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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 07-01-2019 , and ending 06-30-2020**

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

**C** Name of organization
ARKANSAS CHILDREN'S NORTHWEST INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1 CHILDRENS WAY

City or town, state or province, country, and ZIP or foreign postal code
LITTLE ROCK, AR 72202

**D Employer identification number**
81-0817660

E Telephone number
(479) 725-6800

**G** Gross receipts $ 80,328,935

**F** Name and address of principal officer:
MARCELLA DODERER
1 CHILDRENS WAY
LITTLE ROCK, AR 72202

**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.ARCHILDRENS.ORG

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

**L** Year of formation: 2015

**M** State of legal domicile: AR

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
WE CHAMPION CHILDREN BY MAKING THEM BETTER TODAY AND HEALTHIER TOMORROW.

**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** | 14 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 12 |
| **5** | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | **5** | 518 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 514 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 39 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 16,865,152 | 11,477,259 |
| **9** | Program service revenue (Part VIII, line 2g) | 55,700,670 | 67,903,094 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 532,723 | 476,340 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 533,346 | 472,242 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 73,631,891 | 80,328,935 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 38,087 | 54,629 |
| **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) | 23,468,153 | 25,812,032 |
| **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) | 41,043,883 | 37,634,708 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 64,550,123 | 63,501,369 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | 9,081,768 | 16,827,566 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 182,662,874 | 198,332,902 |
| **21** | Total liabilities (Part X, line 26) | 83,078,283 | 86,482,290 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | 99,584,591 | 111,850,612 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2021-05-13

MARCELLA DODERER PRESIDENT/CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | P00566467 |

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 301 MAIN ST ONE AMERICAN PL STE 2150
BATON ROUGE, LA 708011705 — Phone no. (225) 344-4000

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:

WE CHAMPION CHILDREN BY MAKING THEM BETTER TODAY AND HEALTHIER TOMORROW.ARKANSAS CHILDREN'S WILL FUNDAMENTALLY TRANSFORM HEALTHCARE DELIVERY FOR THE CHILDREN OF ARKANSAS AND BEYOND. ARKANSAS CHILDREN'S CORE VALUES ARE THE ORGANIZATIONAL PRINCIPLES THAT HIGHLIGHT OUR REGARD FOR EACH OTHER AND THOSE WE SERVE:SAFETY: WE ARE VIGILANT ABOUT CREATING AN ERROR-FREE ENVIRONMENT FOR PATIENTS, FAMILIES, AND TEAM MEMBERS.TEAMWORK: WE DEMONSTRATE ACTIONABLE CARE AND CONCERN FOR PATIENTS, FAMILIES, AND TEAM MEMBERS.COMPASSION: WE COORDINATE, COMMUNICATE, COOPERATE, AND COLLABORATE TO ENSURE THE HIGHEST LEVEL OF SERVICE FOR OUR PATIENTS, FAMILIES, AND TEAM MEMBERS.EXCELLENCE: WE ACHIEVE THE HIGHEST OF STANDARDS AND SERVE WITH DISTINCTION IN ORDER TO BE THE BEST.SAFETY AND EXCELLENCE FRAME OUR WORK. TEAMWORK AND COMPASSION PLACE PEOPLE AT THE CENTER OF ALL WE DO.

**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 $ 51,529,064 including grants of $ 54,629 ) (Revenue $ 67,916,511 )

See Additional Data

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

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

**4d** Other program services (Describe in Schedule O.)

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

**4e** **Total program service expenses** ▶ 51,529,064

**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 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | Yes | |
| 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 | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |
| 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 | Yes | |
| 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 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | |
| 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** | 518 | | |
| **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** | No |
| **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** | |
| **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** | 14 | | |
| | 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** | 12 | | |
| **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** | Yes | |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | **3** | Yes | |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | | **6** | Yes | |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | **7a** | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | **7b** | Yes | |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | |
| **a** | The governing body? | | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | | **9** | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? | **10a** | | 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** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | **16b** | | |

## Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶GENA WINGFIELD 1 CHILDRENS WAY LITTLE ROCK, AR 72202 (501) 364-2555

**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) MARCELLA DODERER<br>PRESIDENT/CEO | 0.34<br>56.51 | X | | X | | | | 0 | 1,422,651 | 165,970 |
| (2) GENA WINGFIELD<br>EVP AND CFO | 0.00<br>48.00 | | | X | | | | 0 | 650,992 | 82,829 |
| (3) CHARLES M BOWER MD<br>TRUSTEE/DIRECTOR-CHIEF OF STAFF | 9.25<br>50.00 | X | | | | | | 0 | 558,674 | 64,463 |
| (4) PATRICIA MONTAGUE<br>SVP/CHIEF ADMINISTRATOR | 46.75<br>8.25 | | | | X | | | 466,310 | 0 | 52,301 |
| (5) CINDY HILL<br>FINANCIAL SERVICES VP | 0.00<br>54.00 | | | | X | | | 0 | 274,690 | 28,900 |
| (6) MICHAEL HOWARD<br>VP/CHIEF NURSING OFFICER | 50.00<br>0.00 | | | | X | | | 222,403 | 0 | 10,107 |
| (7) DIANA MCDANIEL<br>OPERATIONS VP | 50.00<br>0.00 | | | | X | | | 214,101 | 0 | 15,264 |
| (8) KEITH VEIT<br>PATIENT CARE SVC DIRECTOR | 50.00<br>0.00 | | | | | X | | 145,378 | 0 | 18,112 |
| (9) JAMA HUNTLEY<br>PHARMACY MANAGER | 45.00<br>0.00 | | | | | X | | 147,451 | 0 | 8,677 |
| (10) EMILY HARRIS<br>STAFF PHARMACIST | 40.00<br>0.00 | | | | | X | | 141,694 | 0 | 5,062 |
| (11) LESLIE RYLEE<br>PATIENT CARE SVC DIRECTOR | 55.00<br>0.00 | | | | | X | | 130,498 | 0 | 13,398 |
| (12) JEFFREY WILLIAMS<br>STAFF PHARMACIST | 36.00<br>0.00 | | | | | X | | 131,357 | 0 | 10,691 |
| (13) RON CLARK<br>TRUSTEE/DIRECTOR | 0.06<br>0.33 | X | | | | | | 0 | 0 | 0 |
| (14) JON DYER<br>VICE CHAIR | 0.22<br>0.12 | X | | | | | | 0 | 0 | 0 |
| (15) HARRY C ERWIN<br>BOARD CHAIR | 0.25<br>0.46 | X | | | | | | 0 | 0 | 0 |
| (16) GARY GEORGE<br>TRUSTEE/DIRECTOR | 0.12<br>0.20 | X | | | | | | 0 | 0 | 0 |
| (17) STACY LEEDS<br>TRUSTEE/DIRECTOR | 0.13<br>0.00 | 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) PAT MCCLELLAND | 0.21 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.42 | | | | | | | | | |
| (19) CHARLES REDFIELD | 0.13 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.00 | | | | | | | | | |
| (20) JOHN ROBERTS | 0.08 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.00 | | | | | | | | | |
| (21) MARK SAVIERS | 0.08 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.22 | | | | | | | | | |
| (22) MARSHALL SAVIERS | 0.03 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.00 | | | | | | | | | |
| (23) KC TUCKER | 0.25 | X | | | | | | 0 | 0 | 0 |
| BOARD TREASURER | 0.12 | | | | | | | | | |
| (24) BARBARA TYSON | 0.11 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.00 | | | | | | | | | |
| (25) NOEL WHITE | 0.03 | X | | | | | | 0 | 0 | 0 |
| TRUSTEE/DIRECTOR | 0.00 | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 1,599,192 | 2,907,007 | 475,774 |

**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 ▶ 13

| | | 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** | Yes | |

## 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 |
|---|---|---|
| CROTHALL HEALTHCARE<br>13028 COLLECTION CENTER DRIVE<br>CHICAGO, IL 60693 | PATIENT TRANSPORT/EVS/LINEN SERVICES | 1,645,185 |
| COMPASS ONE<br>PO BOX 102289<br>ATLANTA, GA 30368 | CAFETERIA SERVICES | 1,505,478 |
| ALLIED UNIVERSAL SECURITY SERVICE<br>PO BOX 828854<br>PHILADELPHIA, PA 19182 | SECURITY SERVICES | 969,153 |
| EXECUTIVE AIRCRAFT CHARTER SERVICE<br>PO BOX 98000<br>LAFAYETTE, LA 70509 | TRANSPORTATION SERVICES | 830,688 |
| CROSS COUNTRY STAFFING<br>PO BOX 404674<br>ATLANTA, GA 30384 | STAFFING SERVICES | 807,438 |

**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 ▶ 14

**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 | 11,301,545 | | | |
| e Government grants (contributions) | 1e | 175,714 | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| g Noncash contributions included in lines 1a - 1f: $ | 1g | | | | |
| h **Total.** Add lines 1a-1f | | 11,477,259 | | | |
| **Program Service Revenue** | Business Code | | | | |
| 2a PMTS FOR MEDICAL SERVI | 622110 | 67,903,094 | 67,903,094 | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue. | | | | | |
| g **Total.** Add lines 2a–2f | | 67,903,094 | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | 476,340 | | | 476,340 |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| | (i) Real | (ii) Personal | | | |
| 6a Gross rents | 6a | | | | |
| b Less: rental expenses | 6b | | | | |
| c Rental income or (loss) | 6c | | | | |
| d Net rental income or (loss) | | | | | |
| | (i) Securities | (ii) Other | | | |
| 7a Gross amount from sales of assets other than inventory | 7a | | | | |
| b Less: cost or other basis and sales expenses | 7b | | | | |
| c Gain or (loss) | 7c | | | | |
| d Net gain or (loss) | | | | | |
| **Other Revenue** 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 | | | | |
| b Less: cost of goods sold | 10b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a NUTRITIONAL SERVICES | 900099 | 350,336 | | | 350,336 |
| b GIFT SHOP | 900099 | 108,489 | | | 108,489 |
| c | | | | | |
| d All other revenue | | 13,417 | 13,417 | | |
| e **Total.** Add lines 11a–11d | | 472,242 | | | |
| 12 **Total revenue.** See instructions | | 80,328,935 | 67,916,511 | 0 | 935,165 |

## 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 | 36,430 | 36,430 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 18,199 | 18,199 | | |
| 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 | 1,885,722 | 870,518 | 1,015,204 | |
| 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 | 19,689,023 | 17,589,039 | 2,099,984 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 4,237,287 | 3,766,315 | 470,972 | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 4,314,674 | 1,609,858 | 2,704,816 | |
| b Legal | | | | |
| c Accounting | 7,500 | | 7,500 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 7,955,491 | 7,225,831 | 729,660 | |
| 12 Advertising and promotion | 197,509 | | 197,509 | |
| 13 Office expenses | 1,056,796 | 999,663 | 57,133 | |
| 14 Information technology | 1,631,757 | 670,836 | 960,921 | |
| 15 Royalties | | | | |
| 16 Occupancy | 746,571 | 688,163 | 58,408 | |
| 17 Travel | 137,831 | 108,503 | 29,328 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 27,372 | 23,250 | 4,122 | |
| 20 Interest | 2,886,164 | | 2,886,164 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 8,960,549 | 8,573,715 | 386,834 | |
| 23 Insurance | 349,560 | 143,463 | 206,097 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 8,260,519 | 8,171,756 | 88,763 | |
| b OTHER ADMINISTRATIVE EX | 937,623 | 916,853 | 20,770 | |
| c MINOR & LEASED EQUIPMEN | 107,900 | 79,908 | 27,992 | |
| d DUES & SUBSCRIPTIONS | 56,892 | 36,764 | 20,128 | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 63,501,369 | 51,529,064 | 11,972,305 | 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 | |
| | 2 | Savings and temporary cash investments | | 7,934,091 | 2 | 27,936,218 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 6,552,573 | 4 | 5,494,570 |
| | 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 | | | 7 | |
| | 8 | Inventories for sale or use | | 767,571 | 8 | 789,762 |
| | 9 | Prepaid expenses and deferred charges | | 680,242 | 9 | 812,013 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 150,814,486 | | | |
| | b | Less: accumulated depreciation | 10b 21,727,149 | 137,714,182 | 10c | 129,087,337 |
| | 11 | Investments—publicly traded securities | | 1,733,933 | 11 | 1,748,092 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 27,280,282 | 15 | 32,464,910 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 182,662,874 | 16 | 198,332,902 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 4,012,854 | 17 | 3,587,561 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | 6,114,013 |
| | 20 | Tax-exempt bond liabilities | | 79,065,429 | 20 | 76,473,956 |
| | 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 | | | 23 | |
| | 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 | | 0 | 25 | 306,760 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 83,078,283 | 26 | 86,482,290 |
| 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 | | 95,362,102 | 27 | 105,561,622 |
| | 28 | Net assets with donor restrictions | | 4,222,489 | 28 | 6,288,990 |
| | | **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 | | 99,584,591 | 32 | 111,850,612 |
| | 33 | Total liabilities and net assets/fund balances | | 182,662,874 | 33 | 198,332,902 |

## 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 | 80,328,935 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 63,501,369 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 16,827,566 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 99,584,591 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 | -4,561,545 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 111,850,612 |

## 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:** 81-0817660

**Name:** ARKANSAS CHILDREN'S NORTHWEST INC



## Form 990, Part III, Line 4a:

ARKANSAS CHILDREN'S NORTHWEST (ACNW) IS A FREESTANDING CHILDREN'S HOSPITAL IN SPRINGDALE, ARKANSAS THAT OPENED ON FEBRUARY 27, 2018 AND WAS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS ON APRIL 10, 2018. THE HOSPITAL IS 233,613 SQUARE FEET THAT INCLUDES INPATIENT BEDS, EMERGENCY CARE, DIAGNOSTIC SERVICES AND CLINIC SPACE. THE CAMPUS INCLUDES NATURE TRAILS AND GARDENS FOR PATIENTS AND THEIR FAMILIES, AS WELL AS A HELIPAD AND REFUELING STATION FOR THE ARKANSAS CHILDREN'S HOSPITAL HELICOPTER TRANSPORT TEAM. ACNW IS LICENSED FOR 24 OPERATING BEDS, ALL OF WHICH ARE MEDICAL/SURGICAL BEDS. CONTINUED ON SCHEDULE O.DURING THE YEAR ENDED JUNE 30, 2020, ACNW EXPERIENCED THE FOLLOWING: 2,275 ADMISSIONS WITH AN AVERAGE STAY OF 2.11 DAYS; 4,654 PATIENT DAYS; 12.72 AVERAGE DAILY CENSUS; 36,058 OUTPATIENT VISITS, EXCLUDING ER VISITS WHICH WERE 26,624; AND 2,951 SURGERIES. ACNW WILL ADVANCE PEDIATRIC HEALTHCARE IN THE NORTHWEST PORTION OF ARKANSAS AND PROVIDE CARE CLOSE TO HOME FOR MORE THAN 200,000 CHILDREN IN THE REGION BY PROVIDING THE FOLLOWING SERVICES:*24 INPATIENT BEDS TO CARE FOR CHILDREN REQUIRING OVERNIGHT STAYS*24-HOUR PEDIATRIC EMERGENCY DEPARTMENT*AN OUTPATIENT CLINIC WITH 30 EXAM ROOMS SUPPORTING MORE THAN 20 SUBSPECIALTY AREAS AND A PRIMARY CARE CLINIC*PEDIATRIC SURGERY UNIT WITH 5 OPERATING ROOMS*A FULL RANGE OF ANCILLARY AND DIAGNOSTIC SERVICES*IMAGING CAPABILITIES (MRI, CT, ULTRASOUND, AND ROUTINE X-RAY)*DIAGNOSTIC SERVICES (INFUSION, PFT, EEG, ECHO, NEUROPHYSIOLOGY, AUDIOLOGY, AND REHABILITATION)*HELIPAD AND REFUELING STATION SUPPORTING THE HELICOPTER TRANSPORT TEAM, ONE OF THE NATION'S LEADING PEDIATRIC INTENSIVE CARE TRANSPORT SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133026131

**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**
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

**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:** 81-0817660

**Name:** ARKANSAS CHILDREN'S NORTHWEST INC



**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: 93493133026131

# 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**
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

## 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 | 4,944,705 | | | | |
| b Contributions | 41,476 | 3,721,746 | | | |
| c Net investment earnings, gains, and losses | 52,607 | 1,402,615 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 142,848 | 179,656 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,895,940 | 4,944,705 | | | |

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 ▶ 64.930 %

c Temporarily restricted endowment ▶ 35.070 %

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 | | 6,740,000 | | 6,740,000 |
| b Buildings | | 120,017,423 | 12,415,338 | 107,602,085 |
| c Leasehold improvements | | | | |
| d Equipment | | 23,808,411 | 9,292,650 | 14,515,761 |
| e Other | | 248,652 | 19,161 | 229,491 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 129,087,337 |

**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)MEDICAID RECEIVABLE | 32,280,126 |
| (2)OTHER RECEIVABLES | 168,117 |
| (3)GRANT RECEIVABLE | 16,667 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶ | 32,464,910 |

**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 | |
| (2) DEFERRED PAYROLL TAXES PAYABLE (UNDER CARES ACT) | 306,760 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 306,760 |

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

**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 | |
| 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 | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | |

**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:** 81-0817660
**Name:** ARKANSAS CHILDREN'S NORTHWEST INC

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4: | EARNINGS FROM ENDOWMENT FUNDS WILL BE USED TO SUPPORT VARIOUS HOSPITAL PROGRAMS. THE FILIN G ORGANIZATION DOES NOT HOLD ANY ENDOWMENTS; ALL ENDOWMENTS ARE HELD BY ARKANSAS CHILDREN' S FOUNDATION, A RELATED ORGANIZATION. |

**Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART X, LINE 2: | NOTE: THE AUDIT IS COMPRISED OF THE CONSOLIDATED FINANCIAL STATEMENTS OF ARKANSAS CHILDREN 'S, INC., ARKANSAS CHILDREN'S HOSPITAL, ARKANSAS CHILDREN'S FOUNDATION, ARKANSAS CHILDREN' S RESEARCH INSTITUTE, ARKANSAS CHILDREN'S NORTHWEST, ARKANSAS CHILDREN'S CARE NETWORK, ARK ANSAS CHILDREN'S MEDICAL GROUP, AND SACOVA INSURANCE COMPANY (COLLECTIVELY, ARKANSAS CHILD REN'S). FOOTNOTE: ARKANSAS CHILDREN'S APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE P OSITIONS ARE DETERMINED. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ARKANSAS CHILD REN'S AND HAS CONCLUDED THAT AS OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITION S TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) O R DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. |

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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**
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

## 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 25000.0000000000 % | | | |
| 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 | | No |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | | 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) | | | 2,207,966 | | 2,207,966 | 3.480 % |
| b Medicaid (from Worksheet 3, column a) | | | 51,626,973 | 49,241,007 | 2,385,966 | 3.760 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 53,834,939 | 49,241,007 | 4,593,932 | 7.240 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 515,801 | 16,867 | 498,934 | 0.790 % |
| f Health professions education (from Worksheet 5) | | | | | | |
| g Subsidized health services (from Worksheet 6) | | | 6,728,525 | 2,670,278 | 4,058,247 | 6.390 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 16,960 | 2,900 | 14,060 | 0.020 % |
| j **Total.** Other Benefits | | | 7,261,286 | 2,690,045 | 4,571,241 | 7.200 % |
| k **Total.** Add lines 7d and 7j | | | 61,096,225 | 51,931,052 | 9,165,173 | 14.440 % |

## 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 | | | 4,650 | | 4,650 | 0.010 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 4,650 | | 4,650 | 0.010 % |

## 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 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | | |
| 4 | 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 | 40,339 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 40,973 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -634 |
| 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** ARKANSAS CHILDREN'S NORTHWEST

**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 | Yes | |
| 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 18 | | | |
| 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 | Yes | |
| 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): WWW.ARCHILDRENS.ORG/RESOURCES/COMMUNITY-NEEDS-ASSESSMENT | | | |
| 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 19 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes | |
| a | If "Yes" (list url): WWW.ARCHILDRENS.ORG/RESOURCES/COMMUNITY-NEEDS-ASSESSMENT | | | |
| 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)**

ARKANSAS CHILDREN'S NORTHWEST

**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 250.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 % | | | |
| 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): SEE PART V, SECTION C | | | |
| b | ☑ The FAP application form was widely available on a website (list url): SEE PART V, SECTION C | | | |
| c | ☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C | | | |
| 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**

ARKANSAS CHILDREN'S NORTHWEST

**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)**

ARKANSAS CHILDREN'S NORTHWEST

**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 | |
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**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: | ACNW USES FEDERAL POVERTY GUIDELINES TO DETERMINE FREE OR DISCOUNTED CARE.PART I, LINE 4:ACNW DOES NOT HAVE A SPECIFIC FINANCIAL ASSISTANCE PROGRAM FOR THE "MEDICALLY INDIGENT" AS DEFINED BY AR CODE SECTION 6-64-503(A), BUT ITS FINANCIAL ASSISTANCE POLICY DOES PROVIDE FREE CARE FOR INDIVIDUALS WITH HOUSEHOLD INCOMES UP TO 250% OF POVERTY AND DISCOUNTED CARE FORINDIVIDUALS WITH HOUSEHOLD INCOMES UP TO 400% OF POVERTY. AS PART OF THE APPLICATION PROCESS, ACNW REQUESTS THAT PERSONS WITH NO INCOME AND ALSO INELIGIBLE FOR MEDICAID, MEDICARE, OR MARKETPLACE SUBSIDIES PROVIDE A WRITTEN SIGNED STATEMENT DESCRIBING HOW THEY ARE MEETING THEIR DAY TO DAY BASIC LIVING NEEDS. THE APPLICATION SPECIFIES SUCH REQUIREMENTS FOR APPLICANTS WITH "NO INCOME IN THE HOME". ACNW ALSO ASSISTS FAMILIES IN APPLYING FOR MEDICAID (INCLUDING THE TEFRA PROGRAM FOR DISABLED CHILDREN THAT ONLY CONSIDERS THE CHILD'S INCOME), SSI, CHILDREN'S MEDICAL SERVICES, AS WELL AS ACH'S OWN FINANCIAL ASSISTANCE PROGRAM. THE HOSPITAL ALSO ALLOWS INTEREST FREE PAYMENTS TO BE MADE UNTIL THE OUTSTANDING BALANCE IS PAID WITHOUT TIME CONSTRAINTS. ACNW DOES NOT REPORT TO COLLECTION AGENCIES OR TAKE OTHER EXTRAORDINARY COLLECTION EFFORTS. |
| PART I, LINE 7: | COSTING METHOD - ARKANSAS CHILDREN'S NORTHWEST (ACNW) USES A COST ACCOUNTING (CA) SYSTEM AS THE BASIS FOR DETERMINING COST FOR ITS PATIENTS. ALL PATIENT ENCOUNTERS (INPATIENT, OUTPATIENT, ED, AMBULATORY SURGERY) ARE CAPTURED IN THE COST ACCOUNTING SYSTEM FOR ALL PATIENTS (MEDICAID, INSURANCE, UNINSURED) WITH NO DIFFERENTIATION FOR TYPE OF INSURANCE, IF ANY. A BRIEF DESCRIPTION OF THE COST ACCOUNTING SYSTEM IS BELOW.THE COST ACCOUNTING SYSTEM AT ACNW IS A DETAILED PROCEDURE SYSTEM. ALL SERVICES PERFORMED BY PATIENT CARE STAFF HAVE BEEN EVALUATED AS TO THE RESOURCES UTILIZED TO PROVIDE THE SERVICES INCLUDING LABOR, DIRECT MATERIALS AND EQUIPMENT. IN ADDITION, OVERHEAD TYPE COSTS (BUILDING, UTILITIES, PAYROLL, ETC.) HAVE ALSO BEEN ALLOCATED TO THESE SERVICES. THE TWO COMPONENTS, DIRECT AND INDIRECT COSTS, ARE COMBINED AND REPRESENT THE TOTAL COST TO PROVIDE EACH SERVICE. THIS IS DONE ON A PROCEDURE LEVEL BASIS. AS A PATIENT IS ADMITTED AND INCURS SERVICES (X-RAYS, ROOM & BOARD, LAB, ETC.), THE APPLICABLE PROCEDURE COSTS ARE ASSIGNED TO EACH PARTICULAR PATIENT. UPON DISCHARGE, THE COSTS FROM THE INDIVIDUAL PROCEDURES THAT WERE PROVIDED TO EACH PATIENT ARE ADDED UP FOR A TOTAL COST OF PROVIDING CARE FOR EACH INDIVIDUAL PATIENT.THE COST ACCOUNTING SYSTEM IS UPDATED ANNUALLY TO REFLECT THE CURRENT YEAR'S EXPENSES. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART I, LINE 7G: | SUBSIDIZED HEALTH SERVICES - ACNW PROVIDES MANY PEDIATRIC SPECIALIZED SERVICES TO THE COMMUNITY THAT ARE EITHER NOT AVAILABLE OR ARE BEYOND THE CAPACITY OF THE COMMUNITY TO PROVIDE. MANY OF THESE SERVICES ARE PROVIDED BY ACNW AT A LOSS. THESE LOSSES WERE OBTAINED FROM THE COST ACCOUNTING SYSTEM. |
| PART II, COMMUNITY BUILDING ACTIVITIES: | ACNW CONTRIBUTES TO THE COMMUNITY IT SERVES BOTH AT A LOCAL AND A REGIONAL LEVEL. THERE ARE MULTIPLE EXAMPLES OF ORGANIZATIONS THAT ACNW HELPS SUPPORT. FOR INSTANCE, ACNW SUPPORTED THE ANNUAL NORTHWEST ARKANSAS FUNDRAISER OF ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES. ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES WORKS TO ENSURE THAT ALL CHILDREN AND THEIR FAMILIES HAVE THE RESOURCES AND OPPORTUNITIES TO LEAD HEALTHY AND PRODUCTIVE LIVES. THEY WORK TO ACHIEVE THIS GOAL THROUGH POLICY ADVOCACY, SHARING DATA TO SUPPORT PUBLIC POLICY, AND ORGANIZING COALITIONS OF DIVERSE GROUPS TO DRIVE CHANGE. THE NORTHWEST ARKANSAS FOOD BANK WAS ALSO SUPPORTED. THIS FOOD BANK IS ONE OF SIX FEEDING AMERICA FOOD BANKS IN ARKANSAS, AND WORKS WITH OVER 160 PARTNER AGENCIES TO HELP SERVE FOOD INSECURE PEOPLE IN FOUR COUNTIES: BENTON, CARROLL, MADISON, AND WASHINGTON. ACNW HAS ALSO CONTRIBUTED TO PARENTS LEFT BEHIND, AN ANNUAL GRIEF SEMINAR, TO SUPPORT FAMILIES WHO HAVE LOST A CHILD. OTHER COMMUNITY ORGANIZATIONS HAVE BEEN SUPPORTED AS WELL, SUCH AS THE EDUCATIONAL OUTREACH OF THE SPRINGDALE FIRE DEPARTMENT IN CONTRIBUTING TO A FIRE SAFETY HOUSE. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART III, LINE 4: | UNCOLLECTIBLE UNCOMPENSATED CARE GENERALLY REPRESENTS STANDARD CHARGES THAT ARE UNREALIZED DUE TO AN UNWILLINGNESS TO PAY BY THOSE RESPONSIBLE FOR PAYMENT, THEREFORE BAD DEBT. UNCOLLECTIBLE UNCOMPENSATED CARE IS REPORTED AS A DEDUCTION FROM GROSS PATIENT REVENUE.FOR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, ACNW RECOGNIZES REVENUE BASED ON ESTABLISHED RATES, SUBJECT TO CERTAIN DISCOUNTS AS DETERMINED BY ACNW. AN ESTIMATED PROVISION FOR UNCOLLECTIBLE ACCOUNTS IS RECORDED THAT RESULTS IN NET PATIENT SERVICE REVENUE BEING REPORTED AT THE NET AMOUNT EXPECTED TO BE RECEIVED. IT HAS BEEN DETERMINED, BASED ON AN ASSESSMENT AT THE CONSOLIDATED ENTITY LEVEL, THAT PATIENT SERVICE REVENUE IS PRIMARILY RECORDED PRIOR TO ASSESSING THE PATIENT'S ABILITY TO PAY AND AS SUCH, THE ENTIRE PROVISION FOR UNCOLLECTIBLE ACCOUNTS RELATED TO PATIENT REVENUE IS RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS.PATIENT RECEIVABLES ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES.FOR PATIENT RECEIVABLES ASSOCIATED WITH SELF PAY PATIENTS, INCLUDING PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES FOR WHICH THIRD PARTY COVERAGE PROVIDES FOR A PORTION OF THE SERVICES PROVIDED, ACNW RECORDS AN ESTIMATED PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE YEAR OF SERVICE. |
| PART III, LINE 8: | THE ACNW MEDICARE POPULATION IS PRIMARILY RENAL PEDIATRIC PATIENTS. THEREFORE, THE MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMPONENT OF COMMUNITY BENEFIT BECAUSE THE REIMBURSEMENT IS NOT NEGOTIATED AND SERVICES CANNOT BE PROVIDED ELSEWHERE. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART III, LINE 9B: | ARKANSAS CHILDREN'S USES ITS BEST EFFORTS TO ASSIST PATIENTS/GUARANTORS IN MEETING THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PROVIDED AT ACNW. OUR POLICY IS TO ACT WITH INTEGRITY IN ALL ENDEAVORS; TREATING ALL PATIENTS AND THEIR FAMILIES WITH DIGNITY, RESPECT, AND COMPASSION. THE STANDARD PROCESS INCLUDES OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE FAMILIES. NOTICES REGARDING THE FINANCIAL ASSISTANCE PROGRAM ARE POSTED IN ENGLISH AND SPANISH IN ALL REGISTRATION AREAS. FINANCIAL ASSISTANCE BROCHURES ARE AVAILABLE TO FAMILIES UPON REQUEST. THE GUARANTOR STATEMENTS AND THE ARKANSAS CHILDREN'S WEBSITE CONTAIN INFORMATION ABOUT THIS PROGRAM. THERE ARE FINANCIAL COUNSELORS AVAILABLE TO ALL REGISTRATION AREAS OF THE HOSPITAL TO ASSIST IN COMPLETING MEDICAID, CMS, SSI INTENTS, AND FINANCIAL ASSISTANCE APPLICATIONS. ACNW BILLING AND COLLECTIONS IS A SERVICE PROVIDED BY ARKANSAS CHILDREN'S HOSPITAL (ACH), WHICH IS AN AFFILIATED COMPANY. ACH TAKES NO EXTRAORDINARY COLLECTION EFFORTS. ACH DOES NOT REPORT TO CREDIT BUREAUS OR CHARGE INTEREST OR FILE LIENS AGAINST A PATIENT'S OR FAMILY'S RESIDENCE TO SECURE PAYMENT ON PATIENT ACCOUNT BALANCES. UPON RECEIPT OF A PERSONAL BANKRUPTCY NOTICE, ANY OUTSTANDING SELF-PAY BALANCES FOR THE ASSOCIATED PATIENT ARE WRITTEN OFF ONCE ALL OTHER PAYMENTS HAVE BEEN RECEIVED. ALL SELF-PAY COLLECTION ACTIVITY IS STOPPED UPON NOTIFICATION OF THE BANKRUPTCY.UPFRONT DISCOUNTS ON SERVICES FOR THE UNINSURED ARE OFFERED. THE FAMILY CAN ALSO REQUEST A PROMPT PAY DISCOUNT. ADDITIONALLY, ACH ATTEMPTS TO ACCOMMODATE U.S. FAMILIES WHO DESIRE TO SET UP REASONABLE PAYMENT PLANS. INTEREST IS NOT CHARGED. THE HOSPITAL'S GUARANTOR STATEMENTS ARE DESIGNED TO KEEP THE GUARANTOR UPDATED AS TO WHETHER THE ACCOUNT IS STILL PENDING RESOLUTION BY INSURANCE OR DUE FROM THE GUARANTOR. SELF-PAY COLLECTION ATTEMPTS ARE DISCONTINUED ONCE CHARGES ARE DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE. |
| PART VI, LINE 2: | DURING FISCAL YEAR 2019 AND EARLY FISCAL YEAR 2020, ACNW COMPLETED ITS INITIAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY THAT WILL GUIDE THE HOSPITAL'S COMMUNITY BENEFIT AND COMMUNITY PARTNERSHIPS TO IMPROVE HEALTH. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART VI, LINE 3: | PLEASE SEE PART III, LINE 9B DESCRIPTION. |
| PART VI, LINE 4: | THE ARKANSAS CHILDREN'S NORTHWEST (ACNW) HOSPITAL, WHICH OPENED FEBRUARY 27, 2018, IS 233,613 SQ. FEET ON A 37-ACRE CAMPUS LOCATED IN SPRINGDALE ARKANSAS. ACNW IS THE REGION'S FIRST AND ONLY PEDIATRIC HOSPITAL AND WILL SERVE MORE THAN 200,000 CHILDREN LOCATED IN THE 11-COUNTY NORTHWEST ARKANSAS REGION. ACNW DREW APPROXIMATELY 76.2% OF ITS OUTPATIENTS AND 68.0% OF ITS INPATIENTS FROM WASHINGTON AND BENTON COUNTIES FOR THE FISCAL YEAR ENDING JUNE 30, 2020, WITH THE MAJORITY OF THE PATIENTS COMING FROM WASHINGTON COUNTY. ACCORDING TO U.S. CENSUS BUREAU 2010 CENSUS DATA, POPULATION TOTALS AT THAT TIME WERE 2,915,918 FOR THE STATE OF ARKANSAS AND 203,065 FOR WASHINGTON COUNTY. ESTIMATED 2019 CENSUS DATA INDICATED POPULATION TOTALS TO BE 3,017,804 FOR ARKANSAS AND POPULATION TOTALS ESTIMATED TO BE 239,187 IN WASHINGTON COUNTY. ALSO ACCORDING TO ESTIMATED 2019 CENSUS DATA, APPROXIMATELY 23.2% OF THE ARKANSAS POPULATION WAS UNDER 18 YEARS OF AGE AND 6.2% WAS UNDER THE AGE OF 5. THE UNEMPLOYMENT RATE FOR THE STATE OF ARKANSAS FOR CALENDAR YEAR 2019 WAS 3.5%. THE PER CAPITA PERSONAL INCOME FOR THE STATE OF ARKANSAS FOR 2019 WAS $26,577. THE PERCENT OF ALL PEOPLE IN POVERTY IN ARKANSAS WAS 17.0% AND THE PERCENT OF CHILDREN 18 OR YOUNGER IN POVERTY WAS 23.7%, INDICATING A SLIGHT IMPROVEMENT FROM THE PRIOR YEAR.ESTIMATES FOR 2019 INDICATE THAT THE HISPANIC CHILD POPULATION IN ARKANSAS WAS 12.3% AND THE AFRICAN AMERICAN CHILD POPULATION WAS 17.5%. WITH A PRIMARILY RURAL POPULATION LIVING IN MANY SMALL AND MEDIUM-SIZED COMMUNITIES, ACCESS TO HEALTH CARE SERVICES PRESENTS A VERY REAL CHALLENGE. ARKANSAS HAS SEEN A LARGE DECLINE IN UNINSURED CHILDREN SINCE 1990, WITH 4.8% OF CHILDREN LACKING COVERAGE AS OF 2019. ARKANSAS' "ARKIDS FIRST" HEALTH INSURANCE PROGRAM HAS BEEN A MAJOR FACTOR IN PROVIDING HEALTH INSURANCE FOR CHILDREN WHO MAY HAVE OTHERWISE GONE WITHOUT. ARKIDS FIRST WAS DESIGNED BY THE STATE OF ARKANSAS TO PROVIDE INSURANCE FOR CHILDREN OF WORKING FAMILIES WHO EARNED TOO MUCH FOR PUBLIC ASSISTANCE BUT COULD NOT AFFORD TO PURCHASE HEALTH INSURANCE. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| PART VI, LINE 5: | ARKANSAS CHILDREN'S VOLUNTEER ENGAGEMENT VOLUNTEER RESOURCES ARE INTEGRATED INTO MORE THAN 35 DEPARTMENTS ACROSS BOTH ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST. FROM JULY 2019 TO MARCH 2020, ACNW HAD JUST OVER 500 VOLUNTEERS, AND TEN DOG AND HANDLER TEAMS FOR ANIMAL ASSISTED INTERVENTION (AAI). DUE TO COVID-19, CAMPUS WAS CLOSED TO VOLUNTEERS FROM MID-MARCH 2020 THROUGH MAY 2020. IN JUNE 2020, FIVE VOLUNTEERS WENT THROUGH AN APPROPRIATE SCREENING AND TRAINING PROCESS TO RETURN FOR LIMITED ASSIGNMENTS IN THE ARKANSAS CHILDREN'S FOUNDATION OFFICE AT ACNW. THE ARKANSAS CHILDREN'S PATIENT AND FAMILY ADVISOR PROGRAM ENGAGES PARENTS AND CAREGIVERS IN A VARIETY OF WAYS TO CONTINUE ADVANCING OUR COMMITMENT TO PATIENT AND FAMILY-CENTERED CARE. THERE ARE TEN DIFFERENT FAMILY ADVISORY BOARDS IN THE ARKANSAS CHILDREN'S SYSTEM. ONE OF THE FAMILY ADVISORY BOARDS IS FOR ACNW SPECIFICALLY, AND INITIATIVES AND EDUCATION ARE SHARED ACROSS ALL OF THE DIFFERENT BOARDS AND BETWEEN THE HOSPITALS. THESE GROUPS HAVE BROUGHT ABOUT MANY MEANINGFUL CHANGES TO THE HOSPITALS, INCLUDING: VIDEO STREAMING; CO-DESIGNED PATIENT SAFETY INFORMATION; A MEAL ASSISTANCE PROGRAM; AND THE DEVELOPMENT OF PATIENT AND FAMILY HEALTH INFORMATION. PATIENT AND FAMILY ADVISORS ARE ENGAGED IN OTHER CAPACITIES, INCLUDING HOSPITAL COMMITTEES, A MENTOR PROGRAM, AND AN E-COUNCIL. THE ADVISORS ARE A MAJOR ASSET IN THE COMMITMENT TO PATIENT SAFETY AND TO THE HOSPITAL MISSION.ARKANSAS CHILDREN'S CARE NETWORK (ACCN), WITHIN THE ARKANSAS CHILDREN'S SYSTEM, COLLABORATES WITH ACNW. ACCN SEEKS TO FUNDAMENTALLY AND POSITIVELY TRANSFORM HEALTH IN THE CHILDREN OF ARKANSAS THROUGH A CLINICALLY INTEGRATED NETWORK (CIN) COMPRISED OF HEALTH CARE PROFESSIONALS WHO PROVIDE COORDINATED AND ACCOUNTABLE PEDIATRIC CARE. ACCN WILL ACHIEVE THIS BY IMPROVING QUALITY, ACCESS, AND PATIENT/FAMILY EXPERIENCE, WHILE IMPACTING THE AFFORDABILITY OF HEALTH CARE AND INCREASING PHYSICIAN ENGAGEMENT AND SATISFACTION. |
| PART VI, LINE 6: | ACNW IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, FOR WHICH ARKANSAS CHILDRENS, INC., INCORPORATED IN DECEMBER 2015, SERVES AS THE PARENT CORPORATION. THE ARKANSAS CHILDREN'S HEALTH SYSTEM CONSISTS OF ARKANSAS CHILDREN'S, INC., ARKANSAS CHILDREN'S HOSPITAL (ACH), ARKANSAS CHILDREN'S NORTHWEST (ACNW), ARKANSAS CHILDREN'S FOUNDATION (ACF), ARKANSAS CHILDREN'S RESEARCH INSTITUTE (ACRI), ARKANSAS CHILDREN'S CARE NETWORK (ACCN), ARKANSAS CHILDREN'S MEDICAL GROUP (ACMG), AND SACOVA INSURANCE COMPANY. ACH IS A NOT-FOR-PROFIT PEDIATRIC HOSPITAL LOCATED IN LITTLE ROCK, ARKANSAS AND SERVES AS THE ONLY QUATERNARY HEALTH CARE FACILITY FOR CHILDREN IN THE STATE OF ARKANSAS. ACNW IS A NOT-FOR-PROFIT PEDIATRIC HOSPITAL LOCATED IN SPRINGDALE, ARKANSAS, THAT OPENED IN FEBRUARY 2018. ACNW SERVES AS THE ONLY EXCLUSIVELY PEDIATRIC HEALTH CARE FACILITY FOR CHILDREN IN THE NORTHWEST REGION OF THE STATE. ACF IS A NOT-FOR-PROFIT ORGANIZATION THAT EXISTS AS THE FUNDRAISING BRANCH OF ARKANSAS CHILDREN'S. ACRI OPERATES TO SUPPORT, THROUGH CHARITABLE, SCIENTIFIC, AND EDUCATIONAL MEANS, THE MISSION OF ARKANSAS CHILDREN'S. ACCN IS A NOT-FOR-PROFIT PEDIATRIC STATEWIDE CLINICALLY INTEGRATED NETWORK. ACMG WAS FORMED TO PROVIDE PHYSICIAN SERVICES TO ACH AND ACNW. SACOVA IS A SINGLE PARENT CAPTIVE INSURANCE COMPANY PROVIDING PROFESSIONAL AND GENERAL LIABILITY AND WORKER'S COMPENSATION COVERAGE.ALTHOUGH NOT CORPORATE AFFILIATES, ACNW AND THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS) ARE INVOLVED IN AN AGREEMENT IN THE PURSUIT OF PROFESSIONAL EDUCATION, RESEARCH, AND CLINICAL CARE FOR CHILDREN. ALL PEDIATRIC SUB-SPECIALTY WORK IS CONDUCTED ON THE ACNW CAMPUS WITH ACNW PROVIDING SPACE, SUPPORTING STAFF AND SERVICES AND FUNDING FOR MAJOR EDUCATIONAL AND CLINICAL EXPERTISE. |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 81-0817660

**Name:** ARKANSAS CHILDREN'S NORTHWEST INC

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

| **Section A. Hospital Facilities**<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**1**<br><br>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 | ARKANSAS CHILDREN'S NORTHWEST<br>2601 GENE GEORGE BLVD<br>SPRINGDALE, AR 72762<br>WWW.ARCHILDRENS.ORG<br>AR5392 | 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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | PART V, SECTION B, LINE 3J: ARKANSAS CHILDREN'S NORTHWEST (ACNW) IS A NONPROFIT HOSPITAL WITHIN ARKANSAS CHILDREN'S, INC., THE ONLY HEALTHCARE SYSTEM IN THE STATE SOLELY DEDICATED TO CARING FOR ARKANSAS' 700,000 CHILDREN. THIS STATUS GIVES THE ORGANIZATION A UNIQUE ABILITY TO SHAPE THE LANDSCAPE OF PEDIATRIC CARE IN ARKANSAS AND TO TRANSFORM THE HEALTH OF CHILDREN THROUGHOUT THE REGION. ARKANSAS CHILDREN'S, INC. IS A NON-PROFIT ORGANIZATION WHICH INCLUDES TWO PEDIATRIC HOSPITALS, A PEDIATRIC RESEARCH INSTITUTE AND USDA NUTRITION CENTER, A PHILANTHROPIC FOUNDATION, A NURSERY ALLIANCE, STATEWIDE CLINICS, AND MANY EDUCATION AND OUTREACH PROGRAMS. ARKANSAS CHILDREN'S NORTHWEST (ACNW), THE FIRST AND ONLY PEDIATRIC HOSPITAL IN THE NORTHWEST ARKANSAS REGION, OPENED IN SPRINGDALE IN EARLY 2018. ACNW OPERATES A 24-BED INPATIENT UNIT; A SURGICAL UNIT WITH FIVE OPERATING ROOMS; OUTPATIENT CLINICS OFFERING OVER 20 SUBSPECIALTIES; DIAGNOSTIC SERVICES; IMAGING CAPABILITIES; PHYSICAL THERAPY SERVICES; AND NORTHWEST ARKANSAS' ONLY PEDIATRIC EMERGENCY DEPARTMENT, EQUIPPED WITH 24 EXAM ROOMS. AS A PEDIATRIC MEDICAL CENTER THAT TREATS CHILDREN FROM EVERY COUNTY IN NORTHWEST ARKANSAS, AND SOME FROM NEIGHBORING AREAS, ACNW DEFINES THE COMMUNITY IT SERVES AS ALL CHILDREN FROM BIRTH TO AGE 21 IN THE 11-COUNTY NORTHWEST REGION OF ARKANSAS (BENTON, CARROL, BOONE, WASHINGTON, MADISON, NEWTON, CRAWFORD, FRANKLIN, JOHNSON, SEBASTIAN AND LOGAN). ACCORDING TO THE U.S. CENSUS BUREAU, THERE ARE ABOUT 206,000 CHILDREN UNDER AGE 18 IN THIS REGION. |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | PART V, SECTION B, LINE 5: IN 2019, ARKANSAS CHILDREN'S NORTHWEST TOOK A COMPREHENSIVE APP ROACH TO UNDERSTAND CHILD HEALTH, CONSIDERING BOTH PRIMARY AND SECONDARY DATA AT THE LOCAL AND 11-COUNTY REGIONAL AREA IN NORTHWEST ARKANSAS IN ORDER TO DETERMINE THE SPECIFIC HEAL TH NEEDS OF CHILDREN IN THE AREA. SECONDARY DATA SETS REVIEWED INCLUDED THE U.S. CENSUS BU REAU, THE ANNIE E. CASEY KIDS COUNT DATA CENTER, ARKANSAS STATE AGENCY DATABASES, THE YOUT H RISK BEHAVIOR SURVEY, AND A VARIETY OF LOCAL ORGANIZATIONS' RESEARCH. ADDITIONAL DATA SO URCES INCLUDED FOCUS GROUPS, KEY INFORMATION INTERVIEWS, AND A TELEPHONE SURVEY OF NORTHWE ST ARKANSAS PARENTS. COMMUNITY MEMBERS FROM ACROSS NORTHWEST ARKANSAS WERE INVITED TO SHAR E THEIR EXPERIENCE THROUGH COMMUNITY DISCUSSIONS AS PARENTS, GUARDIANS, EDUCATORS, SERVICE PROVIDERS FOR CHILDREN IN ARKANSAS, OR STAKEHOLDERS WITH KNOWLEDGE OF CHILD HEALTH. EACH FOCUS GROUP INVOLVED RECORDED CONVERSATIONS IN GROUPS OF 5-15 PEOPLE FOR ABOUT 90 MINUTES. HOSPITAL STAFF CONDUCTED SIX TOTAL FOCUS GROUPS, WITH 76 TOTAL PARTICIPANTS, IN THREE LAN GUAGES (ENGLISH, SPANISH, AND MARSHALLESE). FOCUS GROUPS WERE SPLIT AMONG CONSUMERS (THE C OMMUNITY OF LEGAL PARENTS OR GUARDIANS OF CHILDREN UNDER 18 YEARS OF AGE) AND PROVIDERS (H EALTHCARE PROVIDERS OR EDUCATORS WHO SERVE CHILDREN AND THEIR FAMILIES SUCH AS SCHOOL NURS ES AND TEACHERS, SOCIAL SERVICE AGENCY EMPLOYEES, AND HEALTH EDUCATORS). TO ENSURE INCLUSI ON OF UNDER-SERVED, LOW-INCOME AND MINORITY POPULATIONS, STAFF REACHED OUT TO DIVERSE AREA S OF THE NORTHWEST ARKANSAS COUNTIES SERVED, SEEKING FEEDBACK FROM PROVIDERS AND GUARDIANS IN CULTURALLY AND LINGUISTICALLY UNDERREPRESENTED GROUPS. STAFF LED FOCUS GROUPS IN SPANI SH THROUGHOUT THE STATE AND ONE IN MARSHALLESE IN THE NORTHWEST, CONDUCTING PARTICIPANT OU TREACH THROUGH COMMUNITY REPRESENTATIVES AND ADVOCATES, NON-PROFIT COMMUNITY-BASED SERVICE S, RELIGIOUS AND SECULAR ORGANIZATIONS, AND HEALTH AND EDUCATIONAL ORGANIZATIONS. COMMUNIT Y MEMBERS REPRESENTING NORTHWEST ARKANSAS WERE ASKED TO PARTICIPATE IN INTERVIEWS THAT WER E CONDUCTED IN PERSON OR VIA TELEPHONE BY HOSPITAL STAFF. INTERVIEWS WERE CONDUCTED WITH 1 7 PROVIDERS, BUSINESS AND INDUSTRY LEADERS, FAITH LEADERS, AND KEY DECISION MAKERS WHO WOR K IN OR OVERSEE CHILD HEALTH PRIORITIES IN NORTHWEST ARKANSAS. QUESTIONS FOR KEY INFORMANT INTERVIEWS WERE STRUCTURED WITH BROAD TOPIC DOMAINS BASED ON THE SOCIAL DETERMINANTS OF H EALTH AS WELL AS OPEN-ENDED QUESTIONS DESIGNED TO OBTAIN SEMINAL INFORMATION.ARKANSAS CHIL DREN'S CONTRACTED WITH THE UNIVERSITY OF ARKANSAS AT LITTLE ROCK (UALR) SURVEY RESEARCH CE NTER (SRC) TO DESIGN AND CARRY OUT A TELEPHONE SURVEY OF PARENTS AND GUARDIANS LIVING IN N ORTHWEST ARKANSAS WHO HAD CHILDREN CURRENTLY LIVING IN THEIR HOME. THE GOAL OF THE SURVEY WAS TO ASSESS ARKANSAS CAREGIVERS' VIEWS AND ATTITUDES TOWARDS THEIR CHILDREN'S HEALTH AND COMMUNITY HEALTH NEEDS. A TOTAL OF 395 COMPLETED INTERVIEWS WERE CONDUCTED WITH NORTHWEST ARKANSAS ADULT RESIDENTS WHO |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | ARE A PARENT, STEPPARENT, OR GUARDIAN OF A CHILD UNDER THE AGE OF 18 WHO LIVES IN THE HOUS EHOLD, EITHER FULL OR PART-TIME. |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | PART V, SECTION B, LINE 6A: THE ARKANSAS CHILDREN'S NORTHWEST CHNA WAS CONDUCTED IN PARTNERSHIP WITH ARKANSAS CHILDREN'S HOSPITAL. BOTH HOSPITALS ARE PART OF THE ARKANSAS CHILDREN'S SYSTEM AND NORTHWEST ARKANSAS IS A SHARED COMMUNITY OF BOTH HOSPITALS. |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | PART V, SECTION B, LINE 6B: ARKANSAS CHILDREN'S CONDUCTED THE NEEDS ASSESSMENTS FOR EACH OF THE TWO HOSPITALS IN PARTNERSHIP WITH ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES. MEMBERS OF THE NATURAL WONDERS PARTNERSHIP COUNCIL, A COALITION OF STATEWIDE ORGANIZATIONS, PROVIDED INPUT AND FEEDBACK ON THE COMMUNITY HEALTH NEEDS ASSESSMENTS FOR ARKANSAS CHILDREN'S NORTHWEST (ACNW), AS WELL AS ARKANSAS CHILDREN'S HOSPITAL (ACH) IN LITTLE ROCK. MANY ALSO PROVIDED DATA AND INTERVIEWS TO THE ARKANSAS CHILDREN'S STAFF MEMBERS WHO WORKED ON THE NEEDS ASSESSMENTS. THE NEEDS ASSESSMENTS OF BOTH HOSPITALS ARE USED IN CREATING THE ACTION PLAN FOR NATURAL WONDERS EFFORTS TO IMPROVE CHILD HEALTH. NATURAL WONDERS MEMBER ORGANIZATIONS INCLUDE THE FOLLOWING: AMERICAN ACADEMY OF PEDIATRICS, ARKANSAS CHAPTER ARKANSAS ACCESS TO JUSTICE COMMISSIONARKANSAS ADVOCATES FOR CHILDREN AND FAMILIESARKANSAS ASSOCIATION OF EDUCATION ADMINISTRATORSARKANSAS BLUE CROSS BLUE SHIELDARKANSAS CAMPAIGN FOR GRADE-LEVEL READINGARKANSAS CENTER FOR HEALTH IMPROVEMENT ARKANSAS CHILDREN'S HOSPITALARKANSAS COALITION FOR OBESITY PREVENTIONARKANSAS DEPARTMENT OF EDUCATIONARKANSAS DEPARTMENT OF HEALTH ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF BEHAVIORAL HEALTH SERVICESARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES (MEDICAID) ARKANSAS FOODBANKARKANSAS FOUNDATION FOR MEDICAL CAREARKANSAS HOME VISITING NETWORKARKANSAS HUNGER RELIEF ALLIANCEARKANSAS MINORITY HEALTH COMMISSIONARKANSAS PHARMACIST ASSOCIATIONBLUE & YOU FOUNDATIONCOMMUNITY HEALTH CENTERS OF ARKANSASDELTA DENTAL OF ARKANSASUNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PUBLIC HEALTHUNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF MEDICINE |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | PART V, SECTION B, LINE 7D: THE FY19 CHNA WAS DISTRIBUTED TO PARTNERS THROUGH THE NATURAL WONDERS PARTNERSHIP COUNCIL (NWPC) AND ITS MULTIPLE WORKGROUPS. IT IS ALSO AVAILABLE FOR PUBLIC VIEW WITHOUT CHARGE ON THE ARKANSAS CHILDREN'S WEBSITE. |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | PART V, SECTION B, LINE 11: COMMUNITY HEALTH IMPROVEMENT INTRODUCTION: IN 2020, ARKANSAS C HILDREN'S NORTHWEST (ACNW) BEGAN WORK ON THE NEW ACTIONS AND CONTINUING INITIATIVES IN THE 2020-2022 ACNW IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY INCLUDES DESCRIPTIONS OF THE PROPOSED NEW ACTIONS, CONTINUING INITIATIVES AND THE ANTICIPATED IMPACT AND STAKEH OLDER GROUPS FOR SEVEN OF THE TEN CHILD HEALTH NEEDS IDENTIFIED IN THE ACNW COMMUNITY HEAL TH NEEDS ASSESSMENT. THE 2020-2022 IMPLEMENTATION STRATEGY WAS APPROVED BY THE ACNW BOARD OF DIRECTORS IN FALL 2019. UPDATES ON ACTIONS UNDERTAKEN DURING FY20 FOR EACH OF THE 2019 CHNA PRIORITIZED ISSUES ARE LISTED BELOW. ADDRESSING COMMUNITY IMPACTS OF COVID-19: THE SP RING OF 2020 CREATED AN UNPRECEDENTED SITUATION THAT CHANGED THE WAY ARKANSAS CHILDREN'S W ORKS TO MAKE CHILDREN BETTER TODAY AND HEALTHIER TOMORROW. THE WORLD HEALTH ORGANIZATION D ECLARED COVID-19, CORONAVIRUS DISEASE 2019, A PANDEMIC ON MARCH 11, 2020. SOON AFTER, COVI D-19 BEGAN TO AFFECT COMMUNITIES IN ARKANSAS WITH THE CLOSURES OF SCHOOLS, CLINICS AND OTH ER COMMUNITY SPACES. ARKANSAS CHILDREN'S QUICKLY PIVOTED TO INCREASING TELEMEDICINE OPTION S, PROVIDING NECESSARY EDUCATIONAL AND FACTUAL INFORMATION ABOUT THE SPREAD OF THE VIRUS, AND HELPING TO MEET FAMILY'S BASIC NEEDS. THE ARKANSAS CHILDREN'S TELEHEALTH DEPARTMENT CR EATED THE CAPABILITY FOR MORE THAN 70 CLINICS TO HAVE TELEMEDICINE APPOINTMENTS. BEFORE TH E ONSET OF THE COVID-19 PANDEMIC, ARKANSAS CHILDREN'S HELD ANYWHERE FROM 10 TO 20 TELEMEDI CINE VISITS PER DAY. WITH THE EXPANDED TELEMEDICINE CLINIC CAPABILITIES, THAT NUMBER HAS G ROWN TO OVER 200 VISITS A DAY ACROSS THE ARKANSAS CHILDREN'S SYSTEM, INCLUDING VISITS FOR PATIENTS OF ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST. ADDITIONALLY, ARKANSAS CHILDREN'S SET UP A STATEWIDE HOTLINE TO FIELD CALLS RELATED TO COVID-19 AND CHIL DREN'S HEALTH. THE HOTLINE WAS LAUNCHED ON MARCH 12, 2020 AND FACILITATED OVER 10,000 PHON E CALLS THROUGH THE END OF JUNE (THIS SERVICE CONTINUED FOR SEVEN MONTHS AND ENDED ON OCTO BER 25, 2020). CALLS WERE ANSWERED 24 HOURS A DAY, SEVEN DAYS A WEEK BY CLINICAL SUPPORT S TAFF; THESE 63 TEAM MEMBERS HELPED PROVIDE INFORMATION, CLINICAL EXPERTISE, AND GUIDANCE T O CALLERS WITH QUESTIONS ABOUT COVID-19. ARKANSAS CHILDREN'S STRATEGIC MARKETING DEPARTMEN T CREATED PUBLIC SERVICE COMMUNICATION TO ENCOURAGE HAND WASHING, SOCIAL DISTANCING, AND W EARING MASKS. THESE MESSAGES WERE SHARED WITH OTHER HEALTHCARE FACILITIES FOR COLLABORATIV E USE. ARKANSAS CHILDREN'S CHILD LIFE LEADERS SHARED EXPERT CONTENT ON PLATFORMS LIKE FACE BOOK LIVE TO GIVE ADVICE TO FAMILIES PREPARING FOR CLINIC VISITS AS WELL AS INSTRUCTION FO R HOW TO PROPERLY WEAR A MASK.AS ARKANSAS CHILDREN'S WORKED TO SERVE THE STATE THROUGH THE PANDEMIC, COMMUNITIES SHARED THEIR GENEROSITY WITH ARKANSAS CHILDREN'S, AS WELL. FROM MAR CH TO JUNE 2020, 11,298 CLOTH MASKS WERE DONATED TO ARKANSAS CHILDREN'S NORTHWEST FOR DIST RIBUTION TO ANY PATIENT OR CAR |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | EGIVER WHO NEEDED ONE WHEN ATTENDING AN APPOINTMENT AT AN ARKANSAS CHILDREN'S FACILITY. AR KANSAS CHILDREN'S SENIOR LEADERSHIP SERVED IN VARIOUS CAPACITIES ON LOCAL AND STATEWIDE AD VISORY BOARDS. ARKANSAS CHILDREN'S PARTICIPATED IN A COLLABORATIVE TASK FORCE THAT HAS FOC USED ON PROVIDING RESOURCES FOR SCHOOLS, EDUCATORS, STUDENTS, AND FAMILIES, AS THE STATE P REPARED FOR A RETURN TO IN-PERSON LEARNING. ARKANSAS CHILDREN'S PRESIDENT AND CEO, MARCY D ODERER, SERVED ON THE GOVERNANCE COMMITTEE OF THIS TASKFORCE. DR. FREDERICK (RICK) BARR, C HAIR OF PEDIATRICS AND PEDIATRICIAN IN CHIEF, SERVED AS THE CHAIR OF THE SCHOOL RESOURCE C ENTER & HOTLINE WORK GROUP. DR. MARISHA DICARLO, VICE PRESIDENT OF COMMUNITY ENGAGEMENT, A DVOCACY, AND HEALTH, SERVED AS THE CHAIR OF THE HEALTHY SCHOOLS GUIDE WORK GROUP. THIS TAS KFORCE PROVIDED IMPORTANT AND TIMELY GUIDES AND INFORMATION TO SCHOOLS AND FAMILIES ABOUT SCHOOLS REOPENING IN FALL 2020. ALL OF THESE TASK FORCES PROVIDED GUIDANCE AND INFORMATION AL PRODUCTS THAT WERE USED ACROSS BROAD COMMUNITIES AND A VARIETY OF SECTORS IN THE STATE. (1) FOOD INSECURITY AND CHILD OBESITY THE FIRST COMPONENT OF THE IMPLEMENTATION STRATEGY I S TO IMPLEMENT EVIDENCE-BASED NUTRITION EDUCATION CURRICULUM TO ADDRESS THE FOCUS AREAS OF FOOD INSECURITY AND CHILD OBESITY. ACNW HAS WORKED WITH ARKANSAS CHILDREN'S HEALTH EDUCAT ORS TO PROVIDE POP-UP COOKING MATTERS CLASSES TO STUDENTS IN THE NORTHWEST ARKANSAS REGION . IN LOGAN COUNTY, TWO DIFFERENT SESSIONS WERE PRESENTED TO 43 STUDENTS. IN SPRINGDALE SCH OOL DISTRICT, ONE OF THE LARGEST IN THE STATE, 26 DIFFERENT SESSIONS WERE PRESENTED TO 725 STUDENTS. OTHER WORK TO ADDRESS FOOD SECURITY INCLUDES STOCKING THE FAMILY HOUSE FOR INPA TIENT FAMILIES AT ACNW, HOWEVER, THIS AREA HAS BEEN TEMPORARILY CLOSED DUE TO COVID-19. TH ERE IS AN INPATIENT CAREGIVER MEAL PROGRAM THAT PROVIDES FREE MEALS TO AT-RISK FAMILIES. E MERGENCY FOOD BOXES ARE ALSO AVAILABLE TO FAMILIES WHO HAVE A CHILD BEING SEEN AT ACNW; 38 WERE DISTRIBUTED TO FAMILIES FROM JANUARY THROUGH JUNE 2020. ACNW WAS ALSO A SPONSOR OF T HE NORTHWEST ARKANSAS FOOD BANK ANNUAL FUNDRAISING BENEFIT FOR 2019. THIS FINANCIAL SUPPOR T ALLOWS THE NWA FOOD BANK TO HELP MEET THE FOOD SECURITY NEEDS OF FAMILIES IN THE REGION. (2) EQUITABLE ACCESS TO CARETHE SECOND COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO IMP ROVE ACCESS TO CARE BY PROMOTING CULTURAL AND LANGUAGE COMMUNICATION OPTIONS RELATED TO HE ALTH CARE TO ADDRESS THE FOCUS AREA OF EQUITABLE ACCESS TO CARE. ACNW OFFERS INTERPRETER S ERVICES IN PERSON, VIA TELEPHONE, AND OVER VIDEO CHAT. MEDICAL INTERPRETER SERVICES ARE OF FERED IN SPANISH AND MARSHALLESE. IN ADDITION TO EMPLOYING AN INTERPRETER TEAM, BILINGUAL STAFF ARE REIMBURSED FOR OBTAINING THEIR MEDICAL TRANSLATION CERTIFICATE AND RECEIVE ADDIT IONAL COMPENSATION FOR THEIR SKILLS. BILINGUAL STAFF ALSO ASSIST IN NON-CLINICAL ROLES SUC H AS REGISTRATION AND SCHEDULING. WHEN IN-PERSON TRANSLATORS ARE UNAVAILABLE OR LANGUAGES OTHER THAN SPANISH OR MARSHALL |

**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 |
|---|---|
| ARKANSAS CHILDREN'S NORTHWEST | ESE ARE REQUESTED, SUCH AS AMERICAN SIGN LANGUAGE, ACNW HAS CONTRACTED WITH AN ONLINE TRAN SLATION SERVICE, INDEMAND, TO ASSIST THESE FAMILIES. IN FY20, THERE WERE 2,080 ENCOUNTERS ON INDEMAND, LASTING IN TOTAL, OVER 25,000 MINUTES. BASED ON INFORMATION THAT IS PROVIDED BY THE PATIENT OR THE FAMILY, DATA SHOWS THAT 11% OF THE PATIENT POPULATION SERVED SPEAKS SPANISH, AND 3% OF THE PATIENT POPULATION SPEAKS MARSHALLESE. INSURANCE AND A FAMILY'S ABI LITY TO PAY FOR HEALTH CARE IS AN IMPORTANT COMPONENT OF EQUITABLE ACCESS TO CARE. ARKANSA S CHILDREN'S NORTHWEST HAS ESTABLISHED A FINANCIAL COUNSELING PROGRAM WITH A GOAL TO PROVI DE ALL FAMILIES WITH GUIDANCE AND SUPPORT TO ESTABLISH A HEALTHCARE PAYER SOURCE. FINANCIA L COUNSELING SERVICES AT ACNW RANGE FROM SCREENING A PATIENT FOR MEDICAID, TO ANSWERING IN SURANCE QUESTIONS, TO HELPING FAMILIES COMPLETE TEFRA APPLICATIONS AND MORE. BEGINNING IN JUNE 2019, FOCUSED EFFORTS WERE UNDERTAKEN TO ENSURE THAT PATIENTS IDENTIFYING AS SELF-PAY WERE SCREENED FOR MEDICAID AND OFFERED FINANCIAL SERVICES. ACNW FINANCIAL COUNSELING SERV ICES AIM TO SCREEN 100% OF SELF-PAY PATIENTS DURING THEIR VISIT. ALL PATIENTS THAT IDENTIF Y AS UNINSURED ARE SCREENED FOR MEDICAID. IF CRITERIA ARE MET, THEN ACNW FINANCIAL COUNSEL ING STAFF BEGIN THE APPLICATION PROCESS. STAFF ALSO WORK WITH FAMILIES TO RENEW THEIR MEDI CAID SERVICES WHEN THEY HAVE LAPSED. FINANCIAL COUNSELING IS OFFERED BY BOTH SPANISH AND M ARSHALLESE-SPEAKING STAFF, IN ADDITION TO ENGLISH, TO BEST SERVE THE NORTHWEST ARKANSAS CO MMUNITY. IN FY20, 5,253 MEDICAID APPLICATIONS WERE COMPLETED FOR ELIGIBLE FAMILIES. (3) CH ILD INJURY AND PARENTING SUPPORTSTHE THIRD COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO ADDRESS CHILD INJURY BY OFFERING SAFETY MATERIALS AND EDUCATIONAL CLASSES TO PARENTS AND C AREGIVERS IN THE COMMUNITY, ADDRESSING THE FOCUS AREAS OF CHILD INJURY AND PARENTING SUPPO RTS. ARKANSAS CHILDREN'S HEALTH EDUCATORS WERE ABLE TO PIVOT DURING THE PANDEMIC. FOR THE FIRST TIME, AC OFFERED A VIRTUAL TRAINING FOR ITS BABYSITTING SAFETY CLASS IN JUNE; THIS T RAINING WAS AVAILABLE TO STUDENTS AROUND THE STATE OF ARKANSAS. 35 STUDENTS WERE TRAINED D URING TWO VIRTUAL SESSIONS INCLUDING A STUDENT FROM THE NORTHWEST ARKANSAS REGION THAT ACN W SERVES. ADDITIONALLY, THE INJURY PREVENTION CENTER AT ARKANSAS CHILDREN'S HOSPITAL HAS P ROVIDED TRAININGS LIKE SAFETY BABY SHOWERS TO PARENTS AROUND THE STATE, INCLUDING NORTHWES T ARKANSAS. DUE TO COVID-19, THESE TRAININGS MIGRATED ONLINE AS WELL. OTHER ACTIONS TO ADD RESS CHILD INJURY AND TO SUPPORT PARENTS INCLUDE OFFERING RESOURCES TO FAMILIES IDENTIFIED AS UNDER-RESOURCED BY SOCIAL WORK. RESOURCES GIVEN INCLUDED CAR SEATS, MEDICATION LOCK BO XES, FIREARMS STORAGE AND LOCKS, AND HALO SLEEP SACKS. |

**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 |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED | (4) IMMUNIZATIONS THE FOURTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO IMPROVE ACCESS TO IMMUNIZATIONS BY COORDINATING IMMUNIZATION PROGRAMS WITH ACTIVITIES THAT PARENTS AND F AMILIES ALREADY ATTEND. ACNW IS STILL WORKING TOWARD ITS GOAL OF HAVING A VACCINE OUTREACH PLAN BY JUNE 2021 FOR THE NORTHWEST ARKANSAS REGION, WHERE ACNW IS AN IMPORTANT PEDIATRIC PROVIDER OF VACCINATIONS. A STATEWIDE IMMUNIZATION STRATEGY IS A KEY COMPONENT OF THE 202 0-2025 ARKANSAS CHILDREN'S STRATEGIC PLAN. WORK FOR THIS STRATEGY IS UNDERWAY. ACNW LEADER SHIP KNOWS THAT AN EFFECTIVE STRATEGY WILL ACCOUNT FOR THE DIVERSE POPULATIONS OF NORTHWES T ARKANSAS, INCLUDING THE HISPANIC AND MARSHALLESE COMMUNITIES. FOR FY20, ACNW PROVIDED 2, 277 FLU SHOTS TO PATIENTS. ADDITIONALLY, ACNW IS ABLE TO TRACK THE IMMUNIZATION RATE OF IT S PATIENTS IN THE FINAL QUARTER OF FY20 (APRIL JUNE 2020), 53% OF ELIGIBLE PATIENTS WERE F ULLY IMMUNIZED FOR THEIR AGE. (5) REPRODUCTIVE HEALTHTHE FIFTH COMPONENT OF THE IMPLEMENTA TION STRATEGY IS TO IMPROVE ACCESS TO REPRODUCTIVE HEALTH EDUCATION AND RESOURCES BY EXPAN DING PARTNERSHIPS WITH OTHER HEALTHCARE GROUPS, TO ADDRESS THE FOCUS AREA OF REPRODUCTIVE HEALTH. ACNW IS STILL IN THE PLANNING PHASE OF LEVERAGING CURRENT PARTNERSHIPS TO PROVIDE INCREASED REPRODUCTIVE HEALTH EDUCATION AND RESOURCES TO FAMILIES. UAMS (UNIVERSITY OF ARK ANSAS FOR MEDICAL SCIENCES) IS PARTNERING WITH NINTH GRADE HEALTH CLASSES IN THE SPRINGDAL E SCHOOL DISTRICT TO IMPLEMENT THE TEEN OUTREACH PROGRAM (TOP). EACH WEEK CLASSES PARTICIP ATE IN LESSONS FROM A VARIETY OF TOPICS (COMMUNICATION, RELATIONSHIPS, EMOTION MANAGEMENT, DECISION MAKING, PROBLEM SOLVING) AND SPEND ONE CLASS WORKING ON A COMMUNITY SERVICE PROJ ECT THAT CONNECTS TO THE COMMUNITY AND THE TOPICS THEY STUDY, SUCH AS RELATIONSHIPS. (6) O RAL HEALTHTHE SIXTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO INCREASE ACCESS TO ORAL HEALTH CARE FOR KIDS IN NORTHWEST ARKANSAS BY PROVIDING ANCILLARY SUPPORT TO A NETWORK OF PARTNERS TO ADDRESS THIS FOCUS AREA. ACNW WILL CONTINUE TO WORK TO LEVERAGE CURRENT RESOU RCES TO EXPAND THE REACH OF PARTNER GROUPS PROVIDING DENTAL OUTREACH. CURRENT ACTIONS TO A DDRESS ORAL HEALTH INCLUDE THE WORK OF THE ARKANSAS CHILDREN'S HOSPITAL DENTAL VAN IN WASH INGTON AND BENTON COUNTIES. THE NORTHWEST ARKANSAS MOBILE DENTAL CLINIC HAD 592 PATIENT VI SITS IN FY20. THE ARKANSAS CHILDREN'S HOSPITAL MOBILE DENTAL CLINICS CLOSED IN MID-MARCH W HEN SCHOOLS CLOSED DUE TO COVID-19, AS SCHOOLS ARE THE PRIMARY SETTING FOR THE PROGRAM. (7 ) SOCIAL ISSUES THE SEVENTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO ADDRESS SOCIAL ISSUES THAT IMPACT CHILD HEALTH BY COLLABORATING WITH A BROAD NETWORK OF CHILD HEALTH STAK EHOLDERS IN NORTHWEST ARKANSAS. ACNW IS STILL IN THE PLANNING STAGE OF HOW TO DEVELOP STRO NGER, STRATEGIC PARTNERSHIPS THAT SUPPORT CHILD HEALTH IN THE REGION. WORK IS BEING DONE T O UNDERSTAND HOW ADDRESSING SOCIAL ISSUES IN NORTHWEST ARKANSAS NEEDS TO FACTOR IN THE HIS PANIC AND MARSHALLESE COMMUNIT |

**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 |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED | IES. ACNW SOCIAL WORK PROVIDES SUPPORT FOR THE SOCIAL NEEDS OF PATIENT FAMILIES, AND SERVE S FAMILIES WHETHER INPATIENT OR OUTPATIENT. THROUGH SOCIAL WORK, ACNW IS ABLE TO PROVIDE G AS CARDS, WARM MEALS AND LODGING FOR ELIGIBLE FAMILIES, FINANCIAL ASSISTANCE WITH MONTHLY BILLS LIKE HOUSING AND UTILITY PAYMENTS, AND BEREAVEMENT ASSISTANCE FOR GRIEVING FAMILIES. OTHER ITEMS THAT ARE GIVEN TO MEET FAMILIES' IMMEDIATE NEEDS INCLUDE: SAFETY ITEMS, CLOTH ING, TRANSPORTATION, FOOD, AND PRESCRIPTION ASSISTANCE. SAFETY ITEMS INCLUDE PRODUCTS SUCH AS PACK 'N PLAYS, CAR SEATS, AND LOCK BOXES FOR MEDICATIONS OR GUNS THAT ARE USED IN COMB INATION WITH EDUCATION TO REDUCE PREVENTABLE INJURY AND DEATH IN CHILDREN. IN FY20, 716 FA MILIES WERE SERVED BY SOCIAL WORK.(8) MENTAL HEALTH AND SUBSTANCE USEACNW SOCIAL WORK AND PROVIDERS ROUTINELY ASSESS FOR SUBSTANCE ABUSE, MENTAL HEALTH, AND BEHAVIORAL HEALTH NEEDS DURING INPATIENT AND OUTPATIENT VISITS. SCREENING TOOLS ARE UTILIZED FOR PATIENTS AGE TEN OR ABOVE IN ALL SETTINGS. SOCIAL WORK PROVIDES REFERRALS TO ADDRESS BOTH ACUTE AND OUTPAT IENT MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS. ADDITIONAL PARTNERS WORK TO ADDRESS CHILDREN 'S MENTAL HEALTH AND SUBSTANCE USE IN THE NORTHWEST ARKANSAS REGION. THE ARKANSAS DEPARTME NT OF HUMAN SERVICES PROVIDES SUBSTANCE USE TREATMENT IN THE AREA. ADDITIONALLY, ARKANSAS CHILDREN'S HOSPITAL HELPS MANAGE THE STATEWIDE PROJECT PREVENT COALITION. PROJECT PREVENT IS THE STATEWIDE YOUTH TOBACCO PREVENTION COALITION IN ARKANSAS. IT CONSISTS OF LOCAL CHAP TERS ACROSS THE STATE WHOSE MEMBERS CHOOSE TO LIVE THEIR LIVES FREE FROM TOBACCO AND NICOT INE WHILE ENCOURAGING OTHERS TO DO THE SAME. PROJECT PREVENT IS COORDINATED BY ARKANSAS CH ILDREN'S HOSPITAL AND FUNDED BY THE ARKANSAS DEPARTMENT OF HEALTH'S TOBACCO PREVENTION & C ESSATION PROGRAM. ACROSS THE STATE THERE ARE 67 CHAPTERS IN 38 COUNTIES. THE NORTHWEST ARK ANSAS REGION HAS 13 OF THOSE CHAPTERS. |

**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 |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 16A - FAP WEBSITE | WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE |

**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 |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION | WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE |

**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 |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 16C - FAP PLAIN LANGUAGE SUMMARY | WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE |

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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
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

## 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) ARKANSAS CHILDREN'S HOSPITAL 1 CHILDRENS WAY LITTLE ROCK, AR 72202 | 71-0236857 | 501(C)(3) | 17,720 | | | | GENERAL SUPPORT |
| (2) CITY OF SPRINGDALE - SPRINGDALE FIRE DEPARTMENT PO BOX 1521 SPRINGDALE, AR 72765 | 71-6015810 | GOV'T ENTITY | 5,000 | | | | DONATION TOWARDS FIRE SAFETY HOUSE |

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

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) MEALS | 52 | | 2,325 | COST | MEALS FOR PATIENT FAMILIES/CAREGIVERS |
| (2) TRANSPORTATION COSTS (BUS TOKENS, CAB FARE, GAS CARDS) | 170 | 4,492 | | COST | |
| (3) FUNERAL EXPENSES | 1 | 1,000 | | COST | |
| (4) RENT, MORTGAGE, UTILITIES, LODGING | 6 | 2,865 | | COST | |
| (5) GROCERY GIFT CARDS AND OTHER MISC. FAMILY ASSISTANCE | 490 | 7,517 | | COST | |
| (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: | THE HOSPITAL CONSIDERS REQUESTS FROM NON-PROFIT OR GOVERNMENTAL ENTITIES FOR PROGRAMS OR ACTIVITIES THAT ALIGN WITH ITS PLAN TO ADDRESS NEEDS AS IDENTIFIED IN THE CHNA OR THAT OTHERWISE SUPPORT THE HOSPITAL'S MISSION. THE HOSPITAL ANTICIPATES THAT THESE NON-PROFIT OR GOVERNMENTAL ENTITIES WILL MONITOR THE USE OF FUNDS IN ACCORDANCE WITH NON-PROFIT OR GOVERNMENTAL REQUIREMENTS. THE HOSPITAL PROVIDES SOME ASSISTANCE TO INDIGENT FAMILIES. THE HOSPITAL'S SOCIAL WORK DEPARTMENT EVALUATES THE NEED ON A CASE BY CASE BASIS AND PROVIDES THE APPROPRIATE ASSISTANCE, WHICH IS TYPICALLY FOOD, CLOTHING, SHELTER, OR TRAVEL VOUCHERS. CASH OR CASH EQUIVALENT ASSISTANCE IS SOMETIMES PROVIDED. THE ASSISTANCE PROVIDED IS DOCUMENTED BY THE HOSPITAL'S SOCIAL WORK DEPARTMENT. |

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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
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

