

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2017**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated return
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

WASHINGTON REGIONAL MEDICAL CENTER

Doing business as

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

3215 N NORTH HILLS BLVD

Room/suite

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

FAYETTEVILLE, AR 72703

**F** Name and address of principal officer

LARRY SHACKLEFORD

SAME AS ABOVE FAYETTEVILLE, AR 72703

**D** Employer identification number

71-0664687

**E** Telephone number

(479) 463-1168

**G** Gross receipts \$ 312,352,458.**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.WREGIONAL.COM**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation 1988**M** State of legal domicile

AR

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities WASHINGTON REGIONAL IS COMMITTED TO IMPROVING THE HEALTH OF PEOPLE IN COMMUNITIES WE SERVE THROUGH COMPASSIONATE, HIGH QUALITY CARE, PREVENTION AND WELLNESS EDUCATION.

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

**3** Number of voting members of the governing body (Part VI, line 1a) . . . . .

3

9.

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

4

8.

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

5

3,513.

**6** Total number of volunteers (estimate if necessary) . . . . .

6

85.

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

7a

1,648,989.

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

7b

0.

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

8

Prior Year

Current Year

1,005,869.

540,909.

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

9

283,660,414.

307,171,954.

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

10

2,774,645.

3,453,580.

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

11

1,130,154.

1,186,015.

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

12

288,571,082.

312,352,458.

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

13

5,053,145.

5,405,976.

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

14

0.

0.

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

15

105,783,991.

121,309,027.

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

16a

0.

0.

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 499,701.

16b

127,733,818.

140,289,555.

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

17

238,570,954.

267,004,558.

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

18

50,000,128.

45,347,900.

**19** Revenue less expenses Subtract line 18 from line 12 . . . . .

19

Beginning of Current Year

End of Year

433,553,337.

464,685,270.

**20** Total assets (Part X, line 16) . . . . .

20

165,534,297.

51,033,520.

**21** Total liabilities (Part X, line 26) . . . . .

21

268,019,040.

413,651,750.

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

22

**Part II Signature Block**

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

Sign  
Here

Signature of officer

11/14/2018

Date

DAN ECKELS

SR VP &amp; CFO

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission

WASHINGTON REGIONAL IS COMMITTED TO IMPROVING THE HEALTH OF PEOPLE IN  
COMMUNITIES WE SERVE THROUGH COMPASSIONATE, HIGH QUALITY CARE,  
PREVENTION AND WELLNESS EDUCATION.

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 141,786,383 including grants of \$ \_\_\_\_\_) (Revenue \$ 232,036,827 )  
ATTACHMENT 1

**4b** (Code \_\_\_\_\_) (Expenses \$ 54,737,395 including grants of \$ \_\_\_\_\_) (Revenue \$ 36,886,314 )  
ATTACHMENT 2

**4c** (Code \_\_\_\_\_) (Expenses \$ 10,287,763 including grants of \$ \_\_\_\_\_) (Revenue \$ 18,927,144 )  
ATTACHMENT 3

**4d** Other program services (Describe in Schedule O ) ATTACHMENT 4  
(Expenses \$ 15,693,348 including grants of \$ \_\_\_\_\_) (Revenue \$ 9,401,845 )

**4e** Total program service expenses 222,504,889.

10 (2017)

## 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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
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	X
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 X	
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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
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	X
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 X	
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 X	
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	X
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	X
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 X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	12a	X
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
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	X
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	X
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	X
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	X
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	X
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	X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	X	
<b>20b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
<b>25b</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. . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>28b</b> b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>28c</b> 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. . . . .	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .	X	
<b>34</b> 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. . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .		X

## 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	91
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a	3,513
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
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	X
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	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	X
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	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Sponsoring organizations maintaining donor advised funds</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
b	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	X
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 line 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 . . . . . ☒ X

**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 . . . . .	9	
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 . . . . .	8	
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? . . . . .		X
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? . . . . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
6 Did the organization have members or stockholders? . . . . .	X	
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? . . . . .	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? . . . . .	X	
b Each committee with authority to act on behalf of the governing body? . . . . .	X	
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 . . . . .		X

**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? . . . . .		X
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? . . . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
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 . . . . .	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
13 Did the organization have a written whistleblower policy? . . . . .	X	
14 Did the organization have a written document retention and destruction policy? . . . . .	X	
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 . . . . .	X	
b Other officers or key employees of the organization . . . . .	X	
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? . . . . .	X	
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? . . . . .	X	

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 ACCOUNTING DEPARTMENT 3215 N NORTH HILLS BLVD FAYETTEVILLE, AR 72703 479-463-1154

**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, and 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) GREG W. LEE CHAIR	0.	X						0.	0.	0.
(2) TIMOTHY T HELDER PAST CHAIRMAN	0.	X						0.	0.	0.
(3) ELAINE LONGER VICE CHAIR	0.	X						0.	0.	0.
(4) M. GARETH ECK, MD SECRETARY	0.	X						0.	0.	0.
(5) DOROTHY J HANBY DIRECTOR	0.	X						0.	0.	0.
(6) CHARLES ROBINSON, PHD DIRECTOR	0.	X						0.	0.	0.
(7) WOODSON W BASSETT, III, ESQ DIRECTOR	0.	X						0.	0.	0.
(8) ANTHONY N HUI, MD DIRECTOR	0.	X						0.	0.	0.
(9) RANDAL HIGHTOWER, MD DIRECTOR	0.	X						0.	0.	0.
(10) LARRY SHACKELFORD SVP OUTREACH/CEO	40.00			X				421,969.	0.	102,545.
(11) WILLIAM L BRADLEY PRESIDENT & CEO (RETIRED)	40.00			X				991,949.	0.	109,316.
(12) MARK A BEVER EXEC VP & ADMINISTRATOR	40.00			X				411,547.	0.	66,644.
(13) THOMAS J OLMSTEAD SVP & GENERAL COUNSEL	40.00			X				411,903.	0.	76,799.
(14) DANIEL R ECKELS SVP & CFO	40.00			X				392,854.	0.	70,723.

**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			
(15) DAVID G. RATCLIFF, MD CHIEF MEDICAL OFFICER	26.00 14.00			X				288,163.	155,165.	86,344.
(16) ROB BOMSTAD SVP OUTREACH	40.00 0.			X				243,624.	0.	43,259.
(17) REBECCA D MAGEE SR VP/CIO	40.00 0.			X				294,019.	0.	52,497.
(18) MEREDITH GREEN SVP & CNO	40.00 0.			X				131,064.	0.	26,972.
(19) BEVERLY WINNEY CHIEF NURSE OFFICER	40.00 0.			X				243,432.	0.	12,143.
(20) JAMES A NEWTON, JR PHYSICIAN	32.00 8.00					X		160,513.	86,430.	27,650.
(21) ROGER C MONTGOMERY PHYSICIAN	40.00 0.					X		239,882.	0.	18,041.
(22) STANLEY C BRADLEY PHYSICIAN	40.00 0.					X		234,557.	0.	21,047.
(23) STEPHEN PERCIVAL VP HUMAN RESOURCES	40.00 0.					X		223,775.	0.	21,328.
(24) CHARLES COE PHARMACIST	40.00 0.					X		176,694.	0.	14,471.
<b>1b Sub-total</b>								2,630,222.	0.	426,027.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,235,723.	241,595.	323,752.
<b>d Total (add lines 1b and 1c)</b>								4,865,945.	241,595.	749,779.

**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 **93**

**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

	Yes	No
<b>3</b>		X

**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

<b>4</b>	X	
----------	---	--

**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

<b>5</b>		X
----------	--	---

**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
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	383,842			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	157,067			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		540,909			
<b>Program Service Revenue</b>	2a	PATIENT SERVICE REVENUE	Business Code	900099	292,811,631	292,811,631	
	b	REFERENCE LAB		611430	1,593,721		1,593,721
	c	EXERCISE CENTER		713940	601,583	601,583	
	d	CAFETERIA SALES		111000	1,805,993		1,805,993
	e	BC MC ADVANTAGE		812300	200,806	200,806	
	f	All other program service revenue . . . . .			10,158,220	9,865,058	55,268
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶			307,171,954		237,894
	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 6 . . . . . ▶			3,325,260	3,325,260	
4	Income from investment of tax-exempt bond proceeds . . . . . ▶			0			
5	Royalties . . . . . ▶			0			
<b>Other Revenue</b>	6a	Gross rents . . . . .	(i) Real	1,186,015			
	b	Less rental expenses . . . . .	(ii) Personal				
	c	Rental income or (loss) . . . . .		1,186,015			
	d	Net rental income or (loss) . . . . . ▶			1,186,015		
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less cost or other basis and sales expenses . . . . .	(ii) Other		128,320		
	c	Gain or (loss) . . . . .			128,320		
	d	Net gain or (loss) . . . . . ▶			128,320		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a					
	b	Less direct expenses . . . . . b					
	c	Net income or (loss) from fundraising events . . . . . ▶			0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . . a					
	b	Less direct expenses . . . . . b					
	c	Net income or (loss) from gaming activities . . . . . ▶			0		
	10a	Gross sales of inventory, less returns and allowances . . . . . a					
	b	Less cost of goods sold . . . . . b					
	c	Net income or (loss) from sales of inventory . . . . . ▶			0		
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶			0			
12	<b>Total revenue.</b> See instructions . . . . . ▶			312,352,458	306,804,338	1,648,989	2,043,887

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . .	5,405,976.	5,405,976.		
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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 . . . . .	4,865,945.		4,865,945.	
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 . . . . .	96,646,805.	83,950,001.	12,335,041.	361,763.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,398,912.	2,818,649.	568,311.	11,952.
9 Other employee benefits . . . . .	9,126,678.	7,544,453.	1,549,715.	32,510.
10 Payroll taxes . . . . .	7,270,687.	6,103,895.	1,140,409.	26,383.
11 Fees for services (non-employees)				
a Management . . . . .	247,033.	138,900.	108,133.	
b Legal . . . . .	106,980.		106,980.	
c Accounting . . . . .	384,852.		384,452.	400.
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees . . . . .	169,711.		169,711.	
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	18,311,889.	17,928,613.	383,276.	
12 Advertising and promotion . . . . .	404,070.	25,543.	373,526.	5,001.
13 Office expenses . . . . .	3,528,921.	943,251.	2,583,461.	2,209.
14 Information technology . . . . .	8,003,242.	4,465,204.	3,538,038.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	3,227,076.	2,521,578.	704,411.	1,087.
17 Travel . . . . .	487,580.	363,048.	112,409.	12,123.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	160,851.	76,008.	80,550.	4,293.
20 Interest . . . . .	4,122,811.		4,122,811.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	17,209,929.	14,983,668.	2,225,841.	420.
23 Insurance . . . . .	1,059,390.	8,475.	1,050,915.	
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 MEDICAL SUPPLIES . . . . .	63,051,784.	62,766,918.	284,861.	5.
b PURCHASED SERVICES . . . . .	8,537,047.	5,304,090.	3,209,154.	23,803.
c REPAIRS AND MAINTENANCE . . . . .	5,311,066.	3,139,159.	2,171,907.	
d NON CAPITAL EQUIPMENT . . . . .	2,960,846.	2,828,525.	129,346.	2,975.
e All other expenses . . . . .	3,004,477.	1,188,935.	1,800,765.	14,777.
25 Total functional expenses Add lines 1 through 24e . . . . .	267,004,558.	222,504,889.	43,999,968.	499,701.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**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
<b>Assets</b>	1 Cash - non-interest-bearing	28,012.	1	58,934.
	2 Savings and temporary cash investments	36,793,898.	2	27,315,009.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	40,133,352.	4	46,546,587.
	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	0.	7	0.
	8 Inventories for sale or use	4,689,981.	8	4,277,610.
	9 Prepaid expenses and deferred charges	3,462,061.	9	3,840,210.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 341,655,848.		
	b Less accumulated depreciation	10b 157,514,786.	10c	184,141,062.
	11 Investments - publicly traded securities	112,076,322.	11	132,833,239.
	12 Investments - other securities See Part IV, line 11	884,424.	12	742,532.
	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	41,350,555.	15	64,930,087.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	433,553,337.	16	464,685,270.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	45,039,856.	17	31,691,408.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	111,292,458.	20	0.
	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	6,934,622.	23	14,266,783.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	3,216,504.
	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	2,267,361.	25	1,858,825.
	26 <b>Total liabilities.</b> Add lines 17 through 25	165,534,297.	26	51,033,520.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	268,018,039.	27	274,091,636.
	28 Temporarily restricted net assets	1,001.	28	-1,001.
	29 Permanently restricted net assets	0.	29	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34</b>			
	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 <b>Total net assets or fund balances</b>	268,019,040.	33	274,090,635.
	34 <b>Total liabilities and net assets/fund balances</b>	433,553,337.	34	325,124,155.

Form **990** (2017)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	312,352,458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	267,004,558.
3	Revenue less expenses Subtract line 2 from line 1	3	45,347,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	268,019,040.
5	Net unrealized gains (losses) on investments	5	14,421,795.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-53,698,100.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	274,090,635.

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

- 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? . . . . .  
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? . . . . .  
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? 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? . . . . .
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations. . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

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**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4. . . . .						
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 VI) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI) . . . . .						
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 section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	16	%

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

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

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	<b>Total annual distributions.</b> Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013 . . . . .			
c	From 2014 . . . . .			
d	From 2015 . . . . .			
e	From 2016 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	<b>Excess distributions carryover to 2018</b> Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013 . . . .			
b	Excess from 2014 . . . .			
c	Excess from 2015 . . . .			
d	Excess from 2016 . . . .			
e	Excess from 2017 . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>WASHINGTON REGIONAL MEDICAL CENTER</b>	Employer identification number <b>71-0664687</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> 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? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		19,762
j Total Add lines 1c through 1i			19,762
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity expenditures from the prior year?	3	

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

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

**Part IV Supplemental Information**

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## LOBBYING ACTIVITY

THE ORGANIZATION IS A MEMBER OF, AND PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION AND THE ARKANSAS HOSPITAL ASSOCIATION. FOR THE YEAR ENDED 2017, THE DUES WERE \$34,416 AND \$70,580 RESPECTIVELY. APPROXIMATELY 28% OF THE ARKANSAS HOSPITAL ASSOCIATION DUES WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES PERFORMED BY THESE ORGANIZATIONS.



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public  
Inspection

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

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

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

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

**Part II Conservation Easements.**

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 1,957,462.       | 1,793,436.     | 2,025,002.         | 1,354,169.           | 1,402,443.          |
| b Contributions . . . . .                                  | 26,605.          | 22,934.        | 1,979.             | 786,722.             | 85,092.             |
| c Net investment earnings, gains, and losses . . . . .     | 205,606.         | 114,342.       | -23,792.           | 35,743.              | 17,078.             |
| d Grants or scholarships . . . . .                         | 11,718.          |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 17,268.          | -26,750.       | 209,753.           | 151,632.             | 150,444.            |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 2,160,687.       | 1,957,462.     | 1,793,436.         | 2,025,002.           | 1,354,169.          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 22.0000 %
- b Permanent endowment ▶ 61.0000 %
- c Temporarily restricted endowment ▶ 17.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations . . . . .  | 3a(i)  | X  |
| (ii) related organizations . . . . .   | 3a(ii) | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     | X  |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

- | Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      | 1,235,385.                      |                              | 1,235,385.     |
| b Buildings . . . . .  |                                      | 176,616,860.                    | 55,030,889.                  | 121,585,971.   |
| c Leasehold improvements . . . . .   |                                      | 2,830,977.                      | 2,498,688.                   | 332,289.       |
| d Equipment . . . . .  |                                      | 150,361,591.                    | 94,873,312.                  | 55,488,279.    |
| e Other . . . . .  |                                      | 10,611,035.                     | 5,111,897.                   | 5,499,138.     |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . . |                                      |                                 |                              | 184,141,062.   |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREPAID BOND FUNDING	36,113,120.
(2) ACCRUED INTEREST	282,444.
(3) DEFERRED ORGANIZATIONAL COSTS	1,499,893.
(4) BENEFICIAL INTEREST IN WR FDN	381,270.
(5) EQUITY INVESTMENTS	19,469,523.
(6) DUE FROM THIRD PARTY	
(7) DUE FROM AFFILIATES	5,043,045.
(8) OTHER	2,140,792.
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15). . . . . ►	64,930,087.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY	1,858,825.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	1,858,825.

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" on Form 990, Part IV, line 12a

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

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>
-----------------	--

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

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

**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.

[illegible]

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

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**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

WASHINGTON REGIONAL MEDICAL CENTER

71-0664687

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> 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 <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</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 . . . . . <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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		
<b>4</b> 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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .	1	17390	3,919,343.		3,919,343.	1.46
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .	1	18250	29,944,947.	19,091,691.	10,853,256.	4.06
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .	2	35640	33,864,290.	19,091,691.	14,772,599.	5.52
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	6		492,999.	23,236.	469,763.	.17
<b>f</b> Health professions education (from Worksheet 5) . . . . .	2		140,000.		140,000.	.05
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	7		4,437,755.		4,437,755.	1.66
<b>h</b> Research (from Worksheet 7) . . . . .	1		196,670.	73,221.	123,449.	.04
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			139,208.		139,208.	.05
<b>j</b> Total Other Benefits . . . . .	16		5,406,632.	96,457.	5,310,175.	1.97
<b>k</b> Total. Add lines 7d and 7j. . . . .	18	35640	39,270,922.	19,188,148.	20,082,774.	7.49

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Schedule H (Form 990) 2017

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**Part II Community Building Activities** Complete this table 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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . . **1** X
- 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** 22,167,711.
- 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** 2,216,771.
- 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** 96,594,661.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 85,346,747.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** 11,247,914.
- 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 **3**

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . . **9a** X
- 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** X

**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 NORTH HILLS SURGERY	AMBULATORY SURGERY CENTER	51.00000		49.00000
2 DIALYSIS CENTER OF N	DIALYSIS SERVICES	60.00000		20.00000
3 NWA PACE MANAGEMENT	SENIOR CARE	57.50000		
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

## Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

PART V, SECTION B, LINE 11

THREE SIGNIFICANT COMMUNITY HEALTH NEED PRIORITIES IDENTIFIED AND  
ADDRESSED:

1. ACCESS TO PRIMARY CARE - WASHINGTON REGIONAL CONTINUED TO IMPROVE THE AVAILABILITY OF PRIMARY CARE AND TO INCREASE COMMUNITY MEMBERS' ACCESS TO PRIMARY CARE PROVIDERS. IN 2017 WASHINGTON REGIONAL OPENED THE WILLIAM L. BRADLEY MEDICAL PLAZA TO OFFER CONVENIENT ACCESS TO PRIMARY CARE AND OTHER MEDICAL SERVICES. LOCATED ACROSS THE STREET FROM THE MEDICAL CENTER, THE PLAZA OFFERS 76,000 SQUARE FEET FOR CLINICS AND SERVICES. PRIMARY CARE OPTIONS AT THE PLAZA INCLUDE AN EXPANDED URGENT CARE CLINIC, FAYETTEVILLE FAMILY CLINIC AND PLAZA INTERNAL MEDICINE. OTHER HEALTHCARE SERVICES THERE INCLUDE UROLOGY, ENDOCRINOLOGY, DIABETES EDUCATION, GYNECOLOGIC ONCOLOGY, NEPHROLOGY, CARDIAC REHABILITATION AND A COMPREHENSIVE IMAGING CENTER WITH MRI, CT SCAN, ULTRASOUND AND X-RAY. PLUS, WITH THE NOVEMBER 2016 OPENING OF ITS WOMEN AND INFANTS CENTER, WASHINGTON REGIONAL PROVIDED A CONVENIENT LOCATION FOR THE PATIENTS OF NORTHWEST ARKANSAS' TWO LEADING OB/GYN CLINICS, WHERE MANY WOMEN RECEIVE THEIR PRIMARY CARE. AND WASHINGTON REGIONAL'S HERHEALTH CLINIC ADDED A BOARD-CERTIFIED FAMILY MEDICINE PHYSICIAN TO PROVIDE WOMEN'S PRIMARY CARE SERVICES. IN 2017 WASHINGTON REGIONAL CONTINUED TO ACTIVELY RECRUIT PHYSICIANS AND ADVANCED PRACTICE PROVIDERS WHO SPECIALIZE IN PRIMARY CARE AND ALSO CONTINUED TO SUPPORT AN EXECUTIVE-LEVEL POSITION THAT PROVIDES ONGOING SUPPORT TO CLINIC PHYSICIANS. WASHINGTON REGIONAL CONTINUED TO PROVIDE FINANCIAL SUPPORT TO COMMUNITY HEALTH SERVICES SUCH AS THE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WASHINGTON COUNTY DEPARTMENT OF HEALTH AND WELCOME HEALTH, A FREE HEALTH CENTER THAT PROVIDES PRIMARY CARE. WASHINGTON REGIONAL PROVIDED SUPPORT TO ITS NINE PRIMARY CARE CLINICS THAT PARTICIPATED IN COMPREHENSIVE PRIMARY CARE PLUS (CPC+), A PARTNERSHIP DESIGNED TO PROVIDE PATIENTS WITH IMPROVED ACCESS TO QUALITY HEALTHCARE AT LOWER COSTS. WASHINGTON REGIONAL, THROUGH ITS FAITH IN ACTION PROGRAM, CONTINUED TO PROVIDE VOLUNTEER-BASED FREE SERVICES TO HOMEBOUND OLDER ADULTS, INCLUDING ASSISTANCE IN ARRANGING TRANSPORTATION TO PRIMARY CARE APPOINTMENTS. AND, RECOGNIZING THAT AREA RESIDENTS OFTEN REQUIRE PRIMARY CARE WITH LOCATIONS AND EXTENDED HOURS THAT ARE CONVENIENT FOR BUSY LIFESTYLES, WASHINGTON REGIONAL CONTINUED OFFERING TWO URGENT CARE CLINICS. WASHINGTON REGIONAL CONTINUED TO MAKE INFORMATION ABOUT PRIMARY CARE CLINICS AND CLINIC LOCATIONS AVAILABLE ON THE WEBSITE, AT HEALTH FAIRS AND COMMUNITY EVENTS SUCH AS DAY OF DANCE AND GIRLS' NIGHT OUT, ON TV WITH YOUR HEALTH MORNING-NEWS SEGMENTS AND THROUGH PUBLICATIONS DISTRIBUTED TO THE COMMUNITY SUCH AS THE HEALTH FOR LIFE SENIOR NEWSLETTER AND THE LOCAL NEWSPAPER'S MONTHLY HEALTH PUBLICATION.

2. STROKE CARE PROGRAM - IN 2017 WASHINGTON REGIONAL CONTINUED TO PROVIDE EDUCATION, DIAGNOSIS, TREATMENT AND REHABILITATION FOR CEREBROVASCULAR DISEASE AND STROKE, MAINTAINING ITS STATUS AS A CERTIFIED PRIMARY STROKE CENTER AS DESIGNATED BY THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL® AND THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S HEART-CHECK MARK FOR ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTERS. WASHINGTON REGIONAL CONTINUED TO ACTIVELY RECRUIT STROKE CARE SPECIALISTS AND ADDED ANOTHER STROKE NEUROLOGIST TO THE PROGRAM IN 2017. WASHINGTON REGIONAL

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

OFFERED 24/7 COVERAGE IN THE EMERGENCY DEPARTMENT BY FELLOWSHIP-TRAINED STROKE CARE PROVIDERS AND CONTINUED TO PARTICIPATE IN THE ARKANSAS SAVES PROGRAM (STROKE ASSISTANCE THROUGH VIRTUAL EMERGENCY SERVICES), A PARTNERSHIP BETWEEN WASHINGTON REGIONAL, THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES CENTER FOR DISTANCE HEALTH, THE DEPARTMENT OF HEALTH AND THE DEPARTMENT OF HUMAN SERVICES. WASHINGTON REGIONAL CONTINUED ITS PARTICIPATION IN THE BASEBALL-THEMED STRIKE OUT STROKE EVENT AT ARVEST BALLPARK AND ALSO PRESENTED A FREE STROKE SURVIVORS CELEBRATION - OFFERING ENCOURAGEMENT, EDUCATION AND REHABILITATION TIPS AT BOTANICAL GARDEN OF THE OZARKS. WASHINGTON REGIONAL, IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, PARTICIPATED IN THE PRODUCTION OF A COMMUNITY STROKE EDUCATION VIDEO AND ALSO PROVIDED EARLY-CHILDHOOD EDUCATION ABOUT HEALTHY LIFESTYLE CHOICES THROUGH STORY-TIME ACTIVITIES AT LOCAL PUBLIC LIBRARIES, SCHOOLS AND CHILDCARE CENTERS. WASHINGTON REGIONAL CONTINUED TO PROVIDE INFORMATION ABOUT CEREBROVASCULAR DISEASE AND STROKE ON THE WEBSITE, AT HEALTH FAIRS AND COMMUNITY EVENTS SUCH AS DAY OF DANCE AND GIRLS' NIGHT OUT, ON TV WITH YOUR HEALTH MORNING-NEWS SEGMENTS AND THROUGH PUBLICATIONS DISTRIBUTED TO THE COMMUNITY SUCH AS THE HEALTH FOR LIFE SENIOR NEWSLETTER AND THE LOCAL NEWSPAPER'S MONTHLY HEALTH PUBLICATION.

3. WELLNESS AND HEALTH EDUCATION - WASHINGTON REGIONAL CONTINUED TO STRENGTHEN ITS POPULATION HEALTH INITIATIVE TO PROMOTE WELL-BEING IN THE COMMUNITY THROUGH EDUCATION AND OTHER WELLNESS ACTIVITIES. WASHINGTON REGIONAL CONTINUED TO SUPPORT AN EXECUTIVE-LEVEL POSITION THAT LED POPULATION HEALTH INITIATIVES ACROSS THE SPECTRUM OF CARE FOR PATIENTS IN

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc ) and name of hospital facility

THE WASHINGTON REGIONAL MEDICAL SYSTEM. WASHINGTON REGIONAL, THROUGH ITS A PARTNERSHIP WITH THE UNIVERSITY OF ARKANSAS COLLEGE OF EDUCATION & HEALTH PROFESSIONS AND THE UA SCHOOL OF NURSING, CONTINUED ITS CARE PARTNERS PROGRAM. CARE PARTNERS TRAINS PRE-PROFESSIONAL STUDENTS TO ACT AS HEALTH COACHES FOR PATIENTS WHO ARE AT RISK FOR MEDICAL COMPLICATIONS OUTSIDE THE HOSPITAL, PROVIDING IMPORTANT ONE-ON-ONE HEALTH EDUCATION. WASHINGTON REGIONAL CONTINUED TO OFFER THE WELLNESS ACTIVITIES AND CLASSES OF THE WASHINGTON REGIONAL CENTER FOR EXERCISE TO EMPLOYEES AND COMMUNITY MEMBERS. WASHINGTON REGIONAL CONTINUED TO BE A MODEL FOR THE COMMUNITY AND OTHER AREA EMPLOYERS BY SUPPORTING AN EMPLOYEE WELLNESS PROGRAM - FEATURING HEALTH INSURANCE DISCOUNTS FOR PARTICIPATING EMPLOYEES - AND AN EMPLOYEE-LED WELLNESS COMMITTEE. WASHINGTON REGIONAL, AT ITS WOMEN AND INFANTS CENTER, PROVIDED EDUCATION ROOMS FOR COMMUNITY CLASSES SUCH AS BREASTFEEDING SUPPORT, DADDY BOOT CAMP, SIBLING CLASS AND INFANT CPR. WASHINGTON REGIONAL, THROUGH ITS EDUCATION DEPARTMENT, CONTINUED TO PROVIDE INSTRUCTION TO THE COMMUNITY ON LIFESAVING SKILLS SUCH AS CPR. UNDER THE GUIDANCE OF TWO ENDOCRINOLOGISTS, WASHINGTON REGIONAL CONTINUED TO PROVIDE COMPREHENSIVE DIABETES MANAGEMENT CLASSES AND SUPPORT GROUPS DESIGNED FOR PEOPLE WITH TYPE 1, TYPE 2, GESTATIONAL DIABETES, PRE-DIABETES, METABOLIC SYNDROME OR REACTIVE HYPOGLYCEMIA. WASHINGTON REGIONAL CONTINUED TO OFFER THE SERVICES OF ITS MOBILE DENTAL CLINIC, WHICH SINCE 2014 HAS BEEN DRIVEN NEARLY 24,000 MILES TO DELIVER MORE THAN 7,000 FREE TREATMENT AND EDUCATION SERVICES. THROUGH ITS CANCER SUPPORT HOME, WASHINGTON REGIONAL CONTINUED TO OFFER FREE HEALTH EDUCATION, SCREENING SERVICES, SUPPORT GROUPS AND ONE-ON-ONE COUNSELING

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

SESSIONS TO CANCER PATIENTS AND THEIR FAMILIES. WASHINGTON REGIONAL  
CONTINUED TO PROVIDE HEALTH EDUCATION AND WELLNESS TIPS ON THE WEBSITE,  
AT HEALTH FAIRS AND COMMUNITY EVENTS SUCH AS DAY OF DANCE, GIRLS' NIGHT  
OUT AND WORLD'S LARGEST BABY SHOWER, ON TV WITH YOUR HEALTH MORNING-NEWS  
SEGMENTS AND THROUGH PUBLICATIONS DISTRIBUTED TO THE COMMUNITY, SUCH AS  
THE HEALTH FOR LIFE SENIOR NEWSLETTER AND THE LOCAL NEWSPAPER'S MONTHLY  
HEALTH PUBLICATION.

PART V, SECTION B, LINE 5

INTERVIEWS WITH KEY INFORMANTS WERE CONDUCTED IN JUNE 2016. INFORMANTS  
WERE SELECTED BASED ON THEIR SPECIALIZED KNOWLEDGE OR EXPERTISE IN PUBLIC  
HEALTH OR THEIR INVOLVEMENT WITH UNDERSERVED AND MINORITY POPULATIONS.  
ALL INTERVIEWS WERE CONDUCTED BY THE ENGAGED ACCOUNTING AND ADVISORY  
FIRM'S PERSONNEL USING A STANDARD QUESTIONNAIRE. A SUMMARY OF THEIR  
OPINIONS IS REPORTED WITHOUT JUDGING THE ACCURACY OF THEIR REMARKS.  
COMMUNITY LEADERS PROVIDED COMMENTS ON THE FOLLOWING ISSUES:

1) HEALTH AND QUALITY OF LIFE FOR RESIDENTS OF THE COMMUNITY, 2) BARRIERS  
TO IMPROVING HEALTH AND QUALITY OF LIFE FOR RESIDENTS OF THE COMMUNITY,  
3) OPINIONS REGARDING THE IMPORTANT HEALTH ISSUES THAT AFFECT COMMUNITY  
RESIDENTS AND THE TYPES OF SERVICES THAT ARE IMPORTANT FOR ADDRESSING  
THESE ISSUES, AND 4) DELINEATION OF THE MOST IMPORTANT HEALTHCARE ISSUES  
OR SERVICES DISCUSSED AND ACTIONS NECESSARY FOR ADDRESSING THOSE ISSUES.  
THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE KEY INFORMANT INTERVIEW  
PROCESS:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc ) and name of hospital facility.

- COUNTY SHERIFF, WHO IS ALSO A BOARD MEMBER
- COUNTY HEALTH DEPARTMENT ADMINISTRATOR
- DIRECTOR OF AREA AGENCY ON AGING
- OUTREACH REPRESENTATIVE FROM LOCAL HOMELESS CENTER
- EMERGENCY DEPARTMENT PHYSICIAN
- AREA PUBLIC SCHOOL SUPERINTENDENT
- CEO OF PHYSICAL REHABILITATION CENTER
- DIRECTOR OF PACIFIC ISLANDER HEALTH (A LARGE LOCAL POPULATION)
- DIRECTOR OF DEVELOPMENT AT FREE HEALTH CENTER

PART V, SECTION B, LINE 13 H

WHEN DETERMINING DISCOUNTED CARE, THE ORGANIZATION CONSIDERS MULTIPLE FACTORS SUCH AS GROSS INCOME, FAMILY SIZE, AND NET PAY IN RELATION TO REPORTED EXPENSES.

