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Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 01/01, 2017, and ending 12/31, 2017

▶ Go to www.irs.gov/Form990T for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

A ☐ Check box if address changed		Name of organization (☐ Check box if name changed and see instructions)		D Employer identification number (Employees' trust, see instructions)	
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 408A ☐ 529(a)		Print or Type <u>CONWAY REGIONAL MEDICAL CENTER, INC</u> Number, street, and room or suite no. If a P.O. box, see instructions <u>2302 COLLEGE AVENUE</u> City or town, state or province, country, and ZIP or foreign postal code <u>CONWAY, AR 72034</u>		<u>71-0249735</u> E Unrelated business activity codes (See instructions) <u>621500</u>	
C Book value of all assets at end of year <u>179,329,046.</u>		F Group exemption number (See instructions) ▶			
		G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust			

H Describe the organization's primary unrelated business activity ▶ REFERENCE LAB SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ KAREN DAYER, CONTROLLER Telephone number ▶ 501-513-5451

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>1,332,364.</u>				
b	Less returns and allowances	<u>838,067.</u>	c Balance ▶	1c	<u>494,297.</u>	
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit Subtract line 2 from line 1c			3	<u>494,297.</u>	<u>494,297.</u>
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnerships and S corporations (attach statement)			5	<u>-52,414.</u>	<u>ATCH 1</u> <u>-52,414.</u>
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions, attach schedule)			12		
13	Total Combine lines 3 through 12			13	<u>441,883.</u>	<u>441,883.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	<u>286,997.</u>
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	<u>ATTACHMENT. 2</u> <u>1,507,756.</u>
29	Total deductions. Add lines 14 through 28	29	<u>1,794,753.</u>
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	<u>-1,352,870.</u>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	<u>-1,352,870.</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	<u>1,000.</u>
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<u>-1,352,870.</u>

For Paperwork Reduction Act Notice, see instructions.

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☒ See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) \$ (2) \$ (3) \$

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$
 (2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34. **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041). **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. **40**

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). **41a**

b Other credits (see instructions). **41b**

c General business credit. Attach Form 3800 (see instructions). **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827). **41d**

e Total credits. Add lines 41a through 41d. **41e**

42 Subtract line 41e from line 40. **42**

43 Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). **43**

44 Total tax. Add lines 42 and 43. **44** 0.

45 a Payments. A 2016 overpayment credited to 2017. **45a** 4,432.

b 2017 estimated tax payments. **45b**

c Tax deposited with Form 8868. **45c**

d Foreign organizations. Tax paid or withheld at source (see instructions). **45d**

e Backup withholding (see instructions). **45e**

f Credit for small employer health insurance premiums (Attach Form 8941). **45f**

g Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other. Total **45g**

46 Total payments. Add lines 45a through 45g. **46** 4,432.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ☐ **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. **48**

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. **49** 4,432.

50 Enter the amount of line 49 you want credited to 2018 estimated tax. **50** 4,432. Refunded **50**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. **Yes** **No**

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? **Yes** **No**

53 Enter the amount of tax-exempt interest received or accrued during the tax year. **\$**

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

Signature of officer **11/7/18** Date **COO** Title

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

Paid Preparer Use Only

Print/Type preparer's name **AMBER SHERRILL** Preparer's signature **Amber Sherrill, CPA** Date **11/2/18**

Firm's name **BKD, LLP** Check ☐ if self-employed **PTIN P00748683**

Firm's address **P.O. BOX 3667, LITTLE ROCK, AR 72203-3667** Firm's EIN **44-0160260** Phone no **501-372-1040**

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b.	5					X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ►				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A).		Enter here and on page 1, Part I, line 10, col (B).			Enter here and on page 1, Part II, line 26.	

Totals

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I.						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

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CONWAY REGIONAL MEDICAL CENTER, INC

71-0249735

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

SEE ATTACHMENT

-52,414.

INCOME (LOSS) FROM PARTNERSHIPS

-52,414.

ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

EQUIPMENT	30,597.
OTHER LAB EXPENSES	22,930.
PURCHASED SERVICES	443,245.
RENT EXPENSE	610.
SUPPLIES	403,338.
ADMINISTRATIVE & GENERAL SUPPORT SERVICES	607,036.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>1,507,756.</u>
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ATTACHMENT 3SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
ALAN FINLEY 2302 COLLEGE AVENUE CONWAY, AR 72034	CHIEF OPERATING OFFICER	0	0.
ANDREA WOODS, JD 2302 COLLEGE AVENUE CONWAY, AR 72034	VICE CHAIRMAN	0	0.
ANDREW COLE, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.
ANGIE LONGING 2302 COLLEGE AVENUE CONWAY, AR 72034	CHIEF NURSING OFFICER	0	0.
BARBARA WILLIAMS 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.
CORNELL MALTBIA 2302 COLLEGE AVENUE CONWAY, AR 72034	CHAIRMAN	0	0.
JIM RANKIN, JR. 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.
MATT TROUP 2302 COLLEGE AVENUE CONWAY, AR 72034	CHIEF EXECUTIVE OFFICER	0	0.
STEVE ROSE 2302 COLLEGE AVENUE CONWAY, AR 72034	CHIEF FINANCIAL OFFICER	0	0.
TOM POE 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.

ATTACHMENT 3 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
WAYNE COX 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.
JEFF STANDRIDGE 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.
THAD HARDIN, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	BOARD MEMBER	0	0.
DENNIS WOODHALL, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	PHYSICIAN	0	0.
GREG KENDRICK, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	CHIEF OF STAFF	0	0.
DARREN FREEMAN, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	PHYSICIAN	0	0.
ELLA CATHERINE WHALEY, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	PHYSICIAN	0	0.
JEFFREY HALL, MD 2302 COLLEGE AVENUE CONWAY, AR 72034	PHYSICIAN	0	0.
TOTAL COMPENSATION			<u>0.</u>

ATTACHMENT 1 (CONTINUED)

EIN: 71-0249735

CONWAY REGIONAL MEDICAL CENTER, INC.

12/31/2017

FORM 990-T ATTACHMENT

PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS

<u>PARTNERSHIP ENTITY</u>	<u>GROSS INCOME</u>	<u>DEDUCTIONS</u>	<u>NET INCOME</u>
ENERGY TRANSFER PARTNERS LP	(11,947)	-	(11,947)
ENTERPRISE PRODUCTS PARTNERS LP	(4,013)	-	(4,013)
GENESIS ENERGY LP	(7,126)	-	(7,126)
KKR & CO. LP	178	-	178
MAGELLAN MIDSTREAM PARTNERS LP	(762)	-	(762)
MPLX LP	(12,334)	-	(12,334)
ONEOK PARTNERS LP	(1,547)	-	(1,547)
PLAINS ALL AMERICAN PIPELINE LP	(8,045)	-	(8,045)
SUNOCO LOGISTICS PARTNERS LP	(519)	-	(519)
THE BLACKSTONE GROUP LP	1,907	-	1,907
WILLIAMS PARTNERS LP	210	-	210
ANDEAVOR LOGISTICS	(7,791)	-	(7,791)
BUCKEYE PARTNERS	(625)	-	(625)
NET INCOME REPORTED	<u>(52,414)</u>	<u>-</u>	<u>(52,414)</u>

Alternative Minimum Tax - Corporations

OMB No 1545-0123

2017

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Name CONWAY REGIONAL MEDICAL CENTER, INC.		Employer identification number 71-0249735	
<i>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)</i>			
1	Taxable income or (loss) before net operating loss deduction	1	-1,352,870.
2 Adjustments and preferences:			
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	-1,352,870.
4 Adjusted current earnings (ACE) adjustment:			
a	ACE from line 10 of the ACE worksheet in the instructions	4a	-1,352,870.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount } 	4e	
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT.	5	-1,352,870.
6	Alternative tax net operating loss deduction. See instructions SEE. STATEMENT. 5.	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	-1,352,870.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (0.25)	8b	
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	NONE
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	NONE
10	Multiply line 9 by 20% (0.20)	10	NONE
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10.	12	NONE
13	Regular tax liability before applying all credits except the foreign tax credit	13	NONE
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	NONE

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2017)

CONWAY REGIONAL MEDICAL CENTER
 12/31/2017
 FORM 4626 DETAIL
 LINE 6- AMT NOL CARRYOVER SCHEDULE

EIN: 71-0249735

YEAR ENDING	ORIGINAL NOL	CARRYOVER FROM PRIOR YEARS	AMOUNT USED IN PRIOR YEARS	AMOUNT USED IN CURRENT YEAR	CARRYOVER TO NEXT YEAR
12/31/2000	-	5,166	(5,166)	-	-
12/31/2001	-	433,694	(433,694)	-	-
12/31/2002	-	670,238	(84,633)	-	585,605
12/31/2003	-	995,126	-	-	995,126
12/31/2004	-	1,254,617	-	-	1,254,617
12/31/2005	-	279,266	-	-	279,266
12/31/2006	-	317,168	-	-	317,168
12/31/2007	-	124,480	-	-	124,480
12/31/2008	-	565,940	-	-	565,940
12/31/2009	-	146,375	-	-	146,375
12/31/2010	-	283,025	-	-	283,025
12/31/2011	-	477,989	-	-	477,989
12/31/2012	-	1,032,606	-	-	1,032,606
12/31/2013	-	446,709	-	-	446,709
12/31/2014	-	-	-	-	-
12/31/2015	-	1,105,019	-	-	1,105,019
12/31/2016	-	1,422,330	-	-	1,422,330
12/31/2017	1,352,870	-	-	-	1,352,870
TOTAL	<u>1,352,870</u>	<u>9,559,748</u>	<u>(523,493)</u>	<u>-</u>	<u>10,389,125</u>