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Form **990-T**

Department of the Treasury
Internal Revenue Service

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

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

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

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

OMB No 1545-0687

2017

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

A [ ] Check box if address changed

B Exempt under section
[X] 501(C)(3) 03
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year
16,792,565.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions)
CONWAY REGIONAL HEALTH FOUNDATION, INC.

Number, street, and room or suite no If a P O box, see instructions
2302 COLLEGE AVE CONW

City or town, state or province, country, and ZIP or foreign postal code
CONWAY, AR 72034

D Employer identification number (Employees' trust, see instructions)
71-0797723

E Unrelated business activity codes (See instructions)
531120

F Group exemption number (See instructions) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

4

H Describe the organization's primary unrelated business activity ▶ DEBT FINANCED RENTAL INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [X] Yes [ ] No

If "Yes," enter the name and identifying number of the parent corporation ▶ ATTACHMENT 1

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

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	**Total.** Combine lines 3 through 12	13	0.		

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	**Total deductions.** Add lines 14 through 28		29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30		32	
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)		33	
34	**Unrelated business taxable income** Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

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Part III Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation Controlled group members (sections 1561 and 1563) check here ▶ [X] See instructions and

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

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

(2) Additional 3% tax (not more than $100,000) $

c Income tax on the amount on line 34 ATCH. 2 ▶ 35c

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

37 **Proxy tax** See instructions ▶ 37

38 Alternative minimum tax 38

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

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

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit Attach Form 3800 (see instructions)	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	
43	Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule)			43	
44	**Total tax** Add lines 42 and 43			44	0.
45a	Payments A 2016 overpayment credited to 2017	45a			
b	2017 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments [ ] Form 2439 ______ [ ] Form 4136 ______ [ ] Other ______ Total ▶	45g			
46	**Total payments** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ [ ]			47	
48	**Tax due** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	
50	Enter the amount of line 49 you want **Credited to 2018 estimated tax** ▶ **Refunded** ▶			50	

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

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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

▶ [signature] 10/31/18 ▶ COO

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
AMBER SHERRILL	Amber Sherrill, CPA	10/19/18		P00748683
Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260	
Firm's address ▶ P.O. BOX 3667, LITTLE ROCK, AR 72203-3667			Phone no 501-372-1040	

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

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

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

1 Description of property

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

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	**(b) Total deductions** Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶		

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

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

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

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

Form **990-T** (2017)

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

CONWAY REGIONAL MEDICAL CENTER
71-0249735

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....
3 TAX ON LINE 1 FIGURED USING THE 21% RATE....................
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.............
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017..............
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR...............................
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR...............................

8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR........

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

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

ATTACHMENT 3 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JEFF STANDRIDGE 2302 COLLEGE AVE CONWAY, AR 72034	BOARD MEMBER	0	0.
THAD HARDIN, MD 2302 COLLEGE AVE CONWAY, AR 72034	BOARD MEMBER	0	0.
ANGIE LONGING 2302 COLLEGE AVE CONWAY, AR 72034	CHEIF NURSING OFFICER	0	0.
TOTAL COMPENSATION			0.

FEDERAL FOOTNOTES

990-T NET OPERATING LOSS CARRYFORWARD

TAX YEAR 2000	-	(54,217)
TAX YEAR 2001	-	(28,300)
TAX YEAR 2002	-	(20,404)
TAX YEAR 2003	-	(24,927)
TAX YEAR 2004	-	(38,575)
TAX YEAR 2005	-	(28,994)
TAX YEAR 2006	-	(56,831)
TAX YEAR 2007	-	(82,730)
TAX YEAR 2008	-	(33,703)
TAX YEAR 2009	-	(21,499)
TAX YEAR 2010	-	NONE
TAX YEAR 2011	-	NONE
TAX YEAR 2012	-	NONE
TAX YEAR 2013	-	NONE
TAX YEAR 2014	-	NONE
TAX YEAR 2015	-	NONE
TAX YEAR 2016	-	NONE
TAX YEAR 2017	-	NONE
CARRYOVER TO 2018		(390,180)

FEDERAL FOOTNOTES

THE RENTAL PROPERTY OF THE CORPORATION IS NO LONGER DEBT-FINANCED. TAXPAYER HAS NO UNRELATED BUSINESS INCOME IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO CARRYFORWARD THE TAXPAYER'S NOL.