**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? \_\_\_\_\_

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

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**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 letter of facility reporting group WASHINGTON REGIONAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .
- 3 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 12 . . . . .  
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 significant 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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☐ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 16
- 5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .
- 7 Did the hospital facility make its CHNA report widely available to the public? . . . . .  
If "Yes," indicate how the CHNA report was made widely available (check all that apply)
- a ☒ Hospital facility's website (list url) WWW.WREGIONAL.COM
- b ☐ Other website (list url) \_\_\_\_\_
- c ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d ☐ Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 2016
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .
- a If "Yes," (list url) WWW.WREGIONAL.COM
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.
- 12a 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)? . . . . .
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a		X
6b		X
7	X	
8	X	
9		
10	X	
10b		
11		
12a		X
12b		



**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group WASHINGTON REGIONAL MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> X	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 0000</u> % and FPG family income limit for eligibility for discounted care of <u>250 0000</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> X	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> X	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.WREGIONAL.COM</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.WREGIONAL.COM</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.WREGIONAL.COM</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information (continued)****Billing and Collections****Name of hospital facility or letter of facility reporting group** WASHINGTON REGIONAL MEDICAL CENTER

	Yes	No
<b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	X	
<b>18</b> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized 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? . . . . .		X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .	X	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group WASHINGTON REGIONAL MEDICAL CENTER**22** 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** 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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		X
<b>24</b>		X

**24** 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? . . . . .

If "Yes," explain in Section C

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**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

PART I, LINE 6

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

PART I, LINE 7G

THE ORGANIZATION REPORTS SUBSIDIZED HEALTH SERVICES FOR CERTAIN CLINICS. THE SUBSIDY REPORTED IS EQUAL TO THE AMOUNT OF OPERATING LOSS LESS THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. THE CLINICS FOR WHICH THE ORGANIZATION SUBSIDIZES MEET CERTAIN CRITERIA AS SET FORTH BY THE IRS INCLUDING: SERVICES FOR SENIORS, NEONATAL SERVICES, WOMEN'S SERVICES AND PSYCHIATRIC SERVICES.

PART III, LINES 2,3,4

ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE ORGANIZATION'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE ORGANIZATION RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE

**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
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- 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

SERVICES ARE PROVIDED. THIS PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS PRESENTED ON THE STATEMENT OF OPERATIONS AS A COMPONENT OF NET PATIENT REVENUE. THE COST OF BAD DEBT IS ESTIMATED USING A COST TO CHARGE RATIO. THE AMOUNT OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR CHARITY IS ESTIMATED TO BE 10%, OR A RELATIVELY SMALL NUMBER. PATIENTS HAVE MANY CHANCES TO LEARN ABOUT FINANCIAL ASSISTANCE, AND THE ASSUMPTION IS MADE THAT QUALIFYING PATIENTS WILL ACT UPON THE RECEIPT OF SUCH INFORMATION. THE ORGANIZATION FOLLOWS THE VHA/CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS. AS SUCH, THE ORGANIZATION DOES NOT REPORT BAD DEBT FROM THE TREATMENT OF PATIENTS AS A COMMUNITY BENEFIT. SEE FOOTNOTE 1, PAGE 11, IN THE AUDITED FINANCIAL STATEMENTS WHICH DESCRIBES BAD DEBT.

PART III, LINE 8

THE ORGANIZATION FOLLOW THE VHA/CATHOLIC HEALTH ASSOCIATION'S GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS. AS SUCH, THE ORGANIZATION DOES NOT REPORT SHORTFALLS FROM THE TREATMENT OF MEDICARE PATIENTS AS A COMMUNITY BENEFIT. THE INFORMATION ON THE PROFITABILITY OF MEDICARE WAS

**Part VI Supplemental Information**

Provide the following information

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DERIVED FROM THE 2017 MEDICARE COST REPORT AS REQUIRED IN THE FORM 990

INSTRUCTIONS. OTHER EXPENSE ITEMS CONSIDERED NON-ALLOWABLE BY MEDICARE

BUT ARE TRUE COST ITEMS SUCH AS COMMUNITY BENEFIT SUBSIDIES AND TRAUMA

CALL COVERAGE AMOUNT TO ANOTHER \$5.8 MILLION OF ACTUAL COSTS. IN

CONSIDERATION OF THESE ADDITIONAL COSTS, THE SURPLUS FROM MEDICARE MAY BE

ROUGHLY \$5.5 MILLION. AS A COMPARISON, THE INTERNAL COST ACCOUNTING

SYSTEM CALCULATES A SURPLUS FROM TREATMENT OF MEDICARE PATIENTS OF \$3

MILLION IN 2017.

PART III, LINE 9B

THE ORGANIZATION'S COLLECTION (BAD DEBT) POLICY SPECIFICALLY ADDRESSES

THAT COLLECTION AGENCIES ARE REQUIRED TO ANALYZE THE PATIENT'S ABILITY TO

PAY. IN THE EVENT THAT CHARITY IS IDENTIFIED, COLLECTION EFFORTS ARE

SUSPENDED AND THE ACCOUNT IS WRITTEN OFF TO CHARITY ON A TIMELY BASIS.

PART VI, LINE 2

THE ORGANIZATION ASSESSES NEEDS IN A VARIETY OF WAYS. WITH RESPECT TO

PRACTITIONER RECRUITMENT FOR DEVELOPMENT OF NEW HEALTH CARE SERVICES, THE

**Part VI Supplemental Information**

Provide the following information

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ORGANIZATION MAY PERFORM INTERNAL ASSESSMENTS OF THE NEED FOR SUCH PROVIDERS AND/OR SERVICES OR ENGAGE EXTERNAL CONSULTANTS TO ASSESS THOSE NEEDS. ADDITIONALLY, THE ORGANIZATION IS ADVISED OF COMMUNITY NEEDS BY ITS COMMUNITY-BASED BOARD OF DIRECTORS, MEDICAL STAFF, LOCAL GOVERNMENT AND LOCAL NONPROFIT ORGANIZATIONS. THE ORGANIZATION ALSO IDENTIFIES THE NEED FOR NEW SERVICES OR SHORTCOMINGS IN EXISTING COMMUNITY HEALTH RESOURCES BY ANALYZING UTILIZATION PATTERNS IN ITS SERVICE OFFERINGS, I.E. PATIENTS PRESENTING TO THE EMERGENCY ROOM FOR SERVICES NO LONGER PROVIDED ELSEWHERE. THE PAT WALKER CENTER FOR SENIORS IS AN EXAMPLE WHERE THE ORGANIZATION HAS RESPONDED TO THE NEEDS OF THE AGING PATIENT POPULATION. THIS PATIENT POPULATION BECAME UNDERSERVED WHEN OTHER LOCAL PROVIDERS ELECTED TO DISCONTINUE OR LIMIT SERVICES TO PATIENTS WITH MEDICARE.

PART VI, LINE 3

DURING PRE-REGISTRATION AND REGISTRATION, STAFF IDENTIFY PATIENT FINANCIAL NEEDS DURING DISCUSSIONS OF SOURCE OR PAYMENT. WHEN A PATIENT STATES AN INABILITY TO PAY, ORGANIZATION PERSONNEL SCREEN FOR FINANCIAL

**Part VI Supplemental Information**

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ASSISTANCE ELIGIBILITY BY ASKING FOR INCOME AND FAMILY SIZE. PATIENTS THAT STAFF BELIEVE MAY QUALIFY FOR FINANCIAL ASSISTANCE ARE REFERRED TO FINANCIAL COUNSELORS TO DISCUSS FINANCIAL ASSISTANCE AVAILABLE, INFORMATION NEEDED AND THE DECISION PROCESS. DURING THE ACCOUNTS RECEIVABLE PRE-COLLECTION PROCESS, CORRESPONDENCE LETTERS FROM THE ORGANIZATION CLEARLY STATE THAT PATIENTS WHO BELIEVE THAT THEY MAY QUALIFY FOR FINANCIAL ASSISTANCE PROGRAM SHOULD CALL FOR THIS SPECIFIC HELP. PHONE DISCUSSIONS DURING THE A/R PRE-COLLECTION PHASE AND THE BAD DEBT COLLECTION PHASE SCREEN FOR THOSE WHO MAY QUALIFY FOR BENEFITS UNDER THE FINANCIAL ASSISTANCE POLICY. THESE EFFORTS ARE EVIDENCED BY INSTANCES OF FINANCIAL ASSISTANCE PROVIDED TO ACCOUNTS THAT WERE EITHER IN THE PRE-COLLECTION OR BAD DEBT COLLECTIONS PHASES WHEN THE FINANCIAL ASSISTANCE DETERMINATION WAS MADE. THE ORGANIZATION ALSO ATTEMPTS TO IDENTIFY HEALTH CARE COVERAGE UNDER FEDERAL AND STATE PROGRAMS AND FACILITATES PATIENTS' ENROLLMENT IN SUCH PROGRAMS. FUNDING OF THESE EFFORTS COST \$123,000 IN 2017.



**Part VI Supplemental Information**

Provide the following information

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PART VI, LINE 4

THE ORGANIZATION SERVES AS A REGIONAL REFERRAL CENTER FOR NORTHWEST ARKANSAS, WESTERN OKLAHOMA AND SOUTHWEST MISSOURI. WRMC'S SERVICE AREA INCLUDES WASHINGTON, BENTON, MADISON, CARROLL AND BOONE COUNTIES. IN 2017, THE ESTIMATED POPULATION ACCORDING TO THE US CENSUS BUREAU FOR EACH OF THESE FIVE COUNTIES WAS AS FOLLOWS: WASHINGTON, 231,996; BENTON, 266,300; MADISON, 16,339; CARROLL, 27,944; AND BOONE, 37,381. THE MEDIAN HOUSEHOLD INCOME IN 2017 FOR EACH OF THESE COUNTIES WAS AS FOLLOWS: WASHINGTON, \$45,442; BENTON, \$59,016; MADISON, \$39,839; CARROLL, \$38,145 AND BOONE, \$38,664. THE PERCENTAGE OF PERSONS BELOW THE POVERTY LEVEL RANGE FROM 9.1% IN BENTON COUNTY TO 18.3% IN MADISON COUNTY. WHITE PERSONS MADE UP THE GREATEST PERCENTAGE OF THE POPULATION FOR EACH OF THE COUNTIES. PERSONS OF HISPANIC OR LATINO ORIGIN WERE THE SECOND HIGHEST RANGING FROM 2.5% IN BOONE COUNTY TO 16.8% IN WASHINGTON AND BENTON COUNTIES. OVER 79% OF OUR INPATIENT ADMISSIONS WERE FROM WASHINGTON AND BENTON COUNTIES. INPATIENT ADMISSIONS FROM OTHER COUNTIES IN OUR SECONDARY SERVICE AREA TOTALED 12%, WITH THE REMAINING PERCENTAGE COMING FROM NEIGHBORING OKLAHOMA AND MISSOURI AS WELL AS OTHER COUNTIES IN

**Part VI Supplemental Information**

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ARKANSAS AND ACROSS THE NATION. WASHINGTON AND BENTON COUNTY RESIDENTS REPRESENTED 83% OF OUR OUTPATIENT CASES. OF THE TOTAL ADMISSIONS IN 2017, APPROXIMATELY 23% WERE UNINSURED OR MEDICAID RECIPIENTS.

PART VI, LINE 5

THE ORGANIZATION PROVIDES COMMUNITY SUPPORT THROUGH BEING A MAJOR PARTICIPANT IN DISASTER READINESS, PUBLIC HEALTH EMERGENCY ACTIVITIES AND COMMUNITY DISEASE SURVEILLANCE. FROM AN ENVIRONMENTAL PERSPECTIVE, THE ORGANIZATION SEGREGATES AND PROPERLY DISPOSES OF HAZARDOUS CLINICAL WASTE IN ORDER TO SAFEGUARD COMMUNITY NATURAL RESOURCES. PART OF THE ORGANIZATION'S MISSION IS TO IMPROVE THE HEALTH OF THE CITIZENS IN THE COMMUNITIES WE SERVE. THE ORGANIZATION MAINTAINS WALKING TRAILS AROUND THE CAMPUS, CONNECTED THESE TRAILS TO THE CITY'S WALKING TRAILS AND CONTRIBUTED LAND TO THE CITY TO ADD TO ITS WALKING TRAILS. THE ORGANIZATION CONTINUALLY ASSESSES THE NEED FOR VARIOUS TYPES OF PHYSICIANS AND RECRUITS AS APPROPRIATE. IN 2017, WASHINGTON REGIONAL WELCOMED 38 NEW PHYSICIANS TO THE MEDICAL STAFF. WITH SKILLS AND EXPERTISE THAT COMPLEMENT EXISTING PRACTICES AND SERVE A DEMONSTRATED

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NEED IN THE COMMUNITY, THESE NEW PHYSICIANS REPRESENT A WIDE RANGE OF  
MEDICAL SPECIALTIES: EMERGENCY MEDICINE, FAMILY PRACTICE, INTERNAL  
MEDICINE, ENDOCRINOLOGY, PULMONOLOGY, RHEUMATOLOGY, GASTROENTEROLOGY,  
ANESTHESIOLOGY, GENERAL SURGERY, OB/GYN, NEUROLOGY, NEUROSURGERY,  
ENDOVASCULAR NEUROSURGERY, HOSPITALIST AND NEONATOLOGY. INCLUDED IN THE  
2017 COMMUNITY BENEFIT TOTALS ARE AMOUNTS FOR WHICH THE ORGANIZATION  
PROVIDED FINANCIAL SUPPORT TO LOCAL NURSING EDUCATION PROGRAMS. TOTAL  
SUPPORT FOR THESE PROGRAMS IN 2017 WAS \$140,000.

PART VI, LINE 6

WASHINGTON REGIONAL MEDICAL CENTER IS A MEMBER OF WASHINGTON REGIONAL  
MEDICAL SYSTEM WHICH IS ALSO THE PARENT OF SEVERAL OTHER ORGANIZATIONS  
THAT PROMOTE THE HEALTH OF THE COMMUNITY. EACH ORGANIZATION IS LISTED  
BELOW. WASHINGTON REGIONAL MEDICAL SYSTEM (PARENT) PROVIDES PLANNING AND  
COORDINATION OF THE DELIVERY OF HEALTH CARE SERVICES. IT OPERATES  
PHYSICIAN CLINICS WITH MULTIPLE SPECIALTIES WITH IN THE CLINIC SETTING,  
PROVIDES COMMUNITY EDUCATION AND SEMINARS RELATING TO SENIOR HEALTH,  
NEONATAL CARE, WOMEN'S HEALTH AND MEN'S HEALTH. WASHINGTON REGIONAL

**Part VI Supplemental Information**

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MEDICAL CENTER (THE ORGANIZATION) IS THE LARGEST PROVIDER OF ACUTE CARE IN NORTHWEST ARKANSAS. IT CONDUCTS AND PARTICIPATES IN COMMUNITY HEALTH FAIRS, HOSTS COMMUNITY BLOOD DRIVES, AND HOSTS EDUCATION SEMINARS FOR HEALTH CARE PROVIDERS IN THE REGION. IT ALLOCATES SURPLUS THROUGH THE PROVISION OF COMMUNITY BENEFITS INCLUDING BUT NOT LIMITED TO CHARITY CARE TO APPROXIMATELY 17,000 BENEFICIARIES AT A COST OF \$3.9 MILLION: APPROXIMATELY 18,000 MEDICAID BENEFICIARIES RECEIVING CARE AT A NET LOSS OF \$10.8 MILLION; COMMUNITY HEALTH SERVICES (INCLUDING MEDICAID ELIGIBILITY SERVICES, HIV CLINICS, PRENATAL CLINICS AND FREE HEALTH CLINICS) AT A COST OF \$500,000; DIRECT SUPPORT TO HEALTH PROFESSIONS EDUCATION OF \$140,000; SUBSIDED HEALTH SERVICES FOR CERTAIN CLINICS AT A COST OF \$4.4 MILLION; MEDICAL RESEARCH AND OTHER CASH DONATIONS AT A COST OF \$300,000. EUREKA REGIONAL HEALTH (SIBLING ORGANIZATION) PROVIDES MEDICAL FACILITIES IN CARROLL COUNTY FOR A PHYSICIAN CLINIC. WASHINGTON REGIONAL MEDICAL FOUNDATION (SIBLING ORGANIZATION) PROVIDES FUND RAISING ACTIVITIES THAT SUPPORT THE ORGANIZATIONS MISSION OF IMPROVING THE HEALTH OF THE CITIZENS IN THE COMMUNITIES IT SERVES. IT INVOLVES THE COMMUNITY THROUGH BOARD MEMBERSHIP AND VOLUNTEER PARTICIPATION. WASHINGTON

**Part VI Supplemental Information**

Provide the following information

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REGIONAL MEDICAL SERVICES THE ORGANIZATION OWNS REAL ESTATE AND DEVELOPS AND MANAGES HEALTHCARE FACILITIES AND SERVICES THAT SUPPORT THE MISSION OF WASHINGTON REGIONAL MEDICAL CENTER. IN ADDITION TO ITS SIBLING ORGANIZATIONS, THE ORGANIZATION HAS JOINT VENTURES AND ONE WHOLLY-OWNED SUBSIDIARY. WASHINGTON REGIONAL REHABILITATION SERVICES, LLC (100% OWNED SUBSIDIARY) HOLDS A 50% OWNERSHIP IN THE LOCAL HEALTHSOUTH REHAB HOSPITAL WHICH ENSURES ACCESS TO QUALITY REHAB SERVICES FOR PATIENTS REGARDLESS OF ABILITY TO PAY. DIALYSIS CENTERS OF NORTHWEST ARKANSAS (60% OWNED JOINT VENTURE) PROVIDES CHRONIC DIALYSIS SERVICES TO PATIENTS WITH RENAL FAILURE. NORTH HILLS SURGERY CENTER (51% OWNED JOINT VENTURE) PROVIDES OUTPATIENT SURGICAL SERVICES, HEALTH PARTNERS (50% OWNED JOINT VENTURE) COORDINATES CONTRACTING BETWEEN PROVIDERS, INSURERS AND EMPLOYERS TO FACILITATE ACCESS TO CARE TO THE COMMUNITY. LASTLY, THE ORGANIZATION OWNS 57.5% OF NWA PACE MANAGEMENT, LLC, AN ENTITY FOCUSED ON CARING FOR MEDICARE AND MEDICAID DUALY ELIGIBLE PARTICIPANTS.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

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

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

► Attach to Form 990

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047

2017

Open to Public  
Inspection

Employer identification number

71-0664687

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WELCOME HEALTH 1100 N WOOLSEY AVE FAYETTEVILLE, AR 72701	58-1691790	501 (C) (3)	28,500	7,800	COST	MEDICAL SUPPLIES	COMMUNITY NEEDS
(2) WASHINGTON COUNTY HIV CLINIC 3270 N WIMBERLY DR FAYETTEVILLE AR 72703	58-1691790			46,656	COST	LABOR AND BENEFITS	COMMUNITY NEEDS
(3) ARKANSAS DEPARTMENT OF HEALTH 4815 W MARKHAM SLOT 57	71-6007358		62,471		COST		COMMUNITY NEEDS
(4) ARKANSAS DEPT OF HUMAN SERVICES PO BOX 1437 LITTLE ROCK, AR 72203	71-0847443		22,460		COST		COMMUNITY NEEDS
(5) NWA COMMUNITY COLLEGE (NURSING PROGRAM) 1 COLLEGE DRIVE BENTONVILLE, AR 72712	71-0697377	501 (C) (3)	50,000		COST		NURSING SCHOOL DONAT
(6) UNIVERSITY OF ARKANSAS - COLLEGE OF NURSING 300 UNIVERSITY HOUSE FAYETTEVILLE, AR 72701	71-6003252	170 (B) (1) (A) (V)	50,000		COST		NURSING SCHOOL DONAT
(7) JOHN BROWN UNIVERSITY - NURSING PROGRAM 2000 W UNIVERSITY ST	71-0239576	501 (C) (3)	40,000		COST		NURSING SCHOOL DONAT
(8) DIALYSIS CENTER OF NWA 107 E MONTE PAINTER DR	43-2074310		52,675		COST		COMMUNITY NEEDS
(9) FAYETTEVILLE HEALTH & REHAB 3100 OLD MISSOUR RD FAYETTEVILLE, AR 72701			9,716		COST		COMMUNITY NEEDS
(10) WRM SYSTEM 3215 N NORTH HILLS BLVD	71-0664686	501 (C) (3)	4,437,755		COST		COMMUNITY NEEDS
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- 3 Enter total number of other organizations listed in the line 1 table 11

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCH I PART III

GRANTS ARE GENERALLY FOR REIMBURSEMENT OF PREVIOUSLY MADE CAPITAL OR  
OPERATIONAL EXPENDITURES GUARANTEEING THE GRANTS ARE USED AS INTENDED IN  
OTHER CASES GRANTS ARE GIVEN BY WRMC FOR GENERAL SUPPORT, THEREFORE,  
MONITORING OF THE USE OF GRANT FUNDS IS NOT NECESSARY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel  
☐ Travel for companions  
☐ Tax indemnification and gross-up payments  
☐ Discretionary spending account

☐ Housing allowance or residence for personal use  
☐ Payments for business use of personal residence  
☐ Health or social club dues or initiation fees  
☐ Personal services (such as, maid, chauffeur, chef)

Yes No

--	--	--

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

<b>1b</b>		
-----------	--	--

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

<b>2</b>		
----------	--	--

**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  
☒ Independent compensation consultant  
☐ Form 990 of other organizations

☒ Written employment contract  
☒ Compensation survey or study  
☒ Approval by the board or compensation committee

--	--	--

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

<b>4a</b>		X
-----------	--	---

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

<b>4b</b>	X	
-----------	---	--

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

<b>4c</b>		X
-----------	--	---

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

<b>5a</b>		X
-----------	--	---

**b** Any related organization?

<b>5b</b>		X
-----------	--	---

If "Yes" on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

<b>6a</b>		X
-----------	--	---

**b** Any related organization?

<b>6b</b>		X
-----------	--	---

If "Yes" on line 6a or 6b, describe in Part III

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

<b>7</b>		X
----------	--	---

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

<b>8</b>		X
----------	--	---

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

<b>9</b>		
----------	--	--

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017



Schedule J (Form 990) 2017

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LARRY SHACKELFORD SVP OUTREACH/CEO	(i)	312,443	76,633	32,893	83,666	18,879	524,514	34,130
	(ii)	0	0	0				
2 WILLIAM L BRADLEY PRESIDENT & CEO (RETIRED)	(i)	435,952	152,728	403,269	97,899	11,417	1,101,265	166,186
	(ii)	0	0	0				
3 MARK A BEVER EXEC VP & ADMINISTRATOR	(i)	294,519	83,261	33,767	46,597	20,047	478,191	29,178
	(ii)	0	0	0				
4 THOMAS J OLMSTEAD SVP & GENERAL COUNSEL	(i)	288,651	80,940	42,312	60,453	16,346	488,702	40,640
	(ii)	0	0	0				
5 DANIEL R ECKELS SVP & CFO	(i)	280,543	78,467	33,844	53,284	17,439	463,577	35,051
	(ii)	0	0	0				
6 DAVID G RATCLIFF, MD CHIEF MEDICAL OFFICER	(i)	198,089	56,000	34,074	46,582	9,542	344,287	33,961
	(ii)	106,663	30,154	18,348	25,082	5,138	185,385	18,287
7 ROB BOMSTAD SVP OUTREACH	(i)	184,948	58,676	0	28,324	14,935	286,883	
	(ii)	0	0	0				
8 REBECCA D MAGEE SR VP/CIO	(i)	237,800	56,219	0	29,583	22,914	346,516	
	(ii)	0	0	0				
9 MEREDITH GREEN SVP & CNO	(i)	124,721	6,343	0	12,277	14,695	158,036	
	(ii)	0	0	0				
10 BEVERLY WINNEY CHIEF NURSE OFFICER	(i)	154,340	77,960	11,132	7,717	4,426	255,575	
	(ii)	0	0	0				
11 JAMES A NEWTON, JR PHYSICIAN	(i)	149,500	11,013	0	8,223	9,749	178,485	
	(ii)	80,500	5,930	0	4,428	5,250	96,108	
12 ROGER C MONTGOMERY PHYSICIAN	(i)	220,000	18,125	1,757	11,906	6,135	257,923	
	(ii)	0	0	0				
13 STANLEY C BRADLEY PHYSICIAN	(i)	215,000	19,557	0	11,688	9,359	255,604	
	(ii)	0	0	0				
14 STEPHEN PERCIVAL VP HUMAN RESOURCES	(i)	143,297	34,661	45,817	8,898	12,430	245,103	
	(ii)	0	0	0				
15 CHARLES COE PHARMACIST	(i)	164,021	2,175	10,498	8,310	6,161	191,165	
	(ii)	0	0	0				
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

JSA

7E1291 1 000

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**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.

SCHEDULE J, PART I, LINE 3

THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION (WASHINGTON REGIONAL MEDICAL SYSTEM) HAS A STANDING COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS OF THE RELATED ORGANIZATION THAT REGULARLY REVIEW THE PERFORMANCE OF THE MEMBERS OF SENIOR MANAGEMENT OF THE ORGANIZATION, ENGAGE INDEPENDENT COMPENSATION CONSULTANT, TAX AND LEGAL ADVISORS TO ASCERTAIN AND OPINE AS TO THE REASONABLENESS OF TOTAL COMPENSATION PAID TO MEMBERS OF SENIOR MANAGEMENT, AS DETERMINED ON THE BASIS OF COMPENSATION SURVEYS PREPARED BY SUCH ADVISORS, AND WHO DETERMINE THE TOTAL COMPENSATION PAID MEMBERS OF SENIOR MANAGEMENT OF THE ORGANIZATION IN CONFORMANCE WITH THE REBUTTABLE PRESUMPTION REQUIREMENTS OF SECTION 4958 OF THE INTERNAL REVENUE CODE

SCHEDULE J, PART I, 4B

LARRY SHACKELFORD RECEIVED 35,835 FROM PARTICIPATION IN A 457(F) PLAN  
BILL BRADLEY RECEIVED 170,321 FROM PARTICIPATION IN A 457(F) PLAN  
MARK BEVER RECEIVED 29,184 FROM PARTICIPATION IN A 457(F) PLAN  
TOM OLMSTEAD RECEIVED 43,518 FROM PARTICIPATION IN A 457(F) PLAN  
DAN ECKELS RECEIVED 37,225 FROM PARTICIPATION IN A 457(F) PLAN

Schedule J (Form 990) 2017

JSA

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WASHINGTON REGIONAL MEDICAL CENTER

71-0664687

Schedule J (Form 990) 2017

Page 3

**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.

DAVID RATCLIFF RECEIVED 53,578 FROM PARTICIPATION IN A 457(F) PLAN

Schedule J (Form 990) 2017

JSA

7E1505 1 000

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**SCHEDULE K  
(Form 990)****Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2017**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> ARKANSAS DEVELOPMENT FINANCE AUTHORITY	71-0503641	04109FAQ1	01/15/2015	115,741,408	AR DEVELOPMENT FINANCE AUTHORITY		X		X		X
<b>B</b> ARKANSAS DEVELOPMENT FINANCE AUTHORITY	71-0503641	04109PBY3	12/28/2017	31,995,852	AR DEVELOPMENT FINANCE AUTHORITY						
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired . . . . .								
2 Amount of bonds legally defeased . . . . .								
3 Total proceeds of issue . . . . .	115,752,257		31,995,852					
4 Gross proceeds in reserve funds . . . . .								
5 Capitalized interest from proceeds . . . . .								
6 Proceeds in refunding escrows . . . . .								
7 Issuance costs from proceeds . . . . .	859,876		343,110					
8 Credit enhancement from proceeds . . . . .								
9 Working capital expenditures from proceeds . . . . .								
10 Capital expenditures from proceeds . . . . .	30,010,849							
11 Other spent proceeds . . . . .	84,881,532							
12 Other unspent proceeds . . . . .			31,408,853					
13 Year of substantial completion . . . . .	2016		2019					
	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				

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JSA 7E1285 1.000

Schedule K (Form 990) 2017

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**Part III Private Business Use (Continued)****ARKANSAS DEVELOPMENT FINANCE AUTHORITY**

	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? . . . . .								
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 . . . . .		%		%		%		%
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? . . . . .								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		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 "Yes" to 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 . . . . .								
c Term of hedge . . . . .								
d Was the hedge superintegrated? . . . . .		X		X				
e Was the hedge terminated? . . . . .		X		X				

**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 . . . . .								
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 isn't available under applicable regulations? . . . . .	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

WASHINGTON REGIONAL MEDICAL CENTER

71-0664687

Schedule K (Form 990) 2017

Page 4

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

PART II, LINE 3

TOTAL PROCEEDS GREATER THAN ISSUE PRICE DUE TO EARNINGS INCLUDED

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open To Public  
Inspection

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WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number  
71-0664687

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total . . . . . ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule L (Form 990 or 990-EZ) 2017



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANTHONY N HUI, MD	DIRECTOR	1,028,670	PATHOLOGY SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCH L PART IV

ANTHONY HUI IS A DIRECTOR OF THE ORGANIZATION AND SERVES AS THE PRESIDENT  
 OF NORTHWEST ARKANSAS PATHOLOGY ASSOCIATES, P.A. THE ORGANIZATION  
 PURCHASES PATHOLOGY SERVICES FROM NORTHWEST ARKANSAS PATHOLOGY  
 ASSOCIATES, P.A.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

71-0664687

FORM 990, PART VI, SECTION B, LINE 11B

AT A DULY CALLED MEETING OF THE ORGANIZATION'S AUDIT AND FINANCE  
COMMITTEE, WHICH IS COMPRISED OF THE ORGANIZATION'S BOARD OF DIRECTORS,  
HELD IN NOVEMBER 2018, COPIES OF THE PROPOSED FORM 990 FILING PREPARED ON  
BEHALF OF THE ORGANIZATION WERE PRESENTED AND REVIEWED WITH THE BOARD  
MEMBERSHIP BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND GENERAL  
COUNSEL.

FORM 990, PART VI, SECTION B, LINE 12 C

THE TERMS OF THE CONFLICT OF INTEREST POLICY ARE INCORPORATED WITHIN THE  
BYLAWS OF THE ORGANIZATION, AND ARE REVIEWED ANNUALLY WITH THE BOARD OF  
DIRECTORS. ALL DIRECTORS ARE REQUIRED TO SIGN AN ACKNOWLEDGMENT THAT THEY  
HAVE REVIEWED THE POLICY AND ARE AWARE OF ITS TERMS. THE POLICY IS  
REVIEWED IN DETAIL AT THE TIME OF NEW BOARD MEMBER ORIENTATION. AS  
POTENTIAL CONFLICTS ARISE, THOSE CONFLICTS ARE ADDRESSED PURSUANT TO THE  
POLICY.

FORM 990, PART VI, SECTION B, LINE 15B

THE BOARD OF DIRECTORS OF A RELATED ORGANIZATION (WASHINGTON REGIONAL  
MEDICAL SYSTEM) HAS A STANDING COMPENSATION COMMITTEE COMPRISED OF  
INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS OF THE RELATED ORGANIZATION  
THAT REGULARLY REVIEWS THE PERFORMANCE OF THE MEMBERS OF SENIOR  
MANAGEMENT OF THE ORGANIZATION, ENGAGES INDEPENDENT COMPENSATION  
CONSULTANTS, TAX AND LEGAL ADVISORS TO ASCERTAIN AND OPINE AS TO THE

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

REASONABLENESS OF TOTAL COMPENSATION PAID TO MEMBERS OF SENIOR MANAGEMENT, AS DETERMINED ON THE BASIS OF COMPENSATION SURVEYS PREPARED BY SUCH ADVISORS, AND WHO DETERMINE THE TOTAL COMPENSATION PAID MEMBERS OF SENIOR MANAGEMENT OF THE ORGANIZATION IN CONFORMANCE WITH THE REBUTTABLE PRESUMPTION REQUIREMENTS OF SECTION 4958 OF THE INTERNAL REVENUE CODE.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FORM 990 FILING, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND CERTAIN FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION A, LINE 7A

THE ORGANIZATION HAS A MEMBER WHO IS AUTHORIZED TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY AS PERMITTED UNDER THE ARKANSAS NONPROFIT CORPORATION ACT OF 1993.

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS A MEMBER AS PERMITTED UNDER THE ARKANSAS NONPROFIT CORPORATION ACT OF 1993.

FORM 990, PART VI, SECTION A, LINE 7B

THE MEMBER OF THE ORGANIZATION HAS THE RIGHT TO APPROVE CERTAIN ACTIONS OF THE ORGANIZATION'S GOVERNING BODY AS ARE RESERVED TO THE MEMBER UNDER THE ARKANSAS NONPROFIT CORPORATION ACT OF 1993.

FORM 990, PART XI, LINE 9

CONTRIBUTIONS FROM WRM FOUNDATION FOR ACQUISITION OF PROPERTY AND

Name of the organization WASHINGTON REGIONAL MEDICAL CENTER	Employer identification number 71-0664687
--	--

EQUIPMENT 1,654,949 CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF WRM  
FOUNDATION FOR PROPERTY ACQUISITIONS 415,325 TRANSFERS TO AFFILIATES  
(19,700,000)

FORM 990, PART VII, SECTION A, COLUMN B

DAVID RATCLIFF, MD SPENDS APPROXIMATELY 14 HOURS A WEEK WORKING FOR  
RELATED ORGANIZATION WASHINGTON REGIONAL MEDICAL SYSTEM AT THE  
WASHINGTON REGIONAL PLAZA INTERNAL MEDICINE CLINIC.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ANCILLARY SUPPORT SERVICES: SERVICES OFFERED IN 2017 BY  
WASHINGTON REGIONAL MEDICAL CENTER INCLUDED SURGERY, RECOVERY,  
LABOR AND DELIVERY, CENTRAL SUPPLY, IV THERAPY, LABORATORY,  
RADIOLOGY AND SPECIAL IMAGING, PHARMACY, RESPIRATORY THERAPY,  
PHYSICAL THERAPY, AND OCCUPATIONAL THERAPY. A NUMBER OF THESE  
SERVICES WERE AVAILABLE AS OUTPATIENT SERVICES. WASHINGTON  
REGIONAL MEDICAL CENTER ALSO OFFERED PULMONARY REHABILITATION AND  
DIABETES EDUCATION PROGRAMS, A SLEEP DISORDERS CENTER, A WOUND  
CARE CLINIC, AND OUTPATIENT CARDIAC REHABILITATION. WASHINGTON  
REGIONAL'S SURGERY SERVICE PERFORMED 9,951 INPATIENT AND  
OUTPATIENT SURGERIES. THE CENTRAL SERVICES DEPARTMENT PROVIDED  
2,156,724 SUPPLY ITEMS TO PATIENTS BEING TREATED. LABORATORY TESTS  
PERFORMED TOTALED 864,473. RADIOLOGY DIAGNOSTIC PROCEDURES THAT  
INCLUDED ITEMS SUCH AS X-RAYS, CT SCANS, ULTRASOUND, CARDIAC  
CATHETERIZATION, AND NUCLEAR IMAGES TOTALED 133,519 PROCEDURES.  
WASHINGTON REGIONAL ALSO PERFORMED 5,718 MAGNETIC RESONANCE  
IMAGING SCANS. THE PHARMACY SOLD PATIENTS 3,158,840 ITEMS, AND

Name of the organization WASHINGTON REGIONAL MEDICAL CENTER	Employer identification number 71-0664687
--	--

ATTACHMENT 1 (CONT'D)

RESPIRATORY THERAPY PERFORMED TESTS AND TREATMENTS TOTALING 673,601 RELATIVE VALUES. THE WOUND CARE CENTER PERFORMED 13,678 TREATMENTS. PASTORAL CARE, CASE MANAGEMENT, PALLIATIVE/SUPPORTIVE CARE, AND VOLUNTEER SERVICES WERE OFFERED AT NO COST TO PATIENTS. OUR CHAPLAINS, WHO WORKED CLOSELY WITH LOCAL MINISTERS, SERVED AS LIAISONS BETWEEN PATIENTS AND THEIR FAITH GROUPS TO PROVIDE SPIRITUAL AND EMOTIONAL SUPPORT WHEN NEEDED. CASE MANAGEMENT HELPED PATIENTS AND FAMILIES LOCATE COMMUNITY RESOURCES, HOME CARE, AND FINANCIAL ASSISTANCE WHEN NEEDED AFTER LEAVING THE HOSPITAL. THE PALLIATIVE/SUPPORTIVE CARE TEAM HELPED PATIENTS WITH COMPLEX HEALTH CONDITIONS TO UNDERSTAND AND MANAGE THEIR TREATMENT OPTIONS. VOLUNTEER SERVICES PROVIDED ASSISTANCE TO PATIENTS AND VISITORS THROUGHOUT THE HOSPITAL, MOST NOTABLY AT THE INFORMATION DESK AND IN WAITING AREAS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

GENERAL INPATIENT SERVICES: WASHINGTON REGIONAL MEDICAL CENTER IS COMMITTED TO PROVIDING A WIDE RANGE OF SERVICES TO MEET THE GENERAL HEALTHCARE NEEDS OF ITS SERVICE POPULATION: GENERAL INPATIENT SERVICES IN 2017 INCLUDED INTERNAL MEDICINE, GERIATRIC HEALTH, OBSTETRICS AND GYNECOLOGY, PEDIATRICS, CARDIOLOGY, CARDIOVASCULAR SURGERY, INTENSIVE CARE, CORONARY INTENSIVE CARE, STROKE CARE, NEUROSURGERY, ONCOLOGY, AND ORTHOPEDICS. ALSO INCLUDED IN GENERAL INPATIENT SERVICES ARE NURSING SERVICES,

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

## ATTACHMENT 2 (CONT'D)

NURSING EDUCATION, ADMISSIONS SERVICES, MEDICAL RECORDS, QUALITY ASSURANCE, CASE COORDINATION, AND CENTRAL SCHEDULING. 2017 WAS THE FIRST FULL YEAR OF OPERATION FOR WASHINGTON REGIONAL'S FIVE-STORY, 130,000-SQUARE-FOOT WOMEN AND INFANTS CENTER. IN ADDITION TO PRIVATE ROOMS FOR GYNECOLOGY PATIENTS AND PEDIATRICS PATIENTS, THE WOMEN AND INFANTS CENTER ALSO PROVIDED 13 TRIAGE STATIONS, 17 LABOR & DELIVERY ROOMS, FOUR OPERATING ROOMS, 28 PRIVATE MOTHER-BABY ROOMS, A 34-BED NEONATAL INTENSIVE CARE UNIT AND A DEDICATED PHARMACY. IN THE NICU'S PRIVATE PATIENT ROOMS, PARENTS WERE ABLE TO STAY WITH THEIR BABY. FAMILIES BENEFITED FROM THE ANGEL EYE CAMERA SYSTEM AS WELL AS A MILK LAB STAFFED BY TECHNOLOGISTS SPECIALLY TRAINED IN INFANT NUTRITION. A RONALD MCDONALD HOUSE ON THE TOP FLOOR OF THE WOMEN AND INFANTS CENTER PROVIDED A SPECIAL PLACE FOR FAMILIES TO FIND SUPPORT AND COMFORT, JUST STEPS AWAY FROM THEIR HOSPITALIZED CHILD OR NEWBORN. WASHINGTON REGIONAL'S SECOND HELIPAD IS LOCATED ON THE CENTER ROOFTOP, PROVIDING EFFICIENT ACCESS FOR MEDICAL HELICOPTERS. WASHINGTON REGIONAL CONTINUED TO PROVIDE "INTENSIVISTS" - PHYSICIANS WHO SPECIALIZE IN CARING FOR CRITICALLY ILL PATIENTS IN THE MEDICAL CENTER'S CRITICAL CARE UNIT. STAFFED BY PHYSICIANS FROM OUR PULMONOLOGY TEAM, THESE HIGHLY TRAINED AND EXPERIENCED MEDICAL SPECIALISTS COORDINATED THE CARE PROVIDED BY NURSES, RESPIRATORY THERAPISTS AND OTHERS AS NEEDED BY THE PATIENT. THEY PROVIDED CONTINUOUS CLINICAL ASSESSMENT AND ADDRESSED EVEN THE MOST SUBTLE CHANGES IN CLINICAL CONDITIONS. WASHINGTON REGIONAL ALSO PROVIDED HOSPITALISTS, PHYSICIANS WHO SPECIALIZE IN CARING

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

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71-0664687

ATTACHMENT 2 (CONT'D)

FOR HOSPITALIZED PATIENTS, TO OFFER ONGOING AND IMMEDIATE CARE. IN 2017 WASHINGTON REGIONAL PROVIDED 17 HOSPITALISTS TO OUR COMMUNITY. THEY WORKED AS PARTNERS WITH OUR PHYSICIANS AND NURSING STAFF TO PROVIDE THE HIGHEST STANDARD OF CARE DURING A PATIENT'S HOSPITAL STAY. THEY WERE ABLE TO MODIFY TREATMENT OR FOLLOW UP ON A TEST RESULT ON THE SPOT, INSTEAD OF HAVING THE PATIENT WAIT UNTIL THE NEXT DAY. THIS HANDS-ON APPROACH HAS BEEN SHOWN TO NOT ONLY HELP PREVENT MEDICAL COMPLICATIONS, BUT ALSO TO REDUCE HOSPITAL STAYS AND LOWER COSTS. WASHINGTON REGIONAL MEDICAL CENTER MAINTAINED ITS ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTERS. THE CENTERS FOR DISEASE CONTROL AND PREVENTION REPORTS A HIGHER INCIDENCE OF SURVIVAL AND RECOVERY FOR STROKE PATIENTS RECEIVING CARE AT PRIMARY STROKE CENTERS COMPARED TO THOSE TREATED IN HOSPITALS WITHOUT THIS TYPE OF SPECIALIZED CARE. OVERALL, WASHINGTON REGIONAL HAD 16,781 ACUTE ADMISSIONS IN 2017 AND PROVIDED 65,075 DAYS OF INPATIENT ACUTE CARE. (THIS INCLUDED 10,358 INTENSIVE CARE DAYS AND CARDIAC CRITICAL CARE DAYS.) THE AVERAGE LENGTH OF AN INPATIENT HOSPITAL STAY IN 2017 WAS 3.88 DAYS. THERE WERE 2,747 BABIES BORN AT WASHINGTON REGIONAL IN 2017.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