## 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 | | | | |
| 1 MARCELLA DODERER PRESIDENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 936,793 | 368,002 | 117,856 | 155,751 | 10,219 | 1,588,621 | 112,801 |
| 2 GENA WINGFIELD EVP AND CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 475,687 | 116,031 | 59,274 | 71,436 | 11,393 | 733,821 | 55,824 |
| 3 CHARLES M BOWER MD TRUSTEE/DIRECTOR-CHIEF OF STAFF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 550,000 | 8,674 | 0 | 0 | 64,463 | 623,137 | 0 |
| 4 PATRICIA MONTAGUE SVP/CHIEF ADMINISTRATOR | (i) | 326,534 | 78,804 | 60,972 | 50,347 | 1,954 | 518,611 | 27,710 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 CINDY HILL FINANCIAL SERVICES VP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 223,389 | 50,355 | 946 | 17,443 | 11,457 | 303,590 | 0 |
| 6 MICHAEL HOWARD VP/CHIEF NURSING OFFICER | (i) | 184,045 | 38,101 | 257 | 4,896 | 5,211 | 232,510 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 DIANA MCDANIEL OPERATIONS VP | (i) | 178,422 | 35,539 | 140 | 13,101 | 2,163 | 229,365 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 KEITH VEIT PATIENT CARE SVC DIRECTOR | (i) | 132,149 | 12,518 | 711 | 7,150 | 10,962 | 163,490 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 JAMA HUNTLEY PHARMACY MANAGER | (i) | 145,152 | 2,188 | 111 | 3,688 | 4,989 | 156,128 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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| | | | | | | | | |
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## Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| PART I, LINE 1A | CHARTER TRAVEL IS USED BY ARKANSAS CHILDREN'S AND AFFILIATED ENTITIES' BOARD MEMBERS AND STAFF (AND OCCASIONALLY ACCOMPANYING SPOUSES/COMPANIONS) WHEN IT IS DEEMED THE MOST EFFICIENT METHOD OF TRAVEL TO DISTANT AREAS WITHIN THE STATE OR TO SURROUNDING STATES FOR PURPOSES RELATED TO ARKANSAS CHILDREN'S BUSINESS. SEPARATE (NON-CHARTER) TRAVEL FOR COMPANIONS IS REIMBURSED BY THE EMPLOYEE IF SUCH TRAVEL IS ON AN INDIVIDUAL BASIS; THUS, SUCH TRAVEL IS NOT CONSIDERED TAXABLE COMPENSATION TO THE EMPLOYEE. THREE OFFICERS/EMPLOYEES AND THREE BOARD MEMBERS USED CHARTER TRAVEL DURING THE CALENDAR YEAR. BECAUSE THE CHARTER TRAVEL WAS USED FOR ARKANSAS CHILDREN'S BUSINESS PURPOSES, IT WAS NOT CONSIDERED AS TAXABLE WAGES. |
| PART I, LINE 3 | COMPENSATION FOR ANY ACNW EXECUTIVE OR SENIOR OFFICER (PRESIDENT; EXECUTIVE VICE PRESIDENT; SENIOR VICE PRESIDENT) WHO IS NOT A CONTRACTED UAMS EMPLOYEE IS REVIEWED BY THE ARKANSAS CHILDREN'S HUMAN RESOURCES AND COMPENSATION COMMITTEE WHICH IS ESTABLISHED THROUGH THE BYLAWS OF ARKANSAS CHILDREN'S, INC. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE HAS THE FULL AUTHORITY AND SPECIFIC RESPONSIBILITY FOR REVIEWING AND APPROVING COMPENSATION POLICIES, BASE SALARY AND INCENTIVE COMPENSATION LEVELS, EXECUTIVE RETIREMENT AND OTHER EXECUTIVE BENEFIT PLANS FOR HEALTH SYSTEM SENIOR MANAGEMENT, INCLUDING OFFICERS OF THE CORPORATION AND AFFILIATES WHO ARE "DISQUALIFIED PERSONS" UNDER SECTION 4958 OF THE CODE. THE POLICIES AND PROGRAMS REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL BE DESIGNED TO ENSURE THAT THE CORPORATION AND ITS AFFILIATES REMAIN COMPETITIVE AND REASONABLE RELATIVE TO THE COMPENSATION AND BENEFITS PRACTICES OF SIMILARLY SITUATED HEALTH SYSTEMS LOCALLY AND NATIONALLY, AND TO PERMIT THE CORPORATION AND SUCH AFFILIATES TO ATTRACT AND RETAIN SUPERIOR SENIOR MANAGEMENT, IN FURTHERANCE OF THE CORPORATION'S AND AFFILIATES PURPOSES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL HAVE, TO THE FULLEST EXTENT OF THE LAW, THE AUTHORITY TO APPROVE THE COMPENSATION PACKAGES FOR SENIOR MANAGEMENT OF THE CORPORATION AND THE AFFILIATES. IN ITS PROCESS, THE COMMITTEE SHALL OBTAIN AND MUST RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENTS OF DISQUALIFIED PERSONS. APPROPRIATE DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE CORPORATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON. THE COMMITTEE MAY RELY UPON OPINIONS OF QUALIFIED LEGAL, ACCOUNTING, VALUATION AND EXECUTIVE COMPENSATION EXPERTS. CONTEMPORANEOUSLY WITH MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENT OF THE CEO AND DISQUALIFIED PERSONS, THE COMMITTEE SHALL DOCUMENT IN ITS MINUTES THE BASIS FOR ITS DECISIONS. A VERBAL REPORT IS PROVIDED TO THE BOARD BY THE CHAIR OF THE COMMITTEE. MINUTES ARE AVAILABLE FOR REVIEW UPON BOARD MEMBER REQUEST TO THE BOARD CHAIR. |
| PART I, LINE 4B | THE ARKANSAS CHILDREN'S DEFERRED COMPENSATION PLAN (DCP), WAS INSTITUTED ON 6/30/2014. THE DCP IS A 457(F) NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, PROVIDING ANNUAL CONTRIBUTIONS TO CERTAIN EXECUTIVES AT A PERCENTAGE OF THEIR BASE SALARY IN EFFECT ON JUNE 30 OF THE PLAN YEAR. THE SUPPLEMENTAL COMPENSATION SERVES TO ENCOURAGE CONTINUED EMPLOYMENT WITH ARKANSAS CHILDREN'S AND ITS AFFILIATES. THE PLAN PROVIDES THAT DEFERRED AMOUNTS ARE PAID AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER BEING VESTED. IT IS INTENDED THAT SUCH PAYMENTS QUALIFY FOR THE "SHORT-TERM DEFERRAL" EXEMPTION FROM IRC SECTION 409A, AND FOR TAX DEFERRAL UNDER IRC SECTION 457(F). PER THE PLAN DOCUMENT, EACH DCP CONTRIBUTION FOR A PLAN YEAR AND ITS ASSOCIATED EARNINGS VEST AS FOLLOWS, ON THE EARLIER OF: - (SUBACCOUNT); THE FIRST DAY OF THE PLAN YEAR FOLLOWING THREE (3) CONTINUOUS PLAN YEARS OF EMPLOYMENT BY THE PARTICIPANT WITH ARKANSAS CHILDREN'S OR AFFILIATE, WHICH BEGINS ON THE FIRST DAY OF THE PLAN YEAR FOR WHICH THE CONTRIBUTION IS CREDITED. - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - ATTAINMENT OF AGE 65 AND AT LEAST 3 YEARS OF SERVICE AS A DCP PARTICIPANT - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - DEATH OR PERMANENT DISABILITY - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - INVOLUNTARY TERMINATION (OTHER THAN FOR CAUSE) - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - PLAN TERMINATION FOR TAX YEAR 2019 (FISCAL YEAR 2020), THE FOLLOWING ACNW REPORTABLE EMPLOYEES WERE ELIGIBLE AND PARTICIPATING IN THE DEFERRED COMPENSATION PLAN: - MARCELLA DODERER: AC/ACH/ACNW PRESIDENT/CEO - $117,166 - GENA WINGFIELD: ACH/ACNW EVP AND CFO - $57,984 - PATRICIA MONTAGUE: ACNW SENIOR VICE PRESIDENT - $28,783 PER THE PLAN DOCUMENT, UPON BECOMING VESTED IN A PLAN YEAR SUBACCOUNT AND AS SOON AS ADMINISTRATIVELY PRACTICABLE AFTER SUCH VESTING DATE, BUT NO LATER THAN THE END OF THE CALENDAR YEAR IN WHICH SUCH VESTING DATE OCCURRED, INDIVIDUAL PARTICIPANTS WILL BE PAID A LUMP SUM PAYMENT EQUAL TO THE PLAN YEAR SUBACCOUNT BALANCE AS OF THE JUNE 30 IMMEDIATELY PRECEDING SUCH VESTING DATE. THREE ACNW REPORTABLE EMPLOYEES ELIGIBLE AND PARTICIPATING IN THE PLAN RECEIVED PAYMENTS IN FY20, DISTRIBUTED AS PER THE PLAN DOCUMENT. SUCH AMOUNT IS NOTED IN SCHEDULE J, PART II, COLUMN F AS PREVIOUSLY EARNED. |
| FORM 990, SCHEDULE J, PART I, LINES 5-7 | THE INCENTIVE PLANS FOR ALL ENTITIES HAVE SPECIFIC RULES AND CALCULATIONS FOR BONUSES. NONE ARE CONTINGENT ON REVENUES OR NET EARNINGS OF THE ORGANIZATIONS (ANY), AND SINCE THEY ARE CALCULATED BASED ON A SPECIFIC FORMULA, THEY ARE NOT "NON-FIXED". |
| FORM 990, PART VII, SECTION A, LINE 5: | DIRECTOR AND CHIEF OF STAFF, CHARLES BOWER, M.D. WAS COMPENSATED BY UAMS AS AN EMPLOYEE FOR SERVICES RENDERED TO ARKANSAS CHILDREN'S HOSPITAL (ACH) AND ARKANSAS CHILDREN'S NORTHWEST (ACNW) FOR WHICH ACH REMITTED PAYMENT LISTED AS "REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS" IN PART VII. THE AMOUNT NOTED AS COMPENSATION IN SCHEDULE J FOR THE PHYSICIAN NOTED ABOVE WAS THE DESIGNATED AMOUNT PER THE RELATED CONTRACT WITH UAMS. |

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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
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

## 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 | CITY OF SPRINGDALE AR PUBLIC FACILITIES BOARD | 83-0465683 | 82025WAW1 | 06-09-2016 | 84,999,875 | SEE SCHEDULE K, PART VI. | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 6,500,000 | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 85,258,623 | | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 742,725 | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 84,515,898 | | | |
| 11 | Other spent proceeds | | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2018 | | | |

| | | 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 | | | | | | |
| 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 | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | 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 | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | 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 | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | 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 % | | | | | | | |
| 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 % | | | | | | | |
| 6 | Total of lines 4 and 5 | 0 % | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | 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 | | | | | | |
| 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 | | | | | | | |

## 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 | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | | | | | |
| b | Exception to rebate? | X | | | | | | | |
| c | No rebate due? | | 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 | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | 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 | | | | | | |
| 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 | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? . . . | 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 | | | | | | | |

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE K SUPPLENTAL INFORMATION | PART I, LINE A - DESCRIPTION OF PURPOSE. PROCEEDS USED TO (I) FINANCE THE ACQUISITION, CONSTRUCTION, AND EQUIPPING OF A PEDIATRIC HOSPITAL FACILITY TO BE LOCATED IN THE CITY OF SPRINGDALE, AR, AND (II) PAY CERTAIN EXPENSES IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2016 BONDS. PART II, LINE 3, BOND A - TOTAL PROCEEDS DIFFER FROM ISSUE PRICE DUE TO CUMULATIVE INVESTMENT EARNINGS. |

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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
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | THE FOLLOWING BOARD MEMBERS HAD A BUSINESS RELATIONSHIP DURING THE FISCAL YEAR: RON CLARK AND MARK SAVIERS. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 3 | ACNW'S CHIEF OF MEDICAL STAFF (CMS) POSITION IS HELD BY CHARLES BOWER, M.D., WHO HOLDS A F ACULTY APPOINTMENT IN THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, COLLEGE OF MEDICINE . ALTHOUGH DR. BOWER IS AN EMPLOYEE OF UAMS, AS CMS, HE IS ALSO A DESIGNATED MEMBER OF THE ACNW BOARD OF DIRECTORS. AS A UAMS EMPLOYEE, THE HOSPITAL SYSTEM REIMBURSES UAMS FOR HIS ROLE AND SERVICES RENDERED TO BOTH ACNW AND ACH. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF ACNW IS ARKANSAS CHILDREN'S, INC., AN ARKANSAS NONPROFIT PUBLIC BENEFIT CORPORATION (THE "SOLE MEMBER"). |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 7A | ARKANSAS CHILDREN'S, INC., ACNW'S SOLE MEMBER, HAS THE RESERVED POWER TO FIX THE SIZE OF T HE BOARD OF DIRECTORS, AND THE GOVERNING BOARD OF ANY AFFILIATE CONTROLLED BY THE CORPORAT ION, AND APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION, AND MEMBERS OF THE GOVERNING BOARD OF ANY AFFILIATE CONTROLLED BY THE CORPORATION. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 7B | ACNW'S ARTICLES OF INCORPORATION MAY BE AMENDED, AND THE BYLAWS MAY BE ALTERED, AMENDED, O R REPEALED AND NEW BYLAWS MAY BE ADOPTED: (I) UPON THE APPROVAL OF BOTH THE BOARD AND THE SOLE MEMBER, IF THE AMENDMENT DOES NOT RELATE TO THE NUMBER OF DIRECTORS, THE COMPOSITION OF THE BOARD, THE TERM OF OFFICE OF DIRECTORS, OR THE METHOD OR WAY IN WHICH DIRECTORS ARE ELECTED OR SELECTED; OR (II) BY THE MEMBER. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE DRAFT FORM 990, WHICH IS RECONCILED TO THE ARKANSAS CHILDREN'S NORTHWEST (ACNW) INTERN AL FINANCIAL STATEMENTS AND THE ARKANSAS CHILDREN'S, INC. CONSOLIDATED AUDIT REPORT, IS IN ITIALLY REVIEWED IN DETAIL WITH ACNW'S SENIOR VICE PRESIDENT. THE DRAFT IS ALSO REVIEWED I N DETAIL WITH BOTH THE EVP/CFO AND THE VP OF FINANCIAL OPERATIONS OF ARKANSAS CHILDREN'S, INC. IF THE REVIEW BY ACNW'S MANAGEMENT RESULTS IN REVISIONS TO THE DRAFT FORM 990, THOSE REVISIONS ARE MADE, AND THE FORM 990 TO BE FILED IS PROVIDED TO THE ACNW BOARD OF DIRECTOR S PRIOR TO THE RETURN BEING FILED. IN ADDITION, THE FORM 990 IS PROVIDED TO BOTH THE CHAIR MAN OF THE BOARD AND THE TREASURER OF ARKANSAS CHILDREN'S, INC. |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | ARKANSAS CHILDREN'S, INC. (THE PARENT) HAS A BOARD OF DIRECTORS CONFLICT OF INTEREST POLIC Y THAT IS ISSUED TO AND REVIEWED WITH ALL NEW BOARD MEMBERS DURING THEIR BOARD ORIENTATION . IN ADDITION, THE INTERNAL GENERAL COUNSEL OR THE SYSTEM COMPLIANCE OFFICER WILL PERIODIC ALLY REVIEW THE POLICY WITH THE FULL BOARD DURING A REGULAR BOARD MEETING. A DIRECTOR SHAL L DISCLOSE IN WRITING TO THE BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICT OF INTERE ST WHEN THE SITUATION DEVELOPS, INCLUDING THE FACTS THAT MAKE IT AN ACTUAL OR POTENTIAL CO NFLICT. EACH DIRECTOR SHALL SIGN AN INITIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON ELECTION TO THE BOARD OF DIRECTORS. EACH DIRECTOR ALSO SHALL SIGN AN ANNUAL CONFLICT OF I NTEREST DISCLOSURE STATEMENT. IF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DEVELOPS AFTE R THE DIRECTOR'S INITIAL AND ANNUAL STATEMENTS ARE SIGNED, THE DIRECTOR SHALL IMMEDIATELY SIGN A NEW DISCLOSURE STATEMENT TO ADDRESS THE NEW SITUATION OR TRANSACTION. CONFLICT OF I NTEREST DISCLOSURE STATEMENTS OR DECLARED CONFLICTS WILL BE REVIEWED BY THE DIRECTOR BOARD OFFICERS. REVIEW WILL RESULT IN ONE OF THE FOLLOWING ACTIONS BY MAJORITY VOTE: (1) DETERM INED NOT TO BE A CONFLICT; (2) CONFLICT IS ACCEPTED; OR (3) CONFLICT IS NOT ACCEPTED AND T HE DIRECTOR WILL NEED TO ABSTAIN FROM PARTICIPATION IN CERTAIN VOTES. CONFLICT DISCLOSURES , FACTS AND ACTIONS WILL BE DOCUMENTED IN THE APPROPRIATE COMMITTEE OR BOARD MINUTES. A DI RECTOR WITH A CONFLICT OF INTEREST WILL NOT PARTICIPATE IN DELIBERATIONS OR VOTE BY THE BO ARD OF DIRECTORS, OR COMMITTEE THEREOF, ON THE MATTER GIVING RISE TO THE CONFLICT. HE OR S HE MAY PRESENT RELEVANT INFORMATION ABOUT THE MATTER AND ALSO MAY RESPOND TO REQUESTS FOR FACTS NEEDED BY THE BOARD TO REACH AN INFORMED DECISION. AFTER ANY DISCUSSION, THE INTERES TED DIRECTOR SHALL EITHER ABSTAIN FROM VOTE OR RECUSE COMPLETELY AND BE ABSENT DURING FURT HER DELIBERATIONS AND ACTION ON THE MATTER, AS DETERMINED BY THE DIRECTOR BOARD OFFICERS O F THE ENTITY. |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION FOR ANY ACNW EXECUTIVE OR SENIOR OFFICER (PRESIDENT; EXECUTIVE VICE PRESIDENT ; SENIOR VICE PRESIDENT) WHO IS NOT A CONTRACTED UAMS EMPLOYEE IS REVIEWED BY THE ARKANSAS CHILDREN'S HUMAN RESOURCES AND COMPENSATION COMMITTEE WHICH IS ESTABLISHED THROUGH THE BY LAWS OF ARKANSAS CHILDREN'S, INC. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE HAS THE F ULL AUTHORITY AND SPECIFIC RESPONSIBILITY FOR REVIEWING AND APPROVING COMPENSATION POLICIE S, BASE SALARY AND INCENTIVE COMPENSATION LEVELS, EXECUTIVE RETIREMENT AND OTHER EXECUTIVE BENEFIT PLANS FOR HEALTH SYSTEM SENIOR MANAGEMENT, INCLUDING OFFICERS OF THE CORPORATION AND AFFILIATES WHO ARE "DISQUALIFIED PERSONS" UNDER SECTION 4958 OF THE CODE. THE POLICIES AND PROGRAMS REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHAL L BE DESIGNED TO ENSURE THAT THE CORPORATION AND ITS AFFILIATES REMAIN COMPETITIVE AND REA SONABLE RELATIVE TO THE COMPENSATION AND BENEFITS PRACTICES OF SIMILARLY SITUATED HEALTH S YSTEMS LOCALLY AND NATIONALLY, AND TO PERMIT THE CORPORATION AND SUCH AFFILIATES TO ATTRAC T AND RETAIN SUPERIOR SENIOR MANAGEMENT, IN FURTHERANCE OF THE CORPORATION'S AND AFFILIATE S PURPOSES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL HAVE, TO THE FULLEST EXTE NT OF THE LAW, THE AUTHORITY TO APPROVE THE COMPENSATION PACKAGES FOR SENIOR MANAGEMENT OF THE CORPORATION AND THE AFFILIATES. IN ITS PROCESS, THE COMMITTEE SHALL OBTAIN AND MUST R ELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION OF REASONA BLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENTS OF DISQUALIFIED PERSONS. APPROPRIATE DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGA NIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; THE AVAILAB ILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE CORPORATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON. THE COMMITTEE MAY RELY UPON OPINIO NS OF QUALIFIED LEGAL, ACCOUNTING, VALUATION AND EXECUTIVE COMPENSATION EXPERTS. CONTEMPOR ANEOUSLY WITH MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENT OF THE CEO AND DISQUALIFIED PERSONS, THE COMMITTEE SHALL DOCUMENT IN ITS MINUT ES THE BASIS FOR ITS DECISIONS. A VERBAL REPORT IS PROVIDED TO THE BOARD BY THE CHAIR OF T HE COMMITTEE. MINUTES ARE AVAILABLE FOR REVIEW UPON BOARD MEMBER REQUEST TO THE BOARD CHAI R. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION C, LINE 18 | ARKANSAS CHILDREN'S NORTHWEST'S FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION C, LINE 19 | ARKANSAS CHILDREN'S NORTHWEST'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AS REQUIRED. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART IX, LINE 11G | PHYSICIAN REMUNERATION: PROGRAM SERVICE EXPENSES 5,077,459. MANAGEMENT AND GENERAL EXPENSE S 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,077,459. REFERRED TESTING: PROGRAM SERVICE E XPENSES 1,048,679. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENS ES 1,048,679. REPAIRS AND MAINTENANCE: PROGRAM SERVICE EXPENSES 62,448. MANAGEMENT AND GEN ERAL EXPENSES 104,464. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 166,912. OTHER FEES FOR SERV ICES: PROGRAM SERVICE EXPENSES 1,037,245. MANAGEMENT AND GENERAL EXPENSES 625,196. FUNDRAI SING EXPENSES 0. TOTAL EXPENSES 1,662,441. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9: | TRANSFER OF FUNDS TO ACMG -4,561,545. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XII, LINE 2C | IT IS PART OF THE RESERVED POWERS OF ARKANSAS CHILDREN'S, INC. TO RETAIN, OVERSEE AND TERM INATE INDEPENDENT EXTERNAL AUDITORS TO AUDIT THE FINANCIAL STATEMENTS OF ACH OR OF ANY AFF ILIATE. ONE OF THE STANDING COMMITTEES OF ARKANSAS CHILDREN'S, THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE, SHALL UNDERTAKE THE FOLLOWING DUTIES IN THE AREAS OF FINANCE AND AUDI TS: (I) CAUSING TO BE PREPARED, AND SUBMIT TO THE BOARD OF DIRECTORS AT ITS LAST MEETING B EFORE THE END OF THE FISCAL YEAR, THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION, AS WELL AS THE CAPITAL AND OPERATING BUDGETS OF AFFILIATES; (II) EXAMINING THE MONTHLY FINAN CIAL REPORTS OF THE HEALTH SYSTEM; (III) REVIEWING THE INTERNAL AUDITING FUNCTIONS OF THE HEALTH SYSTEM; (IV) ENGAGING AN EXTERNAL AUDIT FIRM, SUBJECT TO APPROVAL BY THE BOARD OF D IRECTORS; (V) REVIEWING WITH THE INDEPENDENT AUDITOR THE SCOPE AND PLANNING OF THE AUDIT P RIOR TO THE COMMENCEMENT OF THE AUDIT, AS WELL AS UPON COMPLETION OF THE AUDIT, REVIEWING AND DISCUSSING WITH THE INDEPENDENT AUDITOR ANY MATERIAL RISKS OR WEAKNESSES IN INTERNAL C ONTROLS IDENTIFIED BY THE AUDITOR, ANY RESTRICTIONS ON THE SCOPE OF THE AUDITOR'S ACTIVITI ES OR ACCESS TO REQUESTED INFORMATION, ANY SIGNIFICANT DISAGREEMENTS BETWEEN THE AUDITOR A ND MANAGEMENT, AND THE ADEQUACY OF THE HEALTH SYSTEM'S ACCOUNTING AND FINANCIAL REPORTING PROCESSES; (VI) ANNUALLY CONSIDERING THE PERFORMANCE AND INDEPENDENCE OF THE INDEPENDENT A UDITOR; (VII) REVIEWING AND REPORTING TO THE BOARD ON THE ANNUAL AUDITED FINANCIAL STATEME NT OF THE HEALTH SYSTEM CERTIFIED BY THE CORPORATION'S CERTIFIED PUBLIC ACCOUNTANTS, TOGET HER WITH SUCH CERTIFIED PUBLIC ACCOUNTANTS' MANAGEMENT LETTER TO THE CORPORATION WHICH THE COMMITTEE SHALL REVIEW AND REPORT ON TO THE BOARD OF DIRECTORS; (VIII) SUGGESTING MEANS T O IMPROVE FISCAL ACCOUNTABILITY AND INTERNAL AUDIT PROCEDURES FOR THOSE AREAS IDENTIFIED A S REQUIRING IMPROVEMENT; (IX) PROVIDING OVERSIGHT FOR THE HEALTH SYSTEM'S CORPORATE COMPLI ANCE PROGRAM, INCLUDING CORPORATE ETHICS AND COMPLIANCE WITH LEGAL AND REGULATORY REQUIREM ENTS; AND (X) REPORTING ON THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE'S ACTIVITIES TO THE FULL BOARD. |

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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
ARKANSAS CHILDREN'S NORTHWEST INC

**Employer identification number**
81-0817660

**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 |
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**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) Section 512 (b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| **(1)**ARKANSAS CHILDREN'S INC<br>1 CHILDRENS WAY<br><br>LITTLE ROCK, AR 72202<br>81-0801296 | HEALTH CARE PARENT CORP | AR | 501(C)(3) | LINE 12B, II | N/A | | No |
| **(2)**ARKANSAS CHILDREN'S HOSPITAL<br>1 CHILDRENS WAY<br><br>LITTLE ROCK, AR 72202<br>71-0236857 | HOSPITAL | AR | 501(C)(3) | LINE 3 | ARKANSAS CHILDREN'S INC | | No |
| **(3)**ARKANSAS CHILDREN'S FOUNDATION<br>1 CHILDRENS WAY<br><br>LITTLE ROCK, AR 72202<br>71-0568795 | FUNDRAISING | AR | 501(C)(3) | LINE 7 | ARKANSAS CHILDREN'S INC | | No |
| **(4)**ARKANSAS CHILDREN'S RESEARCH INSTITUTE<br>13 CHILDRENS WAY<br><br>LITTLE ROCK, AR 72202<br>71-0694931 | RESEARCH | AR | 501(C)(3) | LINE 7 | ARKANSAS CHILDREN'S INC | | No |
| **(5)**ARKANSAS CHILDREN'S HOSPITAL AUXILIARY<br>1 CHILDRENS WAY<br><br>LITTLE ROCK, AR 72202<br>71-0606585 | FUNDRAISING & VOLUNTEERS | AR | 501(C)(3) | LINE 12A, I | ARKANSAS CHILDREN'S INC VIA ARKANSAS CHILDREN'S HOSPITAL AND FOUNDATION | | No |
| **(6)**ARKANSAS CHILDREN'S MEDICAL GROUP<br>1 CHILDRENS WAY<br><br>LITTLE ROCK, AR 72202<br>82-0771462 | HOSPITAL/MEDICAL SERVICES | AR | 501(C)(3) | LINE 3 | ARKANSAS CHILDREN'S INC | | 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 |
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**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)**CHILDREN'S HEALTHCARE SYSTEM INC<br>1 CHILDRENS WAY<br>LITTLE ROCK, AR 72202<br>58-6304957 | MANAGEMENT SERVICES | AR | N/A | C | | | | | No |
| **(2)**ARKANSAS CHILDREN'S CARE NETWORK<br>1 CHILDRENS WAY<br>LITTLE ROCK, AR 72202<br>37-1854930 | CLINICALLY INTEGRATED NETWORK | AR | N/A | C | | | | | No |
| **(3)**SACOVA INSURANCE COMPANY LTD<br>18 FORUM LANE 2ND FLOOR<br>CAMANA BAY, GRAND CAYMAN KY1-1102<br>CJ 98-1472934 | CAPTIVE INSURANCE COMPANY | CJ | N/A | C | | | | | No |
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**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 | Yes | |
| **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 | Yes | |
| **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 | | No |
| **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 | Yes | |
| **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 | Yes | |

**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 |
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**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 | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
| --- | --- |
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