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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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.

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

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 ▶

D Employer identification number
81-0817660

E Telephone number
(479) 725-6800

G Gross receipts \$ 90,632,024

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

Activities & Governance

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)

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

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

b Net unrelated business taxable income from Form 990-T, line 39

3

4

5

6

7a

7b

14

11

501

182

0

0

Revenue

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

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

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

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

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

Prior Year

Current Year

11,477,25920,914,545

67,903,09468,778,958

476,340382,926

472,242555,595

80,328,93590,632,024

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses. Subtract line 18 from line 12

54,62954,976

00

25,812,03225,788,369

00

37,634,70841,553,533

63,501,36967,396,878

16,827,56623,235,146

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

198,332,902211,078,044

86,482,29080,943,168

111,850,612130,134,876

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

MARCELLA DODERER, PRESIDENT/CEO

Type or print name and title

2022-05-10

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01959439

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) 379-7995

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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 \$ 52,349,853 including grants of \$ 54,976) (Revenue \$ 68,929,906)
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 ▶ 52,349,853

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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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 ComplianceCheck 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	44
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 501			
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?				
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?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a	
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 720, 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 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.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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?	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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

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

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

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.

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,652,686	3,435,850	685,670

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 ▶ 15

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	PATIENT TRANSPORT/EVS/LINEN SERVICES	1,683,716
COMPASS ONE PO BOX 102289 ATLANTA, GA 30368	CAFETERIA SERVICES	1,425,708
BIOFIRE DIAGNOSTICS PO BOX 500308 ST LOUIS, MO 63150	CLINICAL DIAGNOSTIC TESTING	1,031,806
ALLIED UNIVERSAL SECURITY SERVICE PO BOX 828854 PHILADELPHIA, PA 19182	SECURITY SERVICES	990,746
CROSS COUNTRY STAFFING PO BOX 404674 ATLANTA, GA 30384	STAFFING SERVICES	480,439

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 ▶ 12

Form 990 (2020)		Page 9			
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	9,593,916	
	e	Government grants (contributions)	1e	11,320,629	
	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		20,914,545	
Program Service Revenue	2a	PMTS FOR MEDICAL SERVI	Business Code 622110	68,778,958	68,778,958
	b				
	c				
	d				
	e				
	f	All other program service revenue.			
	g	Total. Add lines 2a-2f.		68,778,958	
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		382,926	
	4	Income from investment of tax-exempt bond proceeds			
	5	Royalties			
	6a	Gross rents	(i) Real (ii) Personal		
	b	Less: rental expenses			
	c	Rental income or (loss)			
	d	Net rental income or (loss)			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other		
	b	Less: cost or other basis and sales expenses			
	c	Gain or (loss)			
	d	Net gain or (loss)			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			
	b	Less: direct expenses			
	c	Net income or (loss) from fundraising events			
	9a	Gross income from gaming activities. See Part IV, line 19			
	b	Less: direct expenses			
	c	Net income or (loss) from gaming activities			
	10a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	c	Net income or (loss) from sales of inventory			
Miscellaneous Revenue		Business Code			
11a	NUTRITIONAL SERVICES	622110	323,086		323,086
b	GIFT SHOP	459420	81,561		81,561
c					
d	All other revenue		150,948	150,948	
e	Total. Add lines 11a-11d		555,595		
12	Total revenue. See instructions		90,632,024	68,929,906	0

Form 990 (2020)

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	30,757	30,757		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,219	24,219		
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	2,121,624	1,211,005	910,619	
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	19,670,013	17,027,133	2,642,880	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	3,996,732	3,580,001	416,731	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	3,994,335	1,309,405	2,684,930	
b Legal	18,667		18,667	
c Accounting	8,300		8,300	
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)	9,811,759	9,042,137	769,622	
12 Advertising and promotion	511,660	10,256	501,404	
13 Office expenses	1,138,504	1,006,189	132,315	
14 Information technology	1,984,180	785,181	1,198,999	
15 Royalties				
16 Occupancy	817,681	572,971	244,710	
17 Travel	174,439	152,918	21,521	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,734	35,332	6,402	
20 Interest	2,828,906	6,186	2,822,720	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,869,912	6,985,295	1,884,617	
23 Insurance	370,277	130,336	239,941	
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	8,881,567	8,794,012	87,555	
b OTHER ADMINISTRATIVE EX	1,530,889	1,495,594	35,295	
c MINOR EQUIPMENT	417,041	106,110	310,931	
d DUES & SUBSCRIPTIONS	153,682	44,816	108,866	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	67,396,878	52,349,853	15,047,025	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 SheetCheck 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		27,936,218	2	34,022,815	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		5,494,570	4	7,335,877	
	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		789,762	8	916,674	
	9	Prepaid expenses and deferred charges		812,013	9	827,072	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	153,131,994			
	b	Less: accumulated depreciation	10b	30,619,543	129,087,337	10c	122,512,451
	11	Investments—publicly traded securities		1,748,092	11	1,730,136	
	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		32,464,910	15	43,733,019	
16	Total assets. Add lines 1 through 15 (must equal line 33)		198,332,902	16	211,078,044		
Liabilities	17	Accounts payable and accrued expenses		3,587,561	17	5,768,436	
	18	Grants payable			18		
	19	Deferred revenue		6,114,013	19	0	
	20	Tax-exempt bond liabilities		76,473,956	20	73,805,519	
	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		306,760	25	1,369,213	
	26	Total liabilities. Add lines 17 through 25		86,482,290	26	80,943,168	
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		105,561,622	27	122,844,379	
	28	Net assets with donor restrictions		6,288,990	28	7,290,497	
	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		111,850,612	32	130,134,876	
33	Total liabilities and net assets/fund balances		198,332,902	33	211,078,044		

Part XI Reconciliation of Net AssetsCheck 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	90,632,024
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,396,878
3	Revenue less expenses. Subtract line 2 from line 1	3	23,235,146
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111,850,612
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	-4,950,882
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	130,134,876

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID:
Software Version:
EIN: 81-0817660
Name: ARKANSAS CHILDREN'S NORTHWEST INC

Form 990 (2020)

Form 990, Part III, Line 4a:

ARKANSAS CHILDREN'S NORTHWEST (ACNW) IS A PEDIATRIC HOSPITAL LOCATED IN SPRINGDALE, ARKANSAS THAT OPENED ON FEBRUARY 27, 2018. THE HOSPITAL IS 233,613 SQUARE FEET THAT INCLUDES INPATIENT BEDS, EMERGENCY CARE, DIAGNOSTIC SERVICES AND CLINIC SPACE. THE 37-ACRE CAMPUS INCLUDES NATURE TRAILS AND GARDENS FOR PATIENTS AND THEIR FAMILIES. DURING THE YEAR ENDED JUNE 30, 2021, ACNW'S UTILIZATION WAS AS FOLLOWS: 2,173 ADMISSIONS WITH AN AVERAGE STAY OF 1.86 DAYS; 3,880 PATIENT DAYS; 10.6 AVERAGE DAILY CENSUS; 42,298 OUTPATIENT VISITS, EXCLUDING ER VISITS WHICH WERE 22,594; AND 3,397 SURGERIES. CONTINUED ON SCHEDULE O.ACNW, THE REGION'S FIRST AND ONLY PEDIATRIC HOSPITAL, 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
MARCELLA DODERER PRESIDENT/CEO	0.26 56.17	X		X				0	1,400,777	239,655
JENNIFER AUNSPAUGH MD TRUSTEE/DIRECTOR-CHIEF OF STAFF	0.30 55.00	X						0	526,288	66,519
RON CLARK TRUSTEE/DIRECTOR	0.08 0.42	X						0	0	0
JON DYER CHAIR OF THE BOARD	0.24 0.00	X						0	0	0
HARRY C ERWIN TRUSTEE/DIRECTOR	0.18 0.47	X						0	0	0
GARY GEORGE TRUSTEE/DIRECTOR	0.14 0.24	X						0	0	0
STACY LEEDS TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.06 0.00	X						0	0	0
PAT MCCLELLAND TRUSTEE/DIRECTOR	0.39 0.58	X						0	0	0
KELVIN PARKS TRUSTEE/DIRECTOR	0.12 0.00	X						0	0	0
CHARLES REDFIELD VICE CHAIR	0.14 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JOHN ROBERTS TRUSTEE/DIRECTOR	0.12 0.00	X						0	0	0
MARSHALL SAVIERS TRUSTEE/DIRECTOR	0.07 0.00	X						0	0	0
KC TUCKER BOARD TREASURER	0.27 0.16	X						0	0	0
BARBARA TYSON TRUSTEE/DIRECTOR	0.12 0.00	X						0	0	0
NOEL WHITE TRUSTEE/DIRECTOR	0.14 0.00	X						0	0	0
GENA WINGFIELD EVP AND CFO	0.00 48.00			X				0	689,397	98,731
PATRICIA MONTAGUE SVP/CHIEF ADMINISTRATOR (PARTIAL YR)	31.88 18.12				X			263,545	283,645	35,514
SHANNON HENDRIX SVP/CHIEF ADMINISTRATOR	4.17 45.83				X			11,941	259,976	36,435
MICHAEL HOWARD VP/CHIEF NURSING OFFICER	50.00 0.00				X			220,200	0	18,700
DIANA MCDANIEL OPERATIONS VP	50.00 0.00				X			212,332	0	22,355

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
KEITH VEIT PATIENT CARE SVC DIRECTOR	50.00 0.00				X			153,321	0	29,897
JAMA HUNTLEY PHARMACY DIRECTOR	50.00 0.00				X			151,827	0	20,250
CINDY HILL FINANCIAL SERVICES VP	0.00 55.00				X			0	275,767	36,700
JEFFREY WILLIAMS STAFF PHARMACIST	40.00 0.00					X		136,193	0	27,887
LESLIE RYLEE PATIENT CARE SVC DIRECTOR	55.00 0.00					X		135,977	0	16,586
SARAH SMITH AMBULATORY SERVICES DIRECTOR	45.00 0.00					X		129,987	0	15,781
SHANNON OLIVER STAFF PHARMACIST	40.00 0.00					X		118,938	0	7,224
DAVID THIESSEN ADMINISTRATIVE SERVICES DIRECTOR	40.00 0.00					X		118,425	0	13,436

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2019 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 lines 2a and 2b below.		
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? <i>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.</i>		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2020

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	4,895,940	4,944,705			
b Contributions	71,460	41,476	3,721,746		
c Net investment earnings, gains, and losses	1,332,000	52,607	1,402,615		
d Grants or scholarships					
e Other expenditures for facilities and programs	267,150	142,848	179,656		
f Administrative expenses					
g End of year balance	6,032,250	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 ▶ 53.880 %

c

Term endowment ▶ 46.120 %

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:

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

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		120,048,604	17,386,403	102,662,201
c Leasehold improvements				
d Equipment		25,280,316	13,192,801	12,087,515
e Other		1,063,074	40,339	1,022,735
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				122,512,451

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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	42,660,624
(2) OTHER RECEIVABLES	64,535
(3) OPERATING LEASES	903,352
(4) DUE FROM AFFILIATES	104,508
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	43,733,019

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)	445,978
(3) OPERATING LEASE - NONCURRENT	505,749
(4) OPERATING LEASE - CURRENT	397,603
(5) CAPITAL LEASE OBLIGATIONS	19,883
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,369,213

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, ARKANSAS CHILDREN'S MEDICAL GROUP, AND SACOVA INSURANCE COMPANY (COLLECTIVELY, ARKANSAS CHILDREN'S). FOOTNOTE: ARKANSAS CHILDREN'S APPLIES 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 POSITIONS ARE DETERMINED. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ARKANSAS CHILDREN'S AND HAS CONCLUDED THAT AS OF JUNE 30, 2021 AND 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

► 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.

Department of the Treasury

Internal Revenue Service

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>25000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 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"?	3a	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	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 eligible for free or discounted care?	5a	Yes
6a	Did the organization prepare a community benefit report during the tax year?	5b	No
b	If "Yes," did the organization make it available to the public?	5c	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	No
		6b	

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)			2,138,841		2,138,841	3.170 %
b Medicaid (from Worksheet 3, column a)			54,321,563	47,570,738	6,750,825	10.020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			56,460,404	47,570,738	8,889,666	13.190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			501,949	8,800	493,149	0.730 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			7,233,472	2,932,674	4,300,798	6.380 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			26,680	750	25,930	0.040 %
j Total. Other Benefits			7,762,101	2,942,224	4,819,877	7.150 %
k Total. Add lines 7d and 7j			64,222,505	50,512,962	13,709,543	20.340 %

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			4,827		4,827	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			4,827		4,827	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		950,517
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	85,553
6 Enter Medicare allowable costs of care relating to payments on line 5	6	84,722
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	831
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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				
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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)
ARKANSAS CHILDREN'S NORTHWEST**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3 Yes	
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7 Yes	
a ☒ Hospital facility's website (list url): <u>WWW.ARCHILDRENS.ORG/RESOURCES/COMMUNITY-NEEDS-ASSESSMENT</u>		
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 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ARCHILDRENS.ORG/RESOURCES/COMMUNITY-NEEDS-ASSESSMENT</u>	10 Yes	
a		
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			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
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? 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):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
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 _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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. AS DETAILED IN THE FOOD SECURITY SECTION, ACNW HELPED SELECT FOOD BANKS AND PANTRIES TO SUPPORT IN THE NORTHWEST ARKANSAS AREA, AS PART OF THE SYSTEM-WIDE ARKANSAS CHILDREN'S \$1,000,000 DONATION TO FOOD BANKS AND FOOD PANTRIES AROUND THE STATE. OTHER ORGANIZATIONS ACNW SUPPORTED THIS FISCAL YEAR INCLUDE, 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. ACNW HAS ALSO CONTRIBUTED THE CHILDREN'S SAFETY CENTER OF WASHINGTON COUNTY, AMERICAN HEART ASSOCIATION, FAYETTEVILLE CHAMBER OF COMMERCE AND THE NWA HISPANIC HERITAGE FESTIVAL, SPRINGDALE PARKS AND RECREATION, AND THE RONALD MCDONALD HOUSE OF ARKOMA.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT EXPENSE REPORTED ON LINE 2 REPRESENTS UNCOLLECTIBLE PATIENT ACCOUNTS AND IS CALCULATED ON A COST BASIS.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	THE ACNW MEDICARE POPULATION IS PRIMARILY RENAL PEDIATRIC PATIENTS. THEREFORE, THE MEDICARE SHORTFALL, IF ANY, SHOULD BE INCLUDED AS A COMPONENT OF COMMUNITY BENEFIT BECAUSE THE REIMBURSEMENT IS NOT NEGOTIATED AND SERVICES CANNOT BE PROVIDED ELSEWHERE.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 IS GUIDING THE HOSPITAL'S COMMUNITY BENEFIT AND COMMUNITY PARTNERSHIPS TO IMPROVE HEALTH.
PART VI, LINE 3:	PLEASE SEE PART III, LINE 9B DESCRIPTION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	AS THE REGION'S FIRST AND ONLY PEDIATRIC HOSPITAL, ACNW DEFINES THE COMMUNITY IT SERVES AS THE MORE THAN 200,000 CHILDREN LOCATED IN THE 11-COUNTY NORTHWEST ARKANSAS REGION. THOUGH THE HOSPITAL SERVES OUT-OF-STATE PATIENTS AS WELL, ACNW DREW APPROXIMATELY 78.7% OF ITS OUTPATIENTS AND 61.9% OF ITS INPATIENTS FROM WASHINGTON AND BENTON COUNTIES FOR THE FISCAL YEAR ENDING JUNE 30, 2021, WITH THE MAJORITY OF THE PATIENTS COMING FROM WASHINGTON COUNTY. ACCORDING TO U.S. CENSUS BUREAU 2020 CENSUS DATA, POPULATION TOTALS AT THAT TIME WERE 3,011,524 FOR THE STATE OF ARKANSAS AND 530,204 FOR WASHINGTON AND BENTON COUNTIES COMBINED. ESTIMATED 2021 CENSUS DATA INDICATED POPULATION TOTALS TO BE 3,025,891 FOR ARKANSAS. ALSO ACCORDING TO ESTIMATED 2021 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 2020 WAS 6.1%, A SHARP INCREASE FROM THE PREVIOUS YEAR. THE PER CAPITA PERSONAL INCOME FOR THE STATE OF ARKANSAS FOR 2020 WAS \$27,274. THE PERