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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
REGIONAL WEST MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4021 AVENUE B

City or town, state or province, country, and ZIP or foreign postal code
SCOTTSBLUFF, NE 693614602

D Employer identification number
47-0385129

E Telephone number
(308) 635-3711

G Gross receipts $ 247,865,599

F Name and address of principal officer:
MICHAEL ICKOWSKI
4021 AVENUE B
SCOTTSBLUFF, NE 693614602

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.RWHS.ORG

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

L Year of formation: 1941

M State of legal domicile: NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
REGIONAL WEST MEDICAL CENTER IS A LICENSED 182-BED HOSPITAL WHICH IS A REGIONAL REFERRAL CENTER AND A LEVEL II TRAUMA CENTER. THE HOSPITAL PROVIDES COMPREHENSIVE AND ADVANCED MEDICAL CARE TO PEOPLE OF WESTERN NEBRASKA AND SURROUNDING PORTIONS OF SOUTH DAKOTA, WYOMING AND COLORADO.

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	1,441
6	Total number of volunteers (estimate if necessary)	**6**	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,224,986
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-1,422,127

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,253,549	9,025,257
9	Program service revenue (Part VIII, line 2g)	212,878,686	225,962,100
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,828,687	2,881,503
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,593,608	4,378,875
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,554,530	242,247,735
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,661,625	36,551,413
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	83,305,221	79,983,108
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	132,896,308	149,667,024
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	248,863,154	266,201,545
19	Revenue less expenses. Subtract line 18 from line 12	-12,308,624	-23,953,810

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	181,148,781	164,376,818
21	Total liabilities (Part X, line 26)	111,683,970	120,068,639
22	Net assets or fund balances. Subtract line 21 from line 20	69,464,811	44,308,179

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

****** 2020-11-13
Signature of officer Date

MICHAEL ICKOWSKI 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
				P01523804

Firm's name ▶ SEIM JOHNSON LLP — Firm's EIN ▶ 47-6097913

Firm's address ▶ 18081 BURT STREET SUITE 200
OMAHA, NE 680224722 — Phone no. (402) 330-2660

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

NONE

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 $ 108,456,908 including grants of $ 36,416,230) (Revenue $ 61,776,727)

See Additional Data

4b (Code:) (Expenses $ 62,146,634 including grants of $) (Revenue $ 115,272,805)

See Additional Data

4c (Code:) (Expenses $ 4,762,173 including grants of $) (Revenue $ 2,958,804)

See Additional Data

(Code:) (Expenses $ 65,378,787 including grants of $ 135,183) (Revenue $ 45,586,926)

OTHER PROGRAM SERVICES OF RWMC INCLUDE THE SCHOOL OF NURSING, WHICH IS OPERATED IN PARTNERSHIP WITH WESTERN NEBRASKA COMMUNITY COLLEGE (WNCC), AND UNMC. SOME OF THE OTHER PROGRAMS INCLUDE THE OVERHEAD DEPARTMENTS OF RWMC: FACILITIES MANAGEMENT, BIO-MEDICAL, SECURITY, HOUSEKEEPING, LINEN, PURCHASING, REGISTRATION, CODING, INFORMATION AND TECHNOLOGY SERVICES, PATIENT FINANCIAL SERVICES, FINANCE, CASE MANAGEMENT, QUALITY, HUMAN RESOURCES, ADMINISTRATION, MARKETING, PROJECT MANAGEMENT, EDUCATION AND OUTREACH SERVICES. THE EDUCATION DEPARTMENT SERVICES NOT ONLY THE EMPLOYEES OF RWMC AND AFFILIATED ORGANIZATIONS, BUT ALSO PROVIDES ONGOING TRAINING AND EDUCATION FOR REGIONAL HEALTH CARE PROFESSIONALS, VOLUNTEERS, STUDENTS AND THE COMMUNITY THROUGH CPR, ATLS, PALS, AND NRP CLASSES IN PARTNERSHIP WITH AREA EMT'S, WNCC, AND SCHOOOLS. THROUGH THE OUTREACH SERVICES DEPARTMENT RWMC HAS NETWORK AFFILIATIONS WITH FIVE CRITICAL ACCESS HOSPITALS (CAHS) WITHIN ITS SERVICE REGION. RWMC PROVIDED NEEDED MANAGEMENT EXPERTISE AND CERTAIN MEDICAL SUPPORT SERVICES INCLUDING PHARMACY, OCCUPATIONAL THERAPY, BLOOD PROCESSING & COLLECTION, AND LABORATORY MANAGEMENT SERVICES THROUGH CONTRACT AGREEMENTS WITH THE CAHS. THE CONTINUED OPERATION AND SUCCESS OF THE CAHS IS CRUCIAL TO MINIMIZE THE DISTANCE AND TIME PATIENTS WOULD HAVE TO TRAVEL FOR MEDICAL CARE. SERVICES TO CAHS ARE PROVIDED AT OR BELOW OPERATING COSTS TO RWMC.

4d Other program services (Describe in Schedule O.)
(Expenses $ 65,378,787 including grants of $ 135,183) (Revenue $ 45,586,926)

4e **Total program service expenses** ▶ 240,744,502

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	118		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	1,441		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for 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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶MICHAEL ICKOWSKI 4021 AVENUE B SCOTTSBLUFF, NE 693614602 (308) 630-1111

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

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

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

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

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

See instructions for the order in which to list the persons above.

☐ 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) JEFFREY HOLLOWAY MD DIRECTOR	1.00 42.00	X						0	722,004	59,473
(2) JOHN MENTGEN CEO/PRESIDENT	1.00 45.00	X		X				0	516,678	115,947
(3) MATTHEW BRUNER MD DIRECTOR THRU 10/2019	1.00 41.00	X						0	534,315	59,535
(4) VINCE BJORLING MD DIRECTOR THRU 02/2019	1.00 41.00	X						0	439,334	48,901
(5) DONALD THOMAS MD DIRECTOR THRU 11/2019	1.00 2.00	X						0	412,375	0
(6) MICHAEL ICKOWSKI CFO/TREASURER	1.00 45.00	X		X				0	314,245	90,566
(7) THOMAS DREDLA IV CRNA	40.00 0.00					X		256,922	0	58,507
(8) CINDY BRAMAN CRNA	40.00 0.00					X		248,021	0	58,160
(9) CHARLIE BELL CRNA	40.00 0.00					X		230,776	0	56,917
(10) LESLIE MILLER CRNA	40.00 0.00					X		218,907	0	61,097
(11) JANET HANSON CRNA	40.00 0.00					X		243,196	0	26,944
(12) JOHN MASSEY DIRECTOR	1.00 2.00	X						0	117,500	0
(13) MELODY BIBB SECRETARY	1.00 41.00			X				0	65,628	49,443
(14) JIM TRUMBULL CHAIR	1.00 1.00	X		X				0	0	0
(15) REV LAUREN EKDAHL DIRECTOR	1.00 2.00	X						0	0	0
(16) CAROLYN ESCAMILLA DIRECTOR	1.00 1.00	X						0	0	0
(17) MARK GILLAM DIRECTOR	1.00 1.00	X						0	0	0

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			
(18) LEE GLENN	1.00	X						0	0	0
DIRECTOR	1.00									
(19) DENNIS HADDEN	1.00	X						0	0	0
DIRECTOR	3.00									
(20) TODD HOLCOMB EDD	1.00	X						0	0	0
DIRECTOR THRU 03/2019	1.00									
(21) THOMAS HOLYOKE	1.00	X						0	0	0
DIRECTOR	1.00									
(22) HOD KOSMAN	1.00	X						0	0	0
DIRECTOR	3.00									
(23) DENNIS MILLER	1.00	X						0	0	0
DIRECTOR	1.00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,197,822	3,122,079	685,490

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 ▶ 64

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BECKENHAUER CONSTRUCTION INC 1901 RIVERSIDE BLVD NORFOLK, NE 68701	CONSTRUCTION	10,982,864
MEDIREVV 2600 UNIVERSITY PARKWAY CORALVILLE, IA 52241	REVENUE CYCLE SERVICES	10,274,497
MEDIFIS CONSOLIDATED PO BOX 5068 NEW YORK, NY 100875068	AGENCY STAFFING	4,330,706
PHILIPS HEALTHCARE 13560 MORRIS ROAD ALPHARETTA, GA 30004	SERVICE CONTRACTS	1,787,587
POUDRE VALLEY MEDICAL GROUP LLC 2315 EAST HARMONY ROAD SUITE 200 FORT COLLINS, CO 80528	OUTREACH CARDIOLOGY CONTRACT	1,375,259

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 67

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	8,743,386			
	e Government grants (contributions)	1e	232,587			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,284			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		9,025,257			
Program Service Revenue		Business Code				
	2a COMMERCIAL & SELF-PAY	621300	137,789,294	133,583,069	4,206,225	
	b MEDICARE	621300	65,998,943	65,998,943		
	c MEDICAID	621300	11,915,821	11,915,821		
	d PHARMACY - IP & RETAIL	621910	6,999,290	6,999,290		
	e RENTAL INCOME - AFFIL/OTHER	531120	1,410,394	1,410,394		
	f All other program service revenue.		1,848,358	1,397,047		451,311
	g **Total.** Add lines 2a–2f.	225,962,100				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		545,997			545,997
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		39,847			39,847
		(i) Real	(ii) Personal			
	6a Gross rents 6a	23,181				
	b Less: rental expenses 6b	0				
	c Rental income or (loss) 6c	23,181				
	d Net rental income or (loss)			23,181		23,181
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	7,816,000	1,200			
	b Less: cost or other basis and sales expenses 7b	5,471,801	9,893			
	c Gain or (loss) 7c	2,344,199	-8,693			
	d Net gain or (loss)			2,335,506		2,335,506
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a	142,558				
	b Less: cost of goods sold 10b	136,170				
	c Net income or (loss) from sales of inventory			6,388		6,388
	Miscellaneous Revenue	Business Code				
	11a SETTLEMENT PROCEEDS	900099	2,200,000	2,200,000		
	b AIRLINK FIXED WING INCOME	900099	861,083	861,083		
	c REFERENCE LABORATORY	621500	18,761		18,761	
	d All other revenue		1,229,615	1,229,615		
	e **Total.** Add lines 11a–11d		4,309,459			
	12 **Total revenue.** See instructions		242,247,735	225,595,262	4,224,986	3,402,230

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	36,551,413	36,551,413		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	56,438,778	55,097,343	1,341,435	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,900,893	1,845,070	55,823	
9 Other employee benefits	17,680,166	17,203,337	476,829	
10 Payroll taxes	3,963,271	3,870,978	92,293	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,156		35,156	
d Lobbying	194,369		194,369	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	83,757		83,757	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,110,823	26,972,065	19,138,758	
12 Advertising and promotion	616,565	40,406	576,159	
13 Office expenses	1,688,079	1,481,858	206,221	
14 Information technology	122,093	105,936	16,157	
15 Royalties				
16 Occupancy	3,301,410	2,953,066	348,344	
17 Travel	817,469	658,334	159,135	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	483,780	476,643	7,137	
20 Interest	2,427,855	2,079,117	348,738	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,851,186	12,222,442	628,744	
23 Insurance	1,320,727	1,136,955	183,772	
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 SUPPLIES	41,859,851	41,789,942	69,909	
b BAD DEBT	24,795,243	24,795,243		
c MISCELLANEOUS	10,488,077	9,286,015	1,202,062	
d MINOR EQUIPMENT	1,081,400	982,028	99,372	
e All other expenses	1,389,184	1,196,311	192,873	
25 **Total functional expenses.** Add lines 1 through 24e	266,201,545	240,744,502	25,457,043	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,759,782	1	3,677,899
	2	Savings and temporary cash investments		20,549,303	2	6,395,175
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		49,948,719	4	39,470,471
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		5,138,721	7	4,301,975
	8	Inventories for sale or use		4,998,661	8	4,769,496
	9	Prepaid expenses and deferred charges		3,109,014	9	8,345,706
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 276,561,546			
	b	Less: accumulated depreciation	10b 204,220,748	59,738,045	10c	72,340,798
	11	Investments—publicly traded securities		13,559,773	11	5,456,841
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		775,832	13	750,248
	14	Intangible assets		21,570,931	14	17,395,912
	15	Other assets. See Part IV, line 11		0	15	1,472,297
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		181,148,781	16	164,376,818
Liabilities	17	Accounts payable and accrued expenses		20,626,422	17	27,110,515
	18	Grants payable			18	
	19	Deferred revenue		159,465	19	156,935
	20	Tax-exempt bond liabilities		85,394,161	20	83,500,319
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,048,461	23	5,386,031
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,455,461	25	3,914,839
	26	**Total liabilities.** Add lines 17 through 25		111,683,970	26	120,068,639
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		69,464,811	27	44,308,179
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		69,464,811	32	44,308,179
	33	Total liabilities and net assets/fund balances		181,148,781	33	164,376,818

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	242,247,735
2	Total expenses (must equal Part IX, column (A), line 25)	2	266,201,545
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,953,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,464,811
5	Net unrealized gains (losses) on investments	5	-1,202,822
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,308,179

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-0385129

Name: REGIONAL WEST MEDICAL CENTER

Form 990, Part III, Line 4a:

REGIONAL WEST MEDICAL CENTER (RWMC) IS A LICENSED 182-BED HOSPITAL WHICH IS A REGIONAL REFERRAL CENTER AND LEVEL II TRAUMA CENTER. THE HOSPITAL PROVIDES COMPREHENSIVE AND ADVANCED MEDICAL CARE TO PEOPLE OF WESTERN NEBRASKA AND SURROUNDING PORTIONS OF SOUTH DAKOTA, WYOMING AND COLORADO. THE PROVISION OF COMPREHENSIVE AND ADVANCED MEDICAL CARE INCLUDES SERVICES IN MANY SPECIALTIES OF MEDICINE. AREAS OF CARE INCLUDE BRAIN & SPINE, CANCER, FAMILY & CHILDREN, HEART & LUNG REHABILITATION & PAIN MANAGEMENT, SKIN AND PLASTIC SURGERY, SURGICAL CLINICS, TRAUMA & EMERGENCY, WEIGHT MANAGEMENT & WELLNESS, BEHAVIORAL HEALTH, AND END-OF-LIFE CARE.

