUNTY PHYSICIAN GROUP 3214 EAST RACE SEARCY, AR 72143 27-5303218	SUPPORT	AR	501 (C) (3)	11A	WCMC	Yes	

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVANCED CARE HOSPITAL OF WHITE COUNTY	A	276,000	FMV
(2) WHITE COUNTY MEDICAL FOUNDATION	P	140,616	FMV
(3) ADVANCED CARE HOSPITAL OF WHITE COUNTY	L	1,582,020	FMV
(4) WHITE COUNTY PHYSICIAN GROUP	B	17,810,779	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

White County Medical Center, Inc.

Auditor's Report and Consolidated Financial Statements

September 30, 2014 and 2013

BKD LLP
CPAs & Advisors

White County Medical Center, Inc.

September 30, 2014 and 2013

Contents

Independent Auditor's Report on Financial Statements

Board of Directors
White County Medical Center, Inc
Searcy, Arkansas

We have audited the accompanying consolidated financial statements of White County Medical Center, Inc and its subsidiaries (the Medical Center), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

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

BKD, LLP

Little Rock, Arkansas
February 3, 2015

White County Medical Center, Inc.
Consolidated Balance Sheets
September 30, 2014 and 2013

Assets

	2014	2013
Current Assets		
Cash	$ 15,982,026	$ 57,059,141
Assets limited as to use – current	1,907,220	2,235,809
Patient accounts receivable, net of allowance 2014 – $22,560,445, 2013 – $28,367,974	20,546,436	20,428,935
Estimated amounts due from third-party payers	1,634,015	2,286,291
Supplies	4,578,810	4,520,569
Other accounts receivable	149,295	120,391
Prepaid expenses and other	3,856,994	3,679,049
Total current assets	48,654,796	90,330,185
Assets Limited as to Use		
Internally designated for capital acquisitions	119,966,279	55,373,006
Internally designated for self-insurance programs	609,740	1,752,557
Held by trustee for debt service	2,872,390	2,849,660
	123,448,409	59,975,223
Less amount required to meet current obligations	1,907,220	2,235,809
	121,541,189	57,739,414
Property and Equipment, at Cost		
Land and land improvements	5,076,810	5,060,787
Buildings and leasehold improvements	99,602,857	96,836,755
Equipment	73,031,721	68,390,092
Construction in progress	365,891	947,541
	178,077,279	171,235,175
Less accumulated depreciation	110,283,931	101,083,237
	67,793,348	70,151,938
Other Assets		
Investment in unconsolidated affiliates	1,691,288	1,691,288
Other accounts receivable	7,000,000	7,000,000
Deferred financing costs	111,274	140,860
	8,802,562	8,832,148
Total assets	$ 246,791,895	$ 227,053,685

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2014	2013
Current Liabilities		
Current maturities of long-term debt	$ 1,712,660	$ 2,257,854
Accounts payable	6,308,031	5,318,640
Accrued expenses	10,451,360	9,869,533
Estimated third-party payer settlements	4,113,755	3,530,771
Total current liabilities	22,585,806	20,976,798
Deferred Gain	1,025,826	1,025,826
Long-term Debt	11,745,156	12,826,326
Total liabilities	35,356,788	34,828,950
Net Assets		
Unrestricted	211,086,268	191,859,183
Temporarily restricted	348,839	365,552
Total net assets	211,435,107	192,224,735
Total liabilities and net assets	$ 246,791,895	$ 227,053,685

White County Medical Center, Inc.

Consolidated Statements of Operations and Changes in Net Assets

Years Ended September 30, 2014 and 2013

	2014	2013
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue (net of contractual discounts and allowances)	$ 231,019,593	$ 231,789,963
Provision for uncollectible accounts	(36,033,073)	(46,833,386)
Net patient service revenue less provision for uncollectible accounts	194,986,520	184,956,577
Other	4,740,867	5,787,984
Total unrestricted revenues, gains and other support	199,727,387	190,744,561
Expenses		
Salaries and wages	83,138,412	78,162,585
Employee benefits	17,714,910	18,026,678
Purchased services and professional fees	19,606,224	18,844,542
Supplies and other	52,134,928	49,075,299
Depreciation	9,338,777	9,095,309
Interest	496,747	564,594
Provider assessment tax	2,558,417	1,723,111
Total expenses	184,988,415	175,492,118
Operating Income	14,738,972	15,252,443
Other Income		
Investment return	4,304,867	2,260,955
Income from cost basis investment	130,852	135,316
Total other income	4,435,719	2,396,271
Excess of Revenues Over Expenses	$ 19,174,691	$ 17,648,714

White County Medical Center, Inc.

Consolidated Statements of Operations and Changes in Net Assets (Continued)

Years Ended September 30, 2014 and 2013

	2014	2013
Unrestricted Net Assets		
Excess of revenues over expenses	$ 19,174,691	$ 17,648,714
Assets released from restrictions	52,394	183,733
Loss from discontinued operations	-	(74,017)
Increase in unrestricted net assets	19,227,085	17,758,430
Temporarily Restricted Net Assets		
Contributions received	35,681	292,423
Assets released from restrictions	(52,394)	(183,733)
Increase (decrease) in temporarily restricted net assets	(16,713)	108,690
Increase in Net Assets	19,210,372	17,867,120
Net Assets, Beginning of Year	192,224,735	174,357,615
Net Assets, End of Year	$ 211,435,107	$ 192,224,735

White County Medical Center, Inc.

Consolidated Statements of Cash Flows

Years Ended September 30, 2014 and 2013

	2014	2013
Operating Activities		
Change in net assets	$ 19,210,372	$ 17,867,120
Items not requiring (providing) cash		
Depreciation and amortization	9,338,777	9,095,309
Gain on disposal of property and equipment	(3,500)	(17,350)
Unrealized gain on investments	(1,256,399)	(1,312,633)
Provision for uncollectible accounts	36,033,073	46,833,386
Changes in		
Patient accounts receivable	(36,150,574)	(47,620,365)
Other accounts receivable	(28,904)	(120,391)
Estimated third-party payer settlements	1,235,260	(3,959,025)
Accounts payable and accrued expenses	1,776,133	4,138,138
Supplies and prepaid expenses	(227,937)	(232,449)
Net cash provided by operating activities	29,926,301	24,671,740
Investing Activities		
Purchase of investments	(124,472,300)	(27,809,450)
Proceeds from sale of investments	62,255,513	22,308,380
Capital expenditures	(6,422,411)	(6,798,542)
Proceeds from sale of fixed assets	-	425,826
Net cash used in investing activities	(68,639,198)	(11,873,786)
Financing Activities		
Principal payments on long-term debt	(2,364,218)	(2,540,365)
Net cash used in financing activities	(2,364,218)	(2,540,365)
Increase (Decrease) in Cash	(41,077,115)	10,257,589
Cash, Beginning of Year	57,059,141	46,801,552
Cash, End of Year	$ 15,982,026	$ 57,059,141
Supplemental Cash Flows Information		
Interest paid (net of amount capitalized)	$ 514,422	$ 580,518
Capital lease obligation incurred for property and equipment	$ 737,854	$ -
Current liabilities for property, plant and equipment acquisitions	$ 204,915	$ 1,108,786
Sale of property financed by note receivable	$ -	$ 7,000,000

White County Medical Center, Inc.

Notes to Consolidated Financial Statements

September 30, 2014 and 2013

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

White County Medical Center, Inc (the Medical Center) primarily earns revenues by providing inpatient, outpatient, psychiatric and rehabilitative services to patients in and around White County, Arkansas The Medical Center operates nine physician clinic locations under the names Searcy Medical Center (two locations), Family Practice Associates, White County Oncology, White County Medical Center Heart Clinic, Westside Family Medical Center, McAffee's Medical Clinic, McAffee's Urgent Care Clinic and Clements Wellness Center These nine clinic locations are collectively comprised of approximately 47 physician general practitioners and specialists who practice in the Medical Center's service area The physicians for the clinics are employed and leased by White County Physician Group, which is a public benefit corporation whose sole member is the Medical Center White County Physician Group's sole revenue is payments from the Medical Center to pay the physicians' salaries, and the only expenses are salaries and benefits

Advanced Care Hospital of White County (the Hospital) is a tax-exempt, nonprofit corporation that operates as a long-term acute care hospital (LTACH) that provides inpatient services to patients in and around White County, Arkansas

White County Medical Foundation, Inc (the Foundation) is a tax-exempt fundraising foundation that exists to solicit charitable funds on behalf of the Medical Center

The Medical Center owns an investment in BHWC, Inc , an unconsolidated subsidiary, which is accounted for using the equity method, as the Medical Center shares control with other parties

The Medical Center owns an investment in SMC Medical Holdings, LLC, which is accounted for using the cost method, as the Medical Center has a minority interest with other parties

Principles of Consolidation

The consolidated financial statements include the accounts of the Medical Center and its wholly owned subsidiaries, Advanced Care Hospital of White County, White County Medical Foundation, Inc and White County Physician Group All significant intercompany accounts and transactions have been eliminated in consolidation

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value The investment in equity investee is reported on the equity method of accounting Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value Investment return includes dividend, interest and other investment income, realized and unrealized gains and losses on investments carried at fair value, and realized gains and losses on other investments Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets Other investment return is reflected in the consolidated statements of operations and changes in net assets as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions

Assets Limited as to Use

Assets limited as to use include assets set aside by the board of directors for future capital improvements, debt service and self-insurance programs over which the board of directors retains control and may, at its discretion, subsequently use for other purposes Amounts required to meet current liabilities of the Medical Center are included in current assets

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts

For receivables associated with services provided to patients who have third-party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely)

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Medical Center records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible

The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts The provision for uncollectible accounts decreased approximately $10 8 million during 2014 The main reason for the decrease was that the Medical Center served fewer uninsured patients since the inception of the Arkansas Private Option, which is further described in *Note 16*

It is the Medical Center's practice to outsource the collection of self-pay patient accounts to a third-party collection agency after no more than 120 days from the date of discharge

Supplies

The Medical Center states supply inventories at the lower of cost, determined using the first-in, first-out method, or market

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives

The estimated useful lives for each major depreciable classification of property and equipment are as follows

Land improvements	10–25 years
Buildings	10–40 years
Equipment	3–15 years

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor Monetary gifts that must be used to acquire property and equipment are reported as restricted support The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service

The Medical Center capitalizes interest costs as a component of construction in progress, based on the weighted-average rates paid for long-term borrowing Total interest incurred was

	2014	2013
Interest costs capitalized	$ 94,705	$ 143,588
Interest costs charged to expense	496,747	564,594
Total interest incurred	$ 591,452	$ 708,182

Long-lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value

No asset impairment was recognized during the years ended September 30, 2014 and 2013

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt Such costs are being amortized over the term of the respective debt using the straight-line method

Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose

Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known

Charity Care

The Medical Center provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received Gifts received with donor stipulations are reported as either temporarily or permanently restricted support When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor

Self-Insurance

The Medical Center has elected to self-insure certain costs related to employee health and accident benefit programs Costs resulting from noninsured losses are charged to income when incurred The Medical Center has purchased insurance that limits its exposure for individual claims to $175,000

Estimated Malpractice Costs

An annual estimated provision is accrued for the self-insured portion of medical malpractice claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported Professional liability claims are more fully disclosed in *Note 6*

Income Taxes

The Medical Center, the Hospital and the Foundation have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law As such, they are required to file IRS Form 990 on an annual basis The Medical Center is no longer subject to U S federal income tax examinations by tax authorities for income tax returns filed for years before 2011 The Medical Center is subject to federal income tax on any unrelated business taxable income

Reclassifications

Certain reclassifications have been made to the 2013 consolidated financial statements to conform to the 2014 financial statement presentation These reclassifications had no effect on the change in net assets

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other-than-trading securities, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets (including assets acquired using contributions that, by donor restriction, were to be used for the purpose of acquiring such assets)

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were available to be issued

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period ending date

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009* (the Act), provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR)

Prospective Payment System (PPS)

Payments under the Medicare program are generally made for up to four years based on a statutory formula Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare & Medicaid Services Payments under both programs are contingent on the Medical Center continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period

The final amount for any payment year is determined based upon an audit by the fiscal intermediary Events could occur that would cause the final amounts to differ materially from the initial payments under the program

The Medical Center recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period

In 2013, the Medical Center completed the second-year requirements under both the Medicare and Medicaid programs and has recorded revenue of approximately $2 3 million, which is included in other revenue within operating revenues in the consolidated statements of operations and changes in net assets In 2014, the Medical Center completed the third-year requirements under both the Medicare and Medicaid programs and has recorded revenue of approximately $1 6 million, which is included in other revenue within operating revenues in the consolidated statements of operations and changes in net assets

Eligible Professionals

The Act also allows for payments to eligible professionals (EPs), under either the Medicare or Medicaid program Payments under both programs are contingent on the EPs continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period EPs can receive payments from the Medicare or Medicaid program but not both

Under all programs mentioned above, the Medical Center recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period

Due to meeting various requirements of both Medicare and Medicaid programs, the Medical Center has recorded revenue of approximately $367,000 and $602,000, for 2014 and 2013, respectively, which is included in other revenue within operating revenues in the consolidated statements of operations and changes in net assets

Note 2: Net Patient Service Revenue

The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Medical Center records a significant provision for bad debts related to uninsured patients in the period the services are provided This provision for bad debts is presented on the statements of operations and changes in net assets as a component of net patient service revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. These payment arrangements include:

Medicare—Inpatient acute care services, nonacute services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Certain inpatient nonacute services are paid based on a combination of fee schedules and a cost reimbursement methodology. Physician services are primarily paid based on fee schedules. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary.

Medicaid—Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology subject to certain cost limitations. Outpatient services are reimbursed based on defined allowable charges. The Medical Center is reimbursed for cost reimbursable services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid fiscal intermediary.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

The Medical Center participates in a provider assessment program, which is part of the Arkansas State Medicaid Plan This program assesses a fee of no more than 5 5% on the net patient service revenue of private hospitals and allocates the proceeds to supplement Medicaid payments The federal government matches the assessment amount at a rate of approximately 3 to 1, and these amounts are allocated to private hospitals in Arkansas based on each hospital's share of the total of the private hospitals' Medicaid discharges and outpatient Medicaid payments Based on its status as a private hospital, the Medical Center participates in this program and records the assessed fees and supplemental payments as expenses and revenues in the period incurred or earned, respectively, shown in the following table

	2014	2013
Reported in the consolidated statements of operations and changes in net assets		
Provider assessment receipts included in net patient service revenue	$ 7,700,000	$ 7,500,000
Provider assessment tax expense included in supplies and other	$ 2,500,000	$ 1,900,000
Reported in the consolidated balance sheets		
Provider assessment receivable included in other current assets	$ 2,200,000	$ 1,800,000

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended September 30, 2014 and 2013, was approximately

	2014	2013
Medicare	$ 132,311,201	$ 140,320,467
Medicaid	39,376,232	33,026,069
Other third-party payers	55,662,849	55,135,954
Patients	3,669,311	3,307,473
	$ 231,019,593	$ 231,789,963

Note 3: Concentrations of Credit Risk

Accounts Receivable

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements The mix of receivables from patients and third-party payers at September 30, 2014 and 2013, is

	2014	2013
Medicare	35%	38%
Medicaid	10%	10%
Other third-party payers	44%	41%
Patients	11%	11%
	100%	100%

Bank Balances

The Medical Center considers all liquid investments with original maturities of three months or less to be cash equivalents At September 30, 2014 and 2013, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit

At September 30, 2014, the Medical Center's cash accounts exceeded federally insured limits by approximately $36 7 million The financial institutions had pledged collateral, held by a third party, in the name of the Medical Center sufficient to insure $22 4 million of the excess amounts at September 30, 2014, however, the enforceability of such collateral is not certain

Note 4: Investments and Investment Return

Assets Limited as to Use

Assets limited as to use, at September 30, include

	2014	2013
Internally designated for capital improvements		
Money market accounts	$ 10,349,702	$ 18,599,667
Certificates of deposit	24,187,264	21,877,397
Marketable equity securities		
Financial industry	3,834,147	1,492,034
Information technology industry	3,447,736	1,868,635
Consumer discretionary industry	3,407,511	1,181,520
Health care industry	2,928,286	1,043,022
Industrials industry	2,503,844	1,188,188
Energy industry	2,260,490	1,116,261
Consumer staples industry	1,763,278	815,408
Other industries	1,934,123	927,998
Equity mutual funds	13,722,721	5,069,932
Fixed income mutual funds	20,237,283	192,944
Corporate debt obligations	23,100,905	-
U S treasuries	4,308,394	-
Mortgage-backed obligations	1,980,595	-
	119,966,279	55,373,006
Held by trustee for debt service		
Money market accounts	1,249,910	1,219,717
U S treasuries	1,622,480	1,629,943
	2,872,390	2,849,660
Internally designated for self-insurance programs		
Money market accounts	409,740	1,552,557
Certificates of deposit	200,000	200,000
	609,740	1,752,557
Total investments	$ 123,448,409	$ 59,975,223

Total investment return is comprised of the following

	2014	2013
Interest and dividend income	$ 295,296	$ 294,442
Net realized gains on trading securities	2,753,172	653,880
Net unrealized gains on trading securities	1,256,399	1,312,633
	$ 4,304,867	$ 2,260,955

Total investment return is reflected in the consolidated statements of operations and changes in net assets as follows

	2014	2013
Unrestricted Net Assets		
Other nonoperating income	$ 4,304,867	$ 2,260,955

Note 5: Investment in Unconsolidated Affiliates

Investments in unconsolidated affiliates consist of two investments, SMC Medical Holdings, LLC and BHWC, Inc The Medical Center has a 10% ownership of SMC Medical Holdings, LLC recorded under the cost-method of accounting with an aggregate carrying amount of $1,609,000 at September 30, 2014 and 2013 The investment is carried under the cost-method because the Medical Center has less than a 20% ownership and no significant influence over the entity The fair value of the investment is not estimated because no identified events or changes in circumstances occurred that would adversely affect the fair value of the investment in SMC Medical Holdings, LLC

The Medical Center has a 50% ownership of BHWC, Inc recorded under the equity method of accounting with an aggregate carrying amount of $82,288 at September 30, 2014 and 2013 The investment is carried under the equity method because the Medical Center has a greater than 20% but less than 51% ownership and significant influence over the entity The assets, liabilities, net assets, revenue and results of operations for BHWC, Inc are immaterial

Note 6: Medical Malpractice Claims

The Medical Center purchases medical malpractice insurance under a claims-made policy. Under such policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Medical Center accrues its share of the expense of covered claims. Such estimates are based on the Medical Center's own claims experience and representations from legal counsel. Since the Medical Center is a charitable nonprofit institution, legal counsel has advised that the Medical Center would be immune from any amount above its insurance limits due to Arkansas charitable immunity statutes.