EMERGENCY SERVICES: WASHINGTON REGIONAL'S EMERGENCY PHYSICIANS AND STAFF, BACKED BY THE RESOURCES OF MORE THAN 408 PHYSICIANS ON

Name of the organization	Employer identification number
WASHINGTON REGIONAL MEDICAL CENTER	71-0664687

ATTACHMENT 3 (CONT'D)

THE MEDICAL STAFF, PROVIDED MEDICAL SERVICES TO 58,477 PATIENTS IN 2017. WASHINGTON REGIONAL'S EMERGENCY DEPARTMENT PROVIDED SERVICES REGARDLESS OF PATIENTS' ABILITY TO PAY. WASHINGTON REGIONAL CONTINUED ITS PARTNERSHIP WITH ARKANSAS SAVES (STROKE ASSISTANCE THROUGH VIRTUAL EMERGENCY SUPPORT) TO PROVIDE LIFESAVING EMERGENCY CARE FOR STROKE PATIENTS. PLUS, WASHINGTON REGIONAL ADDED ANOTHER STROKE NEUROLOGIST IN 2017, ENSURING 24/7 COVERAGE BY A FELLOWSHIP-TRAINED STROKE CARE PROVIDER IN THE EMERGENCY DEPARTMENT. ALSO, AS AN ACCREDITED CHEST PAIN CENTER, WASHINGTON REGIONAL ENSURED THAT PATIENTS WHO ARRIVE AT THE HOSPITAL WITH CHEST PAIN OR OTHER HEART ATTACK SYMPTOMS RECEIVE THE RAPID TREATMENT NECESSARY DURING THE CRITICAL WINDOW OF TIME WHEN THE INTEGRITY OF THE HEART MUSCLE CAN BE PRESERVED. WASHINGTON REGIONAL MAINTAINED FULL ACCREDITATION FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE AS A CHEST PAIN CENTER WITH PRIMARY PCI AND RESUSCITATION. PHYSICIANS AND STAFF ALSO PROVIDED A PUBLIC SERVICE BY RESPONDING TO NEWS MEDIA REQUESTS FOR COMMUNITY HEALTH INFORMATION SUCH AS ACCIDENT PREVENTION, EMERGENCY MANAGEMENT AND AVOIDING WEATHER-RELATED ILLNESSES. THE EMERGENCY DEPARTMENT IS CAPABLE OF PROVIDING CARE FOR AS MANY AS 70,000 PATIENT VISITS ANNUALLY WITH ITS 41 TREATMENT ROOMS AND IN 2017 MAINTAINED LEVEL 2 TRAUMA CENTER DESIGNATION FROM THE ARKANSAS DEPARTMENT OF HEALTH. AS THE AREA'S ONLY LEVEL 2 TRAUMA CENTER, WASHINGTON REGIONAL PROVIDED THE HIGHEST LEVEL OF EMERGENCY CARE IN THE NORTHWEST ARKANSAS REGION.



Name of the organization WASHINGTON REGIONAL MEDICAL CENTER	Employer identification number 71-0664687
ATTACHMENT 4	

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
HOME HEALTH AND HOSPICE		8,683,220.	7,855,206.
COMMUNITY BENEFITS AND OTHER		7,010,128.	1,546,639.
TOTALS		15,693,348.	9,401,845.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PREMIER ANESTHESIA GROUP 2655 NORTHWINDS PARKWAY ALPHARETTA, GA 30009	ANESTHESIA SERVICES	3,591,650.
LIQUIDAGENTS HEALTHCARE PO BOX 202056 DALLAS, TX 75320-2056	NURSING SERVICE	2,375,319.
AMEDISTAF LLC PO BOX 595 TONTITOWN, AR 72770	MEDICAL STAFFING	2,417,504.
NWA PATHLOGY ASSOC 390 E LONGVIEW FAYETTEVILLE, AR 72703	PATHLOGY	1,028,670.
AUREUS NURSING PO BOX 3037 OMAHA, NE 68103-0037	MEDICAL STAFFING	1,091,143.

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT RETURN	3,325,260.	3,325,260.		
TOTALS	3,325,260.	3,325,260.		

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

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ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	740,858.	792,439.
PREPAID MAINTENANCE AGREEMENTS	2,207,452.	2,256,649.
PREPAID OTHER	342,092.	602,105.
DEPOSITS		
PREPAID SUPPLIES	171,659.	189,017.
TOTALS	<u>3,462,061.</u>	<u>3,840,210.</u>

ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
COMMON STOCK	8,426,695.	10,219,694.	FMV
AMERICAN DEPOSITORY RECEIPTS	57,397.		FMV
US TREASURY OBLIGATIONS	1,449,970.	1,109,242.	FMV
CORPORATE BONDS	23,112,231.	25,748,562.	FMV
EQUITY MUTUAL FUND OPEN END	51,008,258.	66,707,003.	FMV
FIXED INCOME MUTUAL	27,826,678.	28,518,467.	FMV
OTHER	195,093.	530,271.	FMV
TOTALS	<u>112,076,322.</u>	<u>132,833,239.</u>	

ATTACHMENT 9FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERICA

ORIGINAL AMOUNT: 1,635,000.

INTEREST RATE: 2.1100 %

DATE OF NOTE: 02/20/2012

Name of the organization	Employer identification number
WASHINGTON REGIONAL MEDICAL CENTER	71-0664687
ATTACHMENT 9 (CONT'D)	

MATURITY DATE: 02/20/2017  
 REPAYMENT TERMS: 28736.64 MONTHLY  
 SECURITY PROVIDED: DA VINCI EQUIPMENT  
 PURPOSE OF LOAN: EQUIPMENT PURCHASE

BEGINNING BALANCE DUE ..... 57,322.  
 ENDING BALANCE DUE .....

LENDER: CANON FINANCIAL SERVICES  
 ORIGINAL AMOUNT: 43,750.  
 INTEREST RATE: 6.6150 %  
 DATE OF NOTE: 06/30/2015  
 MATURITY DATE: 06/30/2020  
 PURPOSE OF LOAN: EQUIPMENT LEASE

BEGINNING BALANCE DUE ..... 27,300.  
 ENDING BALANCE DUE ..... 18,584.

LENDER: BANK OF AMERICA  
 ORIGINAL AMOUNT: 6,850,000.  
 INTEREST RATE: 1.6350 %  
 DATE OF NOTE: 12/22/2016  
 MATURITY DATE: 12/22/2021  
 REPAYMENT TERMS: 118,975 MONTHLY  
 PURPOSE OF LOAN: EQUIPMENT LOAN

BEGINNING BALANCE DUE ..... 6,850,000.  
 ENDING BALANCE DUE ..... 5,524,399.

Name of the organization

Employer identification number

WASHINGTON REGIONAL MEDICAL CENTER

71-0664687

ATTACHMENT 9 (CONT'D)

LENDER: BANK OF AMERICA

ORIGINAL AMOUNT: 9,650,000.

INTEREST RATE: 17.9000 %

DATE OF NOTE: 06/27/2017

MATURITY DATE: 06/27/2022

REPAYMENT TERMS: MONTHLY

PURPOSE OF LOAN: EQUIPMENT PURCHASE

BEGINNING BALANCE DUE .....

ENDING BALANCE DUE ..... 8,723,800.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

6,934,622.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

14,266,783.

WASHINGTON REGIONAL MEDICAL CENTER

71-0664687

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ Attach to Form 990

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No. 1545-0047

**2017**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

WASHINGTON REGIONAL MEDICAL CENTER

Employer identification number

71-0664687

**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
(1) WR REHABILITATION SERVICES 26-1611632 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	REHAB PARTNER	AR	3,963,706	14,362,580	WRMC
(2) WR OCCUPATIONAL HEALTH SERVICES, LLC 45-4435675 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	OCCUP HEALTH	AR		87	WRMC
(3)					
(4)					
(5)					
(6)					

**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	No
(1) WASHINGTON REGIONAL MEDICAL SYSTEM 71-0664686 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	PHYS CLINIC	AR	501 (C) 3	12B	WRMC	X	
(2) WASHINGTON REGIONAL MEDICAL SERVICES 71-0664683 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	MEDICAL R/E	AR	501 (C) 3	12C	WRMC	X	
(3) WASHINGTON REGIONAL MEDICORP 71-0707450 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	PACE	AR	501 (C) 3	10	WRMC	X	
(4) WASHINGTON REGIONAL FOUNDATION 71-0664685 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	FUNDRAISING	AR	501 (C) 3	12C	WRMC	X	
(5) EUREKA REGIONAL HEALTH 71-0769450 3215 N NORTHILLS BLVD FAYETTEVILLE, AR 72703	MEDICAL R/E	AR	501 (C) 3	3	WRMC	X	
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DIALYSIS CENTER OF NORTHWEST A 107 E MONTE PAINTER DR FAYETTE	RENAL DIALYSI	AR	WASH REG MED CT	RELATED	2,074,440	3,250,431		X		X		60.0000
(2) NORTH HILLS SURGERY CENTER 71- 3271 N WIMBERLY DR FAYETTEVILL	AMB SURG CTR	AR	WASH REG MED CT	RELATED	699,683	304,966		X		X		51.0000
(3) NWA PACE MANAGEMENT LLC 81-207 3215 N NORTH HILLS BLVD FAYETT	SENIOR CARE	AR	WASH REG MED CT	RELATED	-80,184	1,049,923		X		X		57.5000
(4)												
(5)												
(6)												
(7)												

**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
(1) HEALTH PARTNERS 71-0764667 54 W SUNBRIDGE DR FAYETTEVILLE, AR 72703	PHO	AR	N/A	C	-24,423	223,346	50.0000		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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) WASHINGTON REGIONAL MEDICAL SYSTEM	L	549,365	COST
(2) WASHINGTON REGIONAL SERVICES	K	275,649	COST
(3) WASHINGTON REGIONAL MEDICAL SYSTEM	J	675,995	FMV
(4) WASHINGTON REGIONAL MEDICAL SYSTEM	B	30,000,000	COST
(5) WASHINGTON REGIONAL MEDICAL FOUNDATION	C	4,671,473	COST
(6) WASHINGTON REGIONAL MEDICAL SYSTEM	P	5,737,598	COST

**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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
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**Part VII****Supplemental Information**

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