Form 990, Part III, Line 4b:

AS A REGIONAL HOSPITAL, RWMC ALSO PROVIDES ANCILLARY SERVICES TO SUPPORT ITS PRIMARY MISSION OF HOSPITAL CARE. THESE SERVICES INCLUDE LABORATORY, RADIOLOGY, REHABILITATION AND THERAPY FOR PATIENTS IN THE REGION. THESE DEPARTMENTS SUPPORT BOTH INPATIENT AND OUTPATIENT PROCEDURES FOR PATIENTS OF RWMC AND AFFILIATED ORGANIZATIONS AS WELL AS THE COMMUNITY. THE LAB ALSO PROVIDES OUTREACH LABORATORY SERVICES TO PROVIDERS LOCATED IN WYOMING, SOUTH DAKOTA, IOWA AND ACROSS THE STATE OF NEBRASKA. AS A PART OF ENSURING ONGOING SERVICES THROUGH QUALIFIED TECHNICIANS, RWMC OPERATES A SCHOOL OF RADIOLOGY TECHNOLOGY FOR STUDENTS PROVIDING HANDS-ON TRAINING THROUGH THE RADIOLOGY DEPARTMENTS. RWMC OPERATES TWO PHARMACIES, AN INPATIENT PHARMACY FOR PATIENTS IN THE HOSPITAL AND A RETAIL PHARMACY THAT IS AVAILABLE FOR THE COMMUNITY TO USE. THROUGH THE REHAB DEPARTMENT, PHYSICIAN, OCCUPATIONAL, SPEECH, AND MASSAGE THERAPISTS PROVIDE SERVICES TO PATIENTS. THE REHAB DEPARTMENT ALSO PROVIDES ONGOING REHAB CLINICS FOR PATIENTS AS PART OF THEIR SERVICES IN PROMOTING ONGOING WELLNESS FOR RECOVERY. AS PART OF COMMUNITY OUTREACH THE REHAB DEPT EMPLOYS ATHLETIC TRAINERS WHO WORK IN THE LOCAL SCHOOLS' ATHLETIC PROGRAMS PROVIDING SUPPORT AND INJURY DETECTION AND PREVENTION FOR THE ATHLETES AND COACHES.

Form 990, Part III, Line 4c:

RWMC OPERATES PROVIDER BASED CLINICS ONSITE AS AN EXTENSION OF THE HOSPITAL CARE AND AN ENHANCEMENT OF THE CARE PROVIDED THROUGH AFFILIATED ORGANIZATIONS. THE CLINICS OPERATED BY RWMC INCLUDE SPINE CENTER, WOUND CLINIC, SLEEP LAB, HEART CENTER, INFUSIONS CENTER, ANTI-COAGULATION, CHEMOTHERAPY, AND COMMUNITY HEALTH IMMUNIZATION CLINICS. THE COMMUNITY HEALTH CLINIC OPERATES ALONGSIDE SCOTTSBLUFF COUNTY IN PROVIDING COUNTY NURSING SERVICES. THE CLINIC ALSO PROVIDES A COMMUNITY IMMUNIZATION CLINIC AS A PART OF THE COUNTY HEALTH NURSE SERVICES.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of 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* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
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* ***Part VI*** *when and how the organization made the determination.*	3b		
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* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
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.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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* ***Part VI*** *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.*	4c		
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* ***Part VI,*** *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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* ***Part VI.***	6		
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) .*	7		
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).*	8		
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* ***Part VI.***	9a		
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* ***Part VI.***	9b		
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* ***Part VI.***	9c		
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 line 10b below.*	10a		
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).*	10b		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ 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	**Adjusted Net Income** (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):	1		
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	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** 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	**Minimum Asset Amount** (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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 **Total annual distributions.** 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 47-0385129

Name: REGIONAL WEST MEDICAL CENTER

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321043160

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 the organization	Employer identification number
REGIONAL WEST MEDICAL CENTER	47-0385129

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					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,029
j	Total. Add lines 1c through 1i			12,029
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	RWMC IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE NEBRASKA HOSPITAL ASSOCIATION (NHA). A PORTION OF THE ANNUAL DUES PAID TO THESE ASSOCIATIONS ARE USED FOR LOBBYING AND POLITICAL ACTIVITIES.

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 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 ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 in 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	4,837,335	4,551,048	4,507,319	4,546,780	4,853,177
b Contributions	719,879	538,883	106,517	153,000	255,505
c Net investment earnings, gains, and losses	1,352,989	-191,365	296,128	72,629	-56,312
d Grants or scholarships	98,684	61,231	358,916	265,090	505,590
e Other expenditures for facilities and programs	623,315				
f Administrative expenses					
g End of year balance	6,188,204	4,837,335	4,551,048	4,507,319	4,546,780

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 20.240 %

c Temporarily restricted endowment ▶ 79.760 %

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

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		2,143,930		2,143,930
b Buildings		126,337,709	100,185,717	26,151,992
c Leasehold improvements		107,282	18,934	88,348
d Equipment		113,681,515	100,484,484	13,197,031
e Other		34,291,110	3,531,613	30,759,497
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				72,340,798

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,914,839

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.

1	Total revenue, gains, and other support per audited financial statements			1	216,165,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,202,822		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-24,795,243		
e	Add lines **2a** through **2d**			2e	-25,998,065
3	Subtract line **2e** from line **1**			3	242,163,978
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,757		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	83,757
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	242,247,735

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	241,322,545
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	241,322,545
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	83,757		
b	Other (Describe in Part XIII.)	4b	24,795,243		
c	Add lines **4a** and **4b**			4c	24,879,000
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	266,201,545

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-0385129
Name: REGIONAL WEST MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	RESTRICTED FUNDS ARE HELD BY REGIONAL WEST FOUNDATION, A RELATED ORGANIZATION. THESE FUNDS ARE RESTRICTED PRIMARILY FOR SCHOLARSHIPS FOR NURSING AND HEALTH CARE PROFESSION STUDENTS . A PORTION OF THE RESTRICTED FUNDS ARE FOR CAPITAL IMPROVEMENTS FOR RWMC.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF TH E INTERNAL REVENUE CODE. THE MEDICAL CENTER HAS RECEIVED A DETERMINATION LETTER THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTE RNAL REVENUE CODE. THE MEDICAL CENTER HAS REALIZED CERTAIN INCOME WHICH THE INTERNAL REVEN UE SERVICE CONSIDERS TO BE UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. THE INTERNAL R EVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN TAX EXEMPT STATUS. THE MEDI CAL CENTER ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC TOPIC 740, INCOME TAXES. THE MEDICAL CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BE ING SUSTAINED. AT DECEMBER 31, 2019 AND 2018, THE MEDICAL CENTER HAD NO UNCERTAIN TAX POSI TIONS ACCRUED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE -24,795,243.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE 24,795,243.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,688,618	0	10,688,618	4.430 %
b Medicaid (from Worksheet 3, column a)			18,716,435	10,896,881	7,819,554	3.240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			29,405,053	10,896,881	18,508,172	7.670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			368,470	40,519	327,951	0.140 %
f Health professions education (from Worksheet 5)			1,477,117	39,795	1,437,322	0.600 %
g Subsidized health services (from Worksheet 6)			38,225,368	6,355	38,219,013	15.830 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			290,958		290,958	0.120 %
j **Total.** Other Benefits			40,361,913	86,669	40,275,244	16.690 %
k **Total.** Add lines 7d and 7j			69,766,966	10,983,550	58,783,416	24.360 %

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			1,099,170		1,099,170	0.460 %
9 Other			39,447		39,447	0.020 %
10 Total			1,138,617		1,138,617	0.480 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
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	24,795,243		
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	0		
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	52,539,786		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	71,445,890		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-18,906,104		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REGIONAL WEST MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
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?	**1**		No
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.	**2**		No
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.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The 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 17			
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	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
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.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): RWHS.ORG/OUR-NETWORK/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-PLAN			
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.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): WWW.RWHS.ORG/OUR-NETWORK/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-PLAN			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
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)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

REGIONAL WEST MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000 % and FPG family income limit for eligibility for discounted care of 250.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.RWHS.ORG/ABOUT-YOUR-BILL			
b	☑ The FAP application form was widely available on a website (list url): WWW.RWHS.ORG/ABOUT-YOUR-BILL			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.RWHS.ORG/ABOUT-YOUR-BILL			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

REGIONAL WEST MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 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 ☑ 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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 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?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

REGIONAL WEST MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C.		
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? **24**		No
	If "Yes," explain in Section C.		

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, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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	

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ADDITION TO THE FPG, RWMC MAY ALSO REQUEST SUPPORTING DOCUMENTS SUCH AS BANK STATEMENTS, PROOF OF ALL HOUSEHOLD INCOME, MOST RECENT TAX RETURN, DOCUMENTS OF ELIGIBILITY FOR OTHER ASSISTANCE PROGRAMS, INFORMATION ON AVAILABLE ASSETS OR OTHER FINANCIAL RESOURCES, EXTERNAL PUBLIC SOURCES SUCH AS CREDIT SCORES. IF THE PATIENT IS UNABLE, OR FAILS, TO SUPPLY REQUESTED INFORMATION, RWMC MAY REFER TO EXTERNAL SOURCES TO DETERMINE POSSIBLE ELIGIBILITY WHEN THE PATIENT IS HOMELESS WITH NO DEPENDENTS, ELIGIBLE FOR SUPPLEMENTAL NUTRITION ASSISTANCE, VALID ADDRESS IS CONSIDERED LOW-INCOME OR SUBSIDIZED HOUSING BASED ON WRITTEN CONFIRMATION FROM THE HOUSING AUTHORITY, RECEIVES DOCUMENTED FREE CARE FROM A COMMUNITY CLINIC, OR A COLLECTION AGENCY HAS VERIFIED THAT THE PATIENT HAS NO ASSETS OR INCOME.
PART I, LINE 6A:	THE ORGANIZATION DID NOT PREPARE A COMMUNITY BENEFIT REPORT DURING THE YEAR.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	INCLUDED IN THE COSTS REPORTED AS SUBSIDIZED HEALTH SERVICES ARE FUNDS USED TO HELP SUPPORT REGIONAL WEST PHYSICIANS CLINIC, A RELATED ORGANIZATION OF REGIONAL WEST MEDICAL CENTER (RWMC). REGIONAL WEST PHYSICIANS CLINIC (RWPC) IS A NOT-FOR-PROFIT ORGANIZATION OF MULTI-SPECIALITY PHYSICIAN CLINICS LOCATED IN SCOTTSBLUFF, NE. RWMC IS COMMITTED TO SUBSIDIZING THE CLINICS OF RWPC TO ENSURE THAT QUALITY MEDICAL CARE, BOTH IN FAMILY PRACTICE AND IN THE SPECIALTY AREAS COVERED BY THE RWPC CLINICS, CONTINUES TO BE PROVIDED FOR THE COMMUNITY OF SCOTTSBLUFF AND THE REGION SERVED BY THE HOSPITAL. WITHOUT THE FUNDING PROVIDED BY RWMC, MANY OF THE CLINICS THAT ARE WITHIN RWPC WOULD NOT BE ABLE TO CONTINUE TO PROVIDE MEDICAL CARE IN THE AREA, WHICH WOULD RESULT IN A LARGER VOID IN MEDICAL CARE IN THE ALREADY MEDICALLY UNDERSERVED RURAL AREA. SOME OF THE SPECIALTY CLINICS THAT RWPC IS ABLE TO PROVIDE BECAUSE OF THE SUBSIDIZATION INCLUDE: UROLOGY, WOMEN'S HEALTH, ORTHOPEDICS, SURGICAL VASCULAR DIAGNOSTICS, ENT SURGERY, NEUROSURGERY, INTERNAL MEDICINE, DIABETES CARE, FAMILY MEDICINE IN SCOTTSBLUFF, MORRILL AND GERING, PSYCHIATRY AND BEHAVIORAL HEALTH, NEUROLOGY, REHAB MEDICINE, PAIN MANAGEMENT, AND PEDIATRICS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 24,795,243.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	RWMC'S MAJOR COMMUNITY BUILDING ACTIVITIES INCLUDE DISASTER READINESS SUPPORT SYSTEM ENHANCEMENT FOR THE IMMEDIATE COMMUNITY AND SCOTTSBLUFF COUNTY, AND PHYSICIAN RECRUITMENT. THE DISASTER READINESS SUPPORT INCLUDES COMMUNITY WIDE DRILLS, COMMUNITY DISEASE AWARENESS MEETINGS, COUNTY LEVEL DISASTER MEETINGS AND COOPERATION WITH THE LOCAL POLICE DEPARTMENT TO PROVIDE DISASTER SUPPORT FOR THE COMMUNITY. RWMC REPRESENTATIVES ALSO VISIT LOCAL BUSINESSES AND SCHOOLS TO PROVIDE INFORMATION ON ANY VIRUS OUTBREAKS OR ALERTS, SUCH AS THE H1N1 CRISIS IN 2009. RWMC IS INVOLVED WITH THE VARIOUS COMMUNITY-WIDE SCHOOL PROGRAMS THEREBY PROVIDING SUPPORT TO LOCAL SCHOOLS THROUGH PROMOTING ACTIVITIES, RAISING FUNDS, AND HELPING TO SERVE LUNCHES, ETC. RWMC, AS A HOSPITAL THAT PROVIDES SERVICES TO A MEDICALLY UNDERSERVED AREA, IS ACTIVELY INVOLVED IN RECRUITING QUALITY PHYSICIANS AND MEDICAL SPECIALISTS TO THE AREA TO PROVIDE NEEDED MEDICAL SERVICES. THIS ONGOING RECRUITMENT ACTIVITY IS ESSENTIAL TO THE COMMUNITY AND REGION IN ORDER TO ENSURE THAT RESIDENTS HAVE REGIONAL ACCESSIBILITY TO NEEDED MEDICAL SERVICES.
PART III, LINE 2:	ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT. IT IS IMPORTANT TO NOTE THAT THE BAD DEBT EXPENSE ON THE FINANCIAL STATEMENTS IS STATED IN TERMS OF UNREALIZABLE REVENUE, RATHER THAN AT THE ACTUAL COSTS ASSOCIATED WITH THE BAD DEBT. RWMC HAS COST ACCOUNTING SOFTWARE FROM WHICH THE ACTUAL COSTS OF THE BAD DEBT AS REPORTED ABOVE WERE OBTAINED. THE COST OF BAD DEBT EXPENSE, USING THIS SOFTWARE, IS CALCULATED BY ADDING THE DIRECT COSTS OF THE MEDICAL SERVICES PROVIDED ALONG WITH A COMBINATION OF AN ALLOCATION OF OVERHEAD BASED ON COST ACCOUNTING METHODOLOGY AND COST TO CHARGE RATIO CHARGES FOR NEW SERVICES CODES. RWMC USES A METHOD SIMILAR TO THE METHOD OF CALCULATING CHARITY CARE COST TO CALCULATE BAD DEBT AT COST. THE TOTAL COST OF THE BAD DEBT, OBTAINED FROM THE COST ACCOUNTING SYSTEM, IS REDUCED BY PAYMENTS THAT WERE MADE AND ANY RECOVERIES THAT WERE REALIZED ON THE ACCOUNTS. AFTER ELIMINATING ANY CREDIT BALANCES, THE REMAINING COST IS DETERMINED TO BE A REASONABLE ESTIMATE OF THE COST OF BAD DEBT. AT THIS TIME THE COMMUNITY BENEFIT DOES NOT INCLUDE ANY BAD DEBT AMOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY, THEY ARE NOT REPORTED AS PATIENT SERVICE REVENUE IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. AT THIS TIME THE COMMUNITY BENEFIT DOES NOT INCLUDE ANY BAD DEBT AMOUNTS.
PART III, LINE 4:	THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT CONTAIN A SPECIFIC FOOTNOTE DESCRIBING BAD DEBT. FOOTNOTES TITLED "PATIENT RECEIVABLES," "PATIENT SERVICE REVENUE, AND "FINANCIAL ASSISTANCE/CHARITY CARE" CAN BE FOUND ON PAGES 7, 9, AND 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	APPROXIMATED 35% OF REVENUE IS FROM PATIENTS PARTICIPATING IN THE MEDICARE PROGRAM, THUS PROVIDING SERVICES TO MEDICARE PATIENTS IS A PROMOTION OF HEALTHCARE SERVICES TO A SIGNIFICANT PORTION OF THE POPULATION OF THE COMMUNITY AND REGION THAT RWMC SERVES. MEDICARE COST IS THE ALLOWABLE COSTS AS REPORTED ON THE REGIONAL WEST MEDICAL CENTER COST REPORT FOR 2019.
PART III, LINE 9B:	THE COLLECTION POLICY OF RWMC, AND THE RELATED CHARITY CARE POLICY, STATE THAT SINCE A PATIENT'S ABILITY TO PAY FOR HEALTHCARE SERVICES CAN CHANGE, A CHARITY DETERMINATION CAN BE MADE PRIOR TO, DURING OR FOLLOWING TREATMENT AT RWMC. ONCE A PATIENT HAS DEMONSTRATED OR COMMUNICATED A NEED THROUGH NONPAYMENT, OR THROUGH A COMPLETED FINANCIAL ASSISTANCE APPLICATION, THE FINANCIAL ASSISTANCE TEAM OF RWMC WILL REVIEW THE ACCOUNT AND BASED ON FEDERAL POVERTY GUIDELINES WILL MAKE A DETERMINATION OF WHETHER THE ACCOUNT QUALIFIES FOR CHARITY CARE TREATMENT. SOME ITEMS CONSIDERED IN THE DETERMINATION, ACCORDING TO RWMC POLICY, ARE: ABILITY TO PAY, EXHAUSTION OF MEDICARE OR MEDICAID BENEFITS COMBINED WITH INABILITY TO PAY, DISCOUNTED CARE FOR THOSE UNABLE TO PAY; ALL OTHER POSSIBLE SOURCES OF COLLECTION USING SOUND BUSINESS PRACTICES HAVE BEEN MADE TO ENABLE THE PATIENT TO PAY; CARE PROVIDED TO A DECEASED PATIENT WITH NO ESTATE; OR CARE PROVIDED TO PATIENT AFTER WHICH A NEGOTIATED SETTLEMENT WAS MADE FOR THE PATIENTS ACCOUNT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	COMMUNITY NEEDS ARE ASSESSED BY USING UNRELATED DATA COLLECTION SOURCES AND THROUGH THE ACTIVE OBSERVATION AND INVOLVEMENT OF THE ENTITIES' EMPLOYEES THROUGHOUT THE COMMUNITIES AND REGION SERVED. ONE OF THE MAIN DATA COLLECTION SOURCES USED IS THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BFRSS). THIS ANNUAL SURVEY COLLECTS DATA ON THE PREVALENCE OF MAJOR HEALTH RISK FACTORS AMONG ADULTS RESIDING IN THE STATE. THIS INFORMATION IS USED TO TARGET HEALTH EDUCATION AND RISK REDUCTION ACTIVITIES THROUGHOUT THE STATE AND GIVES RWMC A STARTING POINT FOR PROGRAM IDEAS. RWMC IS ALSO INVOLVED WITH THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS WITH PANHANDLE PUBLIC HEALTH DISTRICT. THIS IS A COMMUNITY WIDE STRATEGIC PLANNING TOOL FOR IMPROVING COMMUNITY HEALTH WHICH IS FACILITATED BY PUBLIC HEALTH LEADERSHIP AND HELPS COMMUNITIES PRIORITIZE PUBLIC HEALTH ISSUES AND IDENTIFY RESOURCES FOR ADDRESING THEM. THE NEBRASKA STATE DEPARTMENT OF HEALTH IS A MAJOR RESOURCE FOR DATA USED IN THE NEEDS ASSESSMENT. AN ASSESSMENT IS DONE OF THE GRANTS OFFERED BY THE STATE TO DETERMINE IF THE GRANT COULD BE USED TO ADDRESS A NEED IN THE COMMUNITIES SERVED AND IF THE PROGRAM WOULD BE SUSTAINABLE ONCE STARTED. COMMUNICATION WITH OTHER GROUPS IN THE REGION IS ONGOING SO THAT SERVICES ARE NOT DUPLICATED. THE STATE DEPARTMENT OF HEALTH PROVIDES RMWC WITH MONTHLY CALLS ON REPORTABLE DISEASE SURVEILLANCE WHICH HELPS RWMC DIRECT EDUCATION PROGRAMS AND RESOURCES TOWARDS AREAS OF CONCERN.