Note 7: Long-term Debt

	2014	2013
Hospital revenue bonds (A)	$ 2,249,625	$ 3,297,875
Hospital revenue bonds (B)	9,875,000	9,900,000
Note payable (C)	147,729	247,888
Note payable, bank (D)	-	188,195
Note payable, bank (E)	69,267	474,679
Capital lease obligations (F)	1,116,195	975,543
	13,457,816	15,084,180
Less current maturities	1,712,660	2,257,854
	$ 11,745,156	$ 12,826,326

(A) 2005 Series Hospital Revenue Bonds, bearing interest at a rate between 3.75% and 5.00%, payable in annual installments between $920,000 and $1,145,000 through September 30, 2016, secured by the gross receipts of the Medical Center.

(B) 2006 Series Hospital Revenue Bonds, bearing interest at a rate between 4.10% and 4.40%, payable in annual installments between $1,285,000 and $1,590,000 through September 30, 2023, secured by the gross receipts of the Medical Center.

(C) Note payable to Carder Investments for real property, fixed interest rate at 7.25% at September 30, 2014, principal and interest payable monthly at $10,331 per month with remaining balance due December 2015, secured by the property being financed.

(D) Note payable to bank, fixed interest rate at 4.00%, principal and interest payable monthly at $23,882, was due May 15, 2014, secured by certain equipment.

(E) Note payable to bank, fixed interest rate of 4.25%, principal and interest payable monthly at $34,825, due November 19, 2014, secured by certain equipment

(F) At varying rates of imputed interest from 2.43% to 4.00%, due through 2019, collateralized by property and equipment

Property and equipment include the following property under capital leases

	2014	2013
Equipment	$ 7,906,658	$ 7,230,566
Less accumulated depreciation	6,766,994	6,305,116
	$ 1,139,664	$ 925,450

Aggregate annual maturities of long-term debt at September 30, 2014, are

	Long-term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations
2015	$ 1,304,869	$ 407,791
2016	1,206,998	460,872
2017	1,230,000	159,374
2018	1,285,000	117,252
2019	1,340,000	38,934
Thereafter	5,965,000	-
	12,331,867	1,184,223
Unamortized bond premium	9,625	-
	$ 12,341,492	1,184,223
Less amount representing interest		67,899
Present value of future minimum lease payments		1,116,324
Less current maturities		407,791
Noncurrent portion		$ 708,533

The revenue bond indentures require that the Medical Center satisfy certain measures of financial performance as long as the bonds are outstanding

Note 8: Charity Care

In support of its mission, the Medical Center voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue In addition, the Medical Center provides services to other medically indigent patients under certain government-reimbursed public aid programs Such programs pay providers amounts that are less than established charges for the services provided to the recipients, and many times the payments are less than the cost of rendering the services provided

The Medical Center's direct and indirect costs for services furnished under its charity care policy aggregated approximately $2 3 million and $2 6 million in 2014 and 2013, respectively The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges

Charges excluded from revenue under the Medical Center's charity care policy were $9,485,047 and $11,628,845 for 2014 and 2013, respectively

In addition to uncompensated charges, the Medical Center also commits significant time and resources to endeavors and critical services that meet otherwise unfilled community needs Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable

Note 9: Functional Expenses

The Medical Center provides health care services primarily to residents within its geographic area Expenses related to providing these services are as follows

	2014	2013
Health care services	$ 162,207,429	$ 155,060,168
General and administrative	22,780,986	20,431,950
	$ 184,988,415	$ 175,492,118

Note 10: Operating Leases

Noncancellable operating leases for primary care outpatient offices and certain equipment expire in various years through 2017. The office space leases generally contain a renewal option for periods of five years. Rent expense was approximately $3,570,000 and $3,115,000 for 2014 and 2013, respectively.

Future minimum lease payments at September 30, 2014, were:

2015	$ 2,426,660
2016	1,102,675
2017	97,047
2018	5,814
2019	3,876
Future minimum lease payments	$ 3,636,072

Note 11: Pension Plan

The Medical Center has a defined-contribution money purchase pension plan (the Plan) covering substantially all employees. Each year, the Medical Center annually determines the amount, if any, contributed to the Plan for all participants eligible for such contribution. Contributions are subject to certain limitations. The Medical Center incurred expenses related to contributions to the Plan of $2,607,034 and $2,701,828 during 2014 and 2013, respectively.

Note 12: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities.

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2014 and 2013

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2014				
Money market accounts	$ 12,009,352	$ 12,009,352	$ -	$ -
Marketable equity securities				
Financial industry	3,834,147	3,834,147	-	-
Information technology industry	3,447,736	3,447,736	-	-
Consumer discretionary industry	3,407,511	3,407,511	-	-
Health care industry	2,928,286	2,928,286	-	-
Industrials industry	2,503,844	2,503,844	-	-
Energy industry	2,260,490	2,260,490	-	-
Consumer staples industry	1,763,278	1,763,278	-	-
Other industries	1,934,123	1,934,123	-	-
Equity mutual funds	13,722,721	13,722,721	-	-
Fixed income mutual funds	20,237,283	17,532,212	2,705,071	-
Corporate debt obligations	23,100,905	16,277,491	6,823,414	-
U S Treasury obligations	5,930,874	-	5,930,874	-
Mortgage-backed obligations	1,980,595	-	1,980,595	-
Total	99,061,145	$ 81,621,191	$ 17,439,954	$ 0
Financial instruments not carried at fair value				
Certificates of deposit	24,387,264			
Total investments	$ 123,448,409			

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2013				
Money market accounts	$ 21,371,941	$ 21,371,941	$ -	$ -
Marketable equity securities				
Financial industry	1,492,034	1,492,034	-	-
Information technology industry	1,868,635	1,868,635	-	-
Consumer discretionary industry	1,181,520	1,181,520	-	-
Health care industry	1,043,022	1,043,022	-	-
Industrials industry	1,188,188	1,188,188	-	-
Energy industry	1,116,261	1,116,261	-	-
Consumer staples industry	815,408	815,408	-	-
Other industries	927,998	927,998	-	-
Equity mutual funds	5,069,932	5,069,932	-	-
Fixed income mutual funds	192,944	192,944	-	-
U S Treasury obligations	1,629,943	1,629,943	-	-
Total	37,897,826	$ 37,897,826	$ 0	$ 0
Financial instruments not carried at fair value				
Certificates of deposit	22,077,397			
Total investments	$ 59,975,223			

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended September 30, 2014

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Medical Center held no Level 3 investment securities at September 30, 2014 and 2013.

Fair Value of Financial Instruments

The following table presents estimated fair values of the Medical Center's financial instruments at September 30, 2014 and 2013.

	2014		2013	
	Carrying Amount	Fair Value	Carrying Amount	Fair Value
Financial assets				
Cash and cash equivalents	$ 15,982,026	$ 15,982,026	$ 57,059,141	$ 57,059,141
Money market accounts	12,009,352	12,009,352	21,371,941	21,371,941
Equity mutual funds	13,722,721	13,722,721	5,069,932	5,069,932
Fixed income mutual funds	20,237,283	20,237,283	192,944	192,944
Marketable equity securities				
Financial industry	3,834,147	3,834,147	1,492,034	1,492,034
Information technology industry	3,447,736	3,447,736	1,868,635	1,868,635
Consumer discretionary industry	3,407,511	3,407,511	1,181,520	1,181,520
Health care industry	2,928,286	2,928,286	1,043,022	1,043,022
Industrials industry	2,503,844	2,503,844	1,188,188	1,188,188
Energy industry	2,260,490	2,260,490	1,116,261	1,116,261
Consumer staples industry	1,763,278	1,763,278	815,408	815,408
Other industry	1,934,123	1,934,123	927,998	927,998
Corporate debt obligations	23,100,905	23,100,905	-	-
Mortgage-backed obligations	1,980,595	1,980,595	-	-
U S Treasury obligations	5,930,874	5,930,874	1,629,943	1,629,943
Financial liabilities				
Long-term debt	13,457,816	13,625,532	15,084,180	15,355,654

The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying balance sheets at amounts other than fair value

Cash and Cash Equivalents

The carrying amount approximates fair value

Notes Payable to Bank and Long-term Debt

Fair value is estimated based on the borrowing rates currently available to the Medical Center for debt with similar terms and maturities

Note 13: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations Those matters include the following

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and *2*

Admitting Physicians

The Medical Center is served by four admitting physicians groups whose patients comprised approximately 49% and 57% of the Medical Center's inpatient admissions in 2014 and 2013, respectively

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in *Notes 1* and *6*

Self-Insurance

Under the Medical Center's insurance programs, coverage is obtained for catastrophic exposures as well as those risks required to be insured by law or contract The Medical Center retains a significant portion of certain expected losses related primarily to workers' compensation and employee benefit programs Provisions for losses expected under these programs are recorded based upon the Medical Center's estimates of the aggregate liability for claims incurred The amount of actual losses incurred could differ materially from the estimates reflected in these consolidated financial statements

Litigation

In the normal course of business, the Medical Center is, from time to time, subject to allegations that may or do result in litigation Some of these allegations are in areas not covered by the Medical Center's commercial insurance, for example, allegations regarding employment practices The Medical Center evaluates such allegations by conducting investigations to determine the validity of each potential claim Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters The Medical Center has accrued approximately $100,000 for various litigation issues at both September 30, 2014 and 2013 Events could occur that would cause the estimate of ultimate loss to differ materially in the near term

Note 14: Commitments and Contingencies

The Medical Center and Baptist Health – Little Rock are guarantors of a loan with an original amount of approximately $1,150,000 This loan is the obligation of BHWC, Inc , an unconsolidated subsidiary, and is secured by a mortgage on the premises of a medical office building located in Beebe, Arkansas At September 30, 2014 and 2013, the balance of this note was approximately $736,000 and $797,000, respectively

Note 15: Discontinued Operations

On December 3, 2012, the Medical Center sold River Oaks Village (ROV), a component of White County Medical Center, Inc , for $7 5 million The gain on the sale of property of $1,099,100 was recorded under the installment method of revenue recognition whereby $73,273 is reported in gain (loss) from discontinued operations in the consolidated statement of operations and changes in net assets for the year ended September 30, 2014, and $1,025,826 is included in the balance sheet as a deferred gain The deferred gain will be recognized in gain (loss) from discontinued operations in future periods as the principal of the note is paid The Medical Center is financing $7 0 million of the purchase price for the purchaser

Terms of the agreement call for 36 monthly interest-only payments of $10,786 at a fixed interest rate of 3 0% At the end of 36 months, a $7 0 million balloon is due The Medical Center recorded a noncurrent other receivable for the $7 0 million Activity related to ROV for the year ended September 30, 2013, is included in the loss on discontinued operations in the consolidated financial statements

Note 16: Patient Protection and Affordable Care Act

The *Patient Protection and Affordable Care Act* (PPACA) had and will continue to substantially reform the United States health care system The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products Another significant component of PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased Each state's participation in an expanded Medicaid program is optional Beginning January 1, 2014, the State of Arkansas enacted a form of Medicaid expansion which uses the expansion funding to purchase private insurance policies on the health care exchanges for qualifying beneficiaries This form of Medicaid expansion has been commonly referred to as the Arkansas Private Option While hospitals may see improved reimbursements as previously uninsured patients gain coverage, the significance of the improvement remains unclear In addition, the expansion must be reappropriated annually by the legislature

PPACA is extremely complex and may be difficult for the federal government and each state to implement While the overall impact of PPACA cannot currently be estimated, it is possible it will have a negative impact on the Medical Center's net patient service revenue In addition, it is possible the Medical Center will experience payment delays and other operational challenges during PPACA's implementation

Note 17: Related Party Transactions

The Medical Center has cash deposits and investments with a financial institution where the spouse of a member of the board of directors is an officer The cash deposits and investment balances at September 30, 2014, were approximately $11 6 million and $30 8 million, respectively

Note 18: Subsequent Event

Acquisition

On February 1, 2015, the Medical Center acquired certain assets and assumed certain liabilities of Harris Hospital in Newport, Arkansas, which provides health care services in northeast Arkansas

The transaction is expected to be accounted for as an acquisition under FASB Accounting Standards Certification 958-805 The Medical Center will pay $5,000,000 plus the amount of net working capital as defined in the asset purchase agreement A preliminary estimate of the net working capital as of the purchase date is $692,408 The final net working capital will be agreed upon between the parties as outlined in the asset purchase agreement The Medical Center will complete the purchase using funds internally designated for capital acquisitions Disclosures relating to the fair values of assets acquired and liabilities assumed are not presented as the final allocation of the purchase price had yet to be determined, as of the date the financial statements were available to be issued

OUR RESOURCES

- Cleburne County Health Unit
- Jackson County Health Unit
- Lonoke County Health Unit
- Prairie County Health Unit
- White County Health Unit
- Woodruff County Health Unit

- Cleburne County DHS Office
- Jackson County DHS Office
- Lonoke County DHS Office
- Prairie County DHS Office
- White County DHS Office
- Woodruff County DHS Office

- American Cancer Society
- American Red Cross
- ARcare
- CASA (Court Appointed Special Advocates) of White County
- Christian Health Ministries
- Friends for Life
- Parents of Special Kids, Searcy
- Searcy Children's Home, Inc.
- United Way of White County
- White County Aging Program
- White County Children's Safety Center
- White River Area Agency on Aging

Action Items #1

- Establish a referral line for people to call regarding primary care physicians
- Create awareness of clinics and physicians within the community
- Focus on densely populated areas including White, Cleburne and Jackson counties
- Encourage patients to seek care in the most appropriate setting

Anticipated Impact: More community members will have better access to primary care physicians and receive care right away, instead of waiting until the health issue becomes an urgent situation and more expensive medical attention is needed

Action Item #2
Train hospital associates to be navigators, certified application counselors to guide patients to the best insurance plan to suit their needs, whether individual or family

Anticipated Impact: People will receive needed financial help through insurance instead of having to pay full out-of-pocket expenses for healthcare services

- Low number of adults meeting minimum to moderate physical activity recommendation
- Low number of adults who consume less fruits and vegetables than recommended
- High number of adults who report being overweight/obese
- High number of adults who report poor mental or physical health
- High number of women who do not get regular pap exams
- High number of men who do not get regular prostate cancer screenings

Action Item #1
Create wellness packages for community members by developing partnerships with local businesses to provide healthcare related services to community members at a discounted rate

Anticipated Impact: By offering community members health and wellness services and benefits at a discounted rate, participation could potentially be high and a larger number of people could adopt a healthier lifestyle

Action Item #2
Partner with local businesses and organizations to offer healthy cooking classes

Anticipated Impact: By demonstrating healthy cooking techniques and introducing them to healthier options, more people could learn how to incorporate healthy cooking into their lives

Action Item #3
Organize community wellness fairs by partnering with churches, senior centers, retirement facilities, businesses, schools and local and state government offices to foster community interaction.

Anticipated Impact: Offering free services at well-attended events, more people could receive needed healthcare services

- High number of adults who report binge drinking
- High number of adults who report using tobacco by 12th grade
- High percentage of traffic fatalities related to drugs or alcohol
- High percentage of youth who used tobacco recently

Action Item #1
Offer onsite education and/or assistance with education at schools on the topic of alcohol and tobacco use

Anticipated Impact: Impressionable minds remember unusual and striking information that is presented in atypical settings with strong presentation materials

Action Item #2
Provide community resource advancement assistance by organizing community meetings that include charitable organizations, government agencies and similar organizations to give them an opportunity to share and learn about populations that are considered "at risk"

Anticipated Impact: Supporting local organizations that focus on serving others within the community could potentially broaden the effectiveness of the organization, thereby touching more lives, encouraging more people to participate and building greater awareness

Action Item #3
Partner with Pharmacies and Home Health Agencies to tackle prescription drug abuse by developing information they can use to educate patients upon receiving prescription drugs at the pharmacies. Also, encourage discussions with patients during Home Health and doctor's visits on the impact prescription drugs have on the patients physically and mentally compared to illegal drugs and alcohol.

Anticipated Impact: Targeted programs have, historically, significantly raised awareness in drug and alcohol abuse and resulted in a decline among the targeted populations

- High number of children in foster care
- High number of unsubstantiated child abuse reports

Action Item #1
Partner with foster care and child abuse community groups

Anticipated Impact: By offering needed support to existing groups in the community, a larger population could be served

- High number of adults with coronary heart disease
- High number of adults with high blood cholesterol
- High number of adults with hypertension (high blood pressure)
- High number of adults with lung cancer
- High number of women with breast cancer
- High number of men with prostate cancer
- High number of adults with arthritis

Action Item #1
Send hospital experts to speak at community groups in the geographic area

Anticipated Impact: Educate and empower individuals on how to take care of themselves and their disease to have the best quality of life possible

Action Item #2
Increase distribution of Wellness Today magazine and include more educational stories regarding heart disease, high cholesterol, high blood pressure, cancers and arthritis

Anticipated Impact: Wellness Today magazine is sent to residents in Cleburne, Jackson, Prairie, Lonoke, White and Woodruff counties; therefore, broadening the number of homes it is delivered to would expand the audience of those educated about different disease processes

Action Item #3
Establish Internet support groups

Anticipated Impact: By providing a way for people with similar disease processes to interact with one another, they become better educated about their disease and learn what methods are most effective to take care of themselves by taking charge of their health

Action Item #4
Discuss managing diseases effectively at Senior Expo and similar events/programs

Anticipated Impact: Educate and empower seniors on how to take care of themselves and their disease to have the best quality of life possible

Action Item #5
Offer smoking cessation programs

Anticipated Impact: Increase awareness among community members regarding the potential dangers of smoking and decrease the likelihood of more people developing lung cancer

WHITE COUNTY MEDICAL CENTER

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