PART VI, LINE 3:	PATIENTS ARE NOTIFIED AT ONE OR MORE TIMES THROUGHOUT THE PROCESS OF SCHEDULING, IN-HOUSE, THROUGH STATEMENTS, LETTERS, AT THE POINT OF DISCHARGE, IN THE ADMISSIONS PACKET, AND OCCASSIONALLY BY THEIR PHYSICIAN ABOUT THE FINANCIAL ASSISTANCE AND THE PAYMENT POLICIES OF RWMC. RWMC HAS A TIME OF SERVICES (TOS) COLLECTION POLICY THAT IS COMMUNICATED TO THE PATIENT OR THE PATIENTS FAMILY PRIOR TO, OR FOLLOWING TREATMENT, AT THE FACILITY. DURING THIS CONFERENCE, THE PATIENT IS ALSO GIVEN MATERIALS EXPLAINING THE FINANCIAL ASSISTANCE AVAILABLE. THE VERBAL COMMUNICATION OF THIS POLICY PROVIDES RWMC AN OPPORTUNITY TO ASSESS IF PATIENTS HAVE A FINANCIAL NEED SO THAT THE FINANCIAL LIASONS OF RWMC WILL BE ABLE TO PROACTIVELY WORK WITH THE PATIENTS TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE. AT THIS TIME PAYMENT OPTIONS ARE COMMUNICATED AND DISCUSSED WITH THE PATIENT/PATIENT'S FAMILY. A FINANCIAL ASSISTANCE APPLICATION, IF APPLICABLE, IS PROVIDED FOR THE PATIENT. THE COMPLETED APPLICATION IS THEN EVALUATED TO DETERMINE THE PATIENT'S ABILITY, OR INABILITY, TO PAY, USING A MEASUREMENT OF INCOME BASED ON THE MOST RECENTLY PUBLISHED POVERTY GUIDELINES FROM THE FEDERAL REGISTER. DECISIONS REGARDING FINANCIAL ASSISTANCE ARE THEN COMMUNICATED TO THE PATIENT IN A LETTER. DISCLOSURE RELATED 501(R) PROCEDURES:RWMC'S FINANCIAL ASSISTANCE POLICY, SETS FORTH THE AMOUNTS GENERALLY BILLED (AGB) PERCENTAGE AND REFERENCES HOW MEMBERS OF THE PUBLIC CAN ACCESS SUCH INFORMATION, INCLUDES A LIST OF PROVIDERS WHO BOTH ARE AND ARE NOT SUBJECT TO THE POLICY, REFERENCES HOW MEMBERS OF THE PUBLIC CAN ACCESS SUCH INFORMATION AND REFERENCES HOW MEMBERS OF THE PUBLIC CAN OBTAIN RWMC'S BILLING AND COLLECTION POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	RWMC SERVES THE REGIONAL AREA INCLUDING THE PANHANDLE OF NEBRASKA, EASTERN WYOMING, SOUTHWESTERN SOUTH DAKOTA, AND NORTHERN COLORADO, THIS AREA IS MAINLY RURAL WITH AGRICULTURE BEING THE BIGGEST INDUSTRY. THE AVERAGE ANNUAL INCOME FOR THE IMMEDIATE SCOTTS BLUFF COUNTY AREA IS APPROXIMATELY $50,295 FOR A FAMILY OF 3. THE 2010 CENSUS PROJECTED THE POPULATION OF THE AREA TO BE 37,000 IN 2011. OF THIS POPULATION, 30% IS ESTIMATED TO BE OVER THE AGE OF 65. IN THE REGION THERE ARE 5 OTHER SMALLER HOSPITALS, BUT RWMC IS THE ONLY HOSPITAL IN THE PANHANDLE OF NEBRASKA TO BE DESIGNATED A TRAUMA CENTER, AND AS THE LARGEST FACILITY, PROVIDES SUPPORT SERVICES TO THE SMALLER HOSPITALS IN THE REGION. RWMC ESTIMATES THAT 35% OF ITS REVENUE IS DERIVED FROM MEDICAL TREAMENT OF PATIENTS COVERED BY MEDICARE; 6% OF REVENUE IS DERIVED FROM PATIENTS COVERED BY MEDICAID.
PART VI, LINE 5:	REGIONAL WEST MEDICAL CENTER IS COMMITTED TO BEING A GOOD CORPORATE CITIZEN, BY CONTRIBUTING TIME, MONEY, AND RESOURCES IN SUPPORT OF WORTHY CAUSES, BOTH LOCALLY AND REGIONALLY. REGIONAL WEST SUPPORTED LOCAL SCHOOLS, COMMUNITY ORGANIZATIONS, HEALTH ORGANIZATIONS, AND MORE WITH CASH AND IN-KIND DONATIONS.AMONG THE DOZENS OF ORGANIZATIONS TO RECEIVE DONATIONS WERE CASA AND CAPSTONE, PANHANDLE HUMANE SOCIETY, THEATRE WEST, GORDON MEMORIAL HOSPITAL, CHADRON COMMUNITY HOSPITAL, SCOTTS BLUFF COUNTY YMCA, UNITED WAY OF WESTERN NEBRASKA AND NEBRASKA MISSION OF MERCY. IN ADDITION, THE MEDICAL CENTER PROVIDED MONIES IN CHARITY HEALTH CARE TO AREA RESIDENTS.CASE MANAGEMENT: TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THE UNEXPECTED, REGIONAL WEST HAS SOCIAL WORK STAFF THROUGHOUT THE ORGANIZATION TO GUIDE, EDUCATE, AND EMPOWER PATIENTS AND THEIR FAMILIES DURING HOSPITALIZATION AND AS PATIENTS PREPARE FOR DISMISSAL.GUEST RELATIONS: GUEST RELATIONS REPRESENTATIVES ARE AVAILABLE TO ASSIST PATIENTS AND FAMILIES AT ANY TIME PRIOR TO OR DURING HOSPITALIZATION.PASTORAL CARE: OUR CHAPLAIN OR VOLUNTEER CLERGY IS AVAILABLE 24 HOURS A DAY TO PROVIDE SPIRITUAL SUPPORT FOR YOU AND YOUR FAMILY, AND OUR CHAPEL IS OPEN TO PATIENTS AND VISITORS AT ALL TIMES.RAPID RESPONSE TEAM: WHEN A PATIENT SHOWS SIGNS OF DISTRESS OR CHANGES IN VITAL SIGNS, THE RAPID RESPONSE TEAM IS CALLED TO THE BEDSIDE WITHIN MINUTES FOR RAPID ASSESSMENT AND TREATMENT. THE TEAM INCLUDES A CRITICAL CARE NURSE AND RESPIRATORY THERAPIST. THEIR RESPONSE IS CRUCIAL BECAUSE PATIENT SURVIVAL RATES ARE DIRECTLY IMPACTED BY HOW QUICKLY THE PATIENT CAN BE ASSESSED AND TREATED.ROOM SERVICE: REGIONAL WEST'S ROOM SERVICE DINING ALLOWS PATIENTS TO ORDER WHAT THEY WANT TO EAT, WHEN THEY WANT IT, AND THEIR MEAL IS DELIVERED WITHIN 45 MINUTES OF PLACING THEIR ORDER. BREAKFAST IS AVAILABLE ALL DAY AND PATIENTS' GUESTS MAY PURCHASE A MEAL FOR A NOMINAL FEE.VALET SERVICE: FREE VALET SERVICE IS AVAILABLE MONDAY THROUGH FRIDAY FROM 9 A.M. TO 4 P.M. AT THE MAIN ENTRANCE, MEDICAL PLAZA NORTH, MEDICAL PLAZA SOUTH, AND THE REHAB CENTER. OUR VALETS ASSIST PATIENTS INTO AND OUT OF THEIR VEHICLES, PARK THE VEHICLES, AND DELIVER THEM BACK TO THE BUILDING ENTRANCE WHEN PATIENTS AND GUESTS ARE READY TO LEAVE. NO NEED TO TIP; TIPS ARE NOT ACCEPTED.VOLUNTEERS: VOLUNTEERS DELIVER PATIENT MAIL, MAGAZINES, AND FLOWERS; WORK IN THE GIFT SHOP; THE HOSPITAL INFORMATION CENTERS, THE SURGICAL WAITING ROOM, AND PATIENT CARE UNITS; AND PROVIDE CLERICAL, NON-CLINICAL, TECHNICAL SUPPORT THROUGHOUT THE HOSPITAL. OUR MOST CREATIVE VOLUNTEERS ALSO MAKE PEDIATRIC PALS FOR PEDIATRIC PATIENTS, LAP ROBES, BABY BOOTIES, CRIB BLANKETS, AND CREATE SILK FLOWER ARRANGEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	THE AFFILIATED HEALTH CARE SYSTEM INCLUDES:REGIONAL WEST MEDICAL CENTER - 182-BED HOSPITAL, LEVEL II TRAUMA CENTER, AND REGIONAL REFERRAL CENTERREGIONAL WEST HEALTH SERVICES - STRATEGIC PLANNING AND MANAGEMENTREGIONAL WEST GARDEN COUNTY - CRITICAL ACCESS HOSPITALREGIONAL WEST PHYSICIANS CLINIC - MULTI-SPECIALTY MEDICAL GROUPREGIONAL WEST VILLAGE - INDEPENDENT AND ASSISTED LIVING CENTERREGIONAL WEST FOUNDATION - RAISES FUNDS, MANAGES INVESTMENTS, AND ADMINISTERS SCHOLARSHIP PROGRAMREGIONAL WEST HEALTH SERVICES AND AFFILIATES - 501(C)(9) ORGANIZATION PROVIDING EMPLOYEE HEALTH CAREREGIONAL CARE, INC. - A FOR-PROFIT ORGANIZATION PROVIDING TPA SERVICES.

Additional Data

Software ID:

Software Version:

EIN: 47-0385129

Name: REGIONAL WEST MEDICAL CENTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	REGIONAL WEST MEDICAL CENTER 4021 AVENUE B SCOTTSBLUFF, NE 69361 WWW.RWHS.ORG 700001	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
REGIONAL WEST MEDICAL CENTER	PART V, SECTION B, LINE 5: REGIONAL WEST MEDICAL CENTER (RWMC) PARTICIPATED IN A COMMUNITY NEEDS ASSESSMENT CONDUCTED IN 2017 BY THE SCOTTSBLUFF COUNTY HEALTH DEPARTMENT (SBCHD) AND THE PANHANDLE PUBLIC HEALTH DEPARTMENT (PPHD). THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) NEEDS ASSESSMENT AND THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) DEVELOPED FROM THIS COLLABORATION WERE THE PRIMARY TOOLS USED BY THE HOSPITAL TO DETERMINE ITS COMMUNITY BENEFIT PLAN. THE PLAN OUTLINES HOW THE HOSPITAL WILL GIVE BACK TO THE COMMUNITY IN THE FORM OF HEALTH CARE AND OTHER COMMUNITY SERVICES TO ADDRESS UNMET COMMUNITY HEALTH NEEDS. REGIONAL WEST HEALTH SERVICES, THE SOLE MEMBER OF RWMC, THEN BROUGHT A GROUP TOGETHER TO REVIEW THE MAPP AND CHIP REPORT AND COMPARED IT TO THE ALREADY ESTABLISHED COMMUNITY BENEFITS PROVIDED BY THE ORGANIZATION. THE REVIEW FOCUSED ON GAPS IN SERVICES AS WELL AS DUPLICATION OF SERVICES. AN IMPLEMENTATION PLAN WAS DEVELOPED AND APPROVED BY THE REGIONAL WEST HEALTH SERVICES BOARD.
REGIONAL WEST MEDICAL CENTER	PART V, SECTION B, LINE 6B: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH THE HELP OF SCOTTSBLUFF COUNTY HEALTH DEPARTMENT (SBCHD) AND THE PANHANDLE PUBLIC HEALTH DEPARTMENT (PPHD).

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
REGIONAL WEST MEDICAL CENTER	PART V, SECTION B, LINE 11: NEEDS WERE ADDRESSED USING A PRIORITIZATION MATRIX TO HELP IDENTIFY THE AREAS OF NEED THAT MAY BE BETTER ADDRESSED BY OTHER ORGANIZATIONS OR AGENCIES IN THE REGION WITH A PRIMARY FUNCTION THAT DIRECTLY FOCUSED ON THOSE AREAS, AND ALSO TO IDENTIFY THE NEEDS THAT MOST CLOSELY ALIGNED WITH BOTH THE PURPOSE AND MISSION OF THE HOSPITAL AND COULD BE ADDRESSED EFFECTIVELY WITH THE RESOURCES THAT THE HOSPITAL HAS CURRENTLY. NEEDS IDENTIFIED FOR THE IMPLEMENTATION STRATEGY WERE THOSE THE BOARD BELIEVED THAT THE HOSPITAL COULD MOST EFFECTIVELY ADDRESS WITH THE RESOURCES AVAILABLE. THESE NEEDS INCLUDED: CHRONIC DISEASES INCLUDING CARDIOVASCULAR DISEASE, DIABETES AND CANCER, UNINTENTIONAL AND INTENTIONAL INJURY PREVENTION, AND BEHAVIORAL HEALTH AND ACCESS TO CARE. NEEDS IDENTIFIED BUT NOT ADDRESSED INCLUDE A SHORTAGE OF HEALTH PROFESSIONALS THE NEED FOR STRONGER ELDER CARE, AND OTHER NEEDS FOCUSED ON SOCIO-ECONOMIC FACTORS THAT ARE NOT DIRECTLY IDENTIFIED AS HEALTH-RELATED. NEEDS THAT WERE NOT ADDRESSED IN THE IMPLEMENTATION STRATEGY EITHER WERE BETTER ADDRESSED BY OTHER AGENCIES OR ORGANIZATIONS IN THE REGION, OR WERE OUTSIDE OF THE SPECIFIC PURPOSE AND MISSION OF THE HOSPITAL AND COULD NOT BE ADDRESSED USING THE CURRENT RESOURCES.
REGIONAL WEST MEDICAL CENTER	PART V, SECTION B, LINE 13B: SEE OTHER CRITERIA USED IN EXPLANATION TO PART I, LINE 3C OF SCHEDULE H.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

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.

(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE ONLY MADE TO AFFILIATED CHARITABLE ORGANIZATIONS. REGIONAL WEST HEALTH SERVICES, A SUPPORTING ORGANIZATION AND PARENT ENTITY MANAGES THE ENTIRE AFFILIATED GROUP OF ORGANIZATIONS, AND OVERSEES THE USE OF ALL FUNDS.

Additional Data

Software ID:
Software Version:
EIN: 47-0385129
Name: REGIONAL WEST MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
REGIONAL WEST PHYSICIANS CLINIC 4021 AVENUE B SCOTTSBLUFF, NE 69361	36-3314159	501(C)(3)	35,237,795				TO PROVIDE SUPPORT TO AFFILIATED CHARITABLE ORGANIZATION.
REGIONAL WEST VILLAGE 4021 AVENUE B SCOTTSBLUFF, NE 69361	36-3314162	501(C)(3)	1,176,935				TO PROVIDE SUPPORT TO AFFILIATED CHARITABLE ORGANIZATION.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
SCOTTSBLUFF BOOSTER CLUB PO BOX 1144 SCOTTSBLUFF, NE 69361	47-0666981	501(C)(3)	12,500				GENERAL SUPPORT
WESTERN NEBRASKA COMMUNITY COLLEGE FOUNDATION 1601 E 27TH STREET SCOTTSBLUFF, NE 69361	23-7137706	501(C)(3)	7,500				GENERAL SUPPORT

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Schedule J (Form 990)

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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	IN THE CURRENT YEAR, THE ORGANIZATION PAID FOR ONE MONTH OF A MEMBERSHIP TO THE YMCA FOR ANY EMPLOYEE WHO CHOSE TO ENROLL. THIS AMOUNT WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE. THE ONLY DIRECTOR, OFFICER, OR HIGHEST COMPENSATED EMPLOYEE WHO RECEIVED THIS BENEFIT IN THE CURRENT YEAR WAS CINDY BRAMAN.
PART I, LINE 3	THE CEO AND CFO ARE COMPENSATED BY REGIONAL WEST HEALTH SERVICES, A RELATED ORGANIZATION. METHODS USED TO ESTABLISH COMPENSATION FOR THESE INDIVIDUALS INCLUDE THE FOLLOWING: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: JOHN MENTGEN 55,945 MICHAEL ICKOWSKI 44,578

Additional Data

Software ID:
Software Version:
EIN: 47-0385129
Name: REGIONAL WEST MEDICAL CENTER

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

(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				
1JEFFREY HOLLOWAY MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	692,777	27,985	1,242	11,200	48,273	781,477	0
1JOHN MENTGEN CEO/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	507,405	0	9,273	67,145	48,802	632,625	0
2MATTHEW BRUNER MD DIRECTOR THRU 10/2019	(i)	0	0	0	0	0	0	0
	(ii)	480,885	52,967	463	11,200	48,335	593,850	0
3VINCE BJORLING MD DIRECTOR THRU 02/2019	(i)	0	0	0	0	0	0	0
	(ii)	352,375	84,472	2,487	11,200	37,701	488,235	0
4DONALD THOMAS MD DIRECTOR THRU 11/2019	(i)	0	0	0	0	0	0	0
	(ii)	412,375	0	0	0	0	412,375	0
5MICHAEL ICKOWSKI CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	304,228	0	10,017	55,778	34,788	404,811	0
6THOMAS DREDLA IV CRNA	(i)	255,719	0	1,203	10,736	47,771	315,429	0
	(ii)	0	0	0	0	0	0	0
7CINDY BRAMAN CRNA	(i)	247,525	0	496	9,906	48,254	306,181	0
	(ii)	0	0	0	0	0	0	0
8CHARLIE BELL CRNA	(i)	230,614	0	162	9,191	47,726	287,693	0
	(ii)	0	0	0	0	0	0	0
9LESLIE MILLER CRNA	(i)	218,754	0	153	8,894	52,203	280,004	0
	(ii)	0	0	0	0	0	0	0
10JANET HANSON CRNA	(i)	241,865	0	1,331	8,708	18,236	270,140	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY NO I OF SCOTTS BLUFF COUNTY NEBRASKA	47-0676786	EMS810143	11-30-2016	79,135,049	SEE PART VI		X		X		X
B	NEBRASKA INVESTMENT FINANCE AUTHORITY	47-0613449		06-20-2017	17,908,986	PURCHASER OF EMR SYSTEM FOR HOSPITAL		X		X		X
C	HOSPITAL AUTHORITY NO I OF SCOTTS BLUFF COUNTY NEBRASKA	47-0676786		11-25-2020	5,004,637	CAPITAL IMPROVEMENTS TO HOSPITAL AND NONHOSPITAL FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,636,669	8,695,136	117,485	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	79,424,207	17,913,838	5,004,637	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,025,837	129,261		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,003,842	11,108,708	5,004,637	
11	Other spent proceeds	53,110,007			
12	Other unspent proceeds		6,675,869		
13	Year of substantial completion		2018	2019	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		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		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		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		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		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		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		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		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, LINE 1, COLUMN (F):	2016A BONDS - CURRENT REFUNDING OF REVENUE BOND SERIES 2012A AND REVENUE BOND SERIES 2012B, AND TO PROVIDE CAPITAL IMPROVEMENTS TO HOSPITAL AND NONHOSPITAL FACILITIES. 2016B BOND - CURRENT REFUNDING OF REVENUE BOND SERIES 2013.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION'S SOLE MEMBER IS REGIONAL WEST HEALTH SERVICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	REGIONAL WEST HEALTH SERVICES (RWHS), THE SOLE MEMBER, HAS THE ABILITY TO APPOINT 3 MEMBER S OF THE BOARD OF DIRECTORS, WHICH IS NOT A MAJORITY. RWHS ALSO HAS THE ABILITY TO ELECT B OARD MEMBERS TO FILL ANY VACANCY CREATED BY THE FAILURE OR INABILITY OF ANY ELECTED DIRECT OR TO SERVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	REGIONAL WEST HEALTH SERVICES (RWHS), THE SOLE MEMBER, HAS THE POWER TO APPROVE OR CHANGE LONG-TERM AND MASTER STRATEGIC OR BUSINESS PLANS OF THE ORGANIZATION, APPROVE BUDGETS, THE MERGER, CONSOLIDATION, LIQUIDATION OR DISSOLUTION OF THE CORPORATION, APPROVE OF OR CHANG E THE CHARITY CARE POLICIES AND PROCEDURES, AS WELL AS THE AMENDMENTS TO ANY GOVERNING DOC UMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD WILL HAVE AN OPPORTUNITY TO REVIEW DRAFTS ELECTRONICALLY PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL DISCLOSURE BY BOARD MEMBERS OF ANY CONFLICT OF INTEREST, AS SET FORTH IN THE POLICI ES, IS REQUIRED. FOR ANY POSSIBLE CONFLICT OF INTEREST IDENTIFIED, THE REMAINING BOARD DET ERMINES IF IT ACTUALLY CONSTITUTES A CONFLICT OF INTEREST WITHOUT THE CONFLICTED BOARD MEM BER PRESENT. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE BOARD, LESS THE CONFLIC TED MEMBER, WILL THEN DECIDE THE LEVEL OF INVOLVEMENT OF THE MEMBER IN DECISION MAKING FOR THE ENTITY, IF THERE IS AN ALTERNATIVE ARRANGEMENT THAT WILL ELIMINATE THE CONFLICT OF IN TEREST, AND THE APPROPRIATENESS OF THE CONFLICTED MEMBER CONTINUING AS A BOARD MEMBER. FAI LURE TO DISCLOSE A CONFLICT OF INTEREST CAN RESULT IN DISCIPLINARY AND CORRECTIVE ACTION F OR THE CONFLICTED MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL: COMPENSATION FOR THE CEO IS DETERMINED BY THE COMPE NSATION COMMITTEE OF THE RWHS BOARD. THE DETERMINATION IS BASED ON MARKET DATA AND RECOMME NDATIONS FROM AN INDEPENDENT CONSULTING FIRM WHO COLLECTS THAT INFORMATION FOR COMPARISON PURPOSES. MINUTES ARE KEPT OF THESE MEETINGS. COMPENSATION PROCESS FOR OFFICERS: COMPENSAT ION FOR OTHER OFFICERS IS REVIEWED BY AN INDEPENDENT CONSULTANT ON AN ANNUAL BASIS TO ENSU RE THE COMPENSATION PLAN MEETS REASONABLENESS TESTING COMPARED TO MGMA COMPENSATION SURVEY . THE COMPENSATION MODEL IS ALSO REVIEWED BY LEGAL COUNSEL FOR REASONABLENESS AND COMPLIAN CE WITH IRS REQUIREMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	SHREDDING: PROGRAM SERVICE EXPENSES 29,013. MANAGEMENT AND GENERAL EXPENSES 5,430. FUNDRAI SING EXPENSES 0. TOTAL EXPENSES 34,443. RECRUITMENT: PROGRAM SERVICE EXPENSES 549,029. MAN AGEMENT AND GENERAL EXPENSES 601,365. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,150,394. ME DICAL WASTE DISPOSAL: PROGRAM SERVICE EXPENSES 175,623. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 175,623. LITHOTRIPSY CONTRACT: PROGRAM SERVICE EXP ENSES 134,850. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1 34,850. OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 16,963,914. MANAGEMENT AND GENE RAL EXPENSES 18,531,963. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 35,495,877. MEDICAL PROFES SIONAL FEES: PROGRAM SERVICE EXPENSES 9,119,636. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRA ISING EXPENSES 0. TOTAL EXPENSES 9,119,636.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C	THE CFO OF REGIONAL WEST HEALTH SERVICES, THE SOLE MEMBER OF THE ORGANIZATION, IS RESPONSI BLE FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT PUBLIC ACCOUNTANT. THIS PR OCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REGIONAL WEST MEDICAL CENTER

Employer identification number
47-0385129

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) FRIENDS OF REGIONAL WEST MEDICAL CENTER 4021 AVENUE B SCOTTSBLUFF, NE 69361 01-0382302	AUXILIARY	NE	41,368	89,782	REGIONAL WEST MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)REGIONAL WEST HEALTH SERVICES 4021 AVENUE B SCOTTSBLUFF, NE 69361 36-3314157	ADMIN SUPPORT	NE	501(C)(3)	LINE 12B, II	N/A		No
(2)REGIONAL WEST FOUNDATION 4021 AVENUE B SCOTTSBLUFF, NE 69361 23-7171022	FUNDRAISING	NE	501(C)(3)	LINE 12A, I	REGIONAL WEST HEALTH SERVICES		No
(3)REGIONAL WEST VILLAGE 4021 AVENUE B SCOTTSBLUFF, NE 69361 36-3314162	ASSISTED LIVING	NE	501(C)(3)	LINE 10	REGIONAL WEST HEALTH SERVICES		No
(4)REGIONAL WEST HEALTH SERVICES & AFF 4021 AVENUE B SCOTTSBLUFF, NE 69361 47-0658690	HEALTH PLAN	NE	501(C)(9)		REGIONAL WEST HEALTH SERVICES		No
(5)REGIONAL WEST GARDEN COUNTY 4021 AVENUE B SCOTTSBLUFF, NE 69361 39-1904975	CRITICAL ACCESS HOSPITAL	NE	501(C)(3)	LINE 3	REGIONAL WEST HEALTH SERVICES		No
(6)REGIONAL WEST PHYSICIANS CLINIC 4021 AVENUE B SCOTTSBLUFF, NE 69361 36-3314159	DR. CLINICS	NE	501(C)(3)	LINE 10	REGIONAL WEST HEALTH SERVICES		No

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

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

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	(i) No
(1)REGIONAL CARE INC 4021 AVENUE B SCOTTSBLUFF, NE 69361 47-0760050	TPA	NE	N/A	C					No

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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)REGIONAL WEST HEALTH SERVICES & AFFILIATE	R	17,764,988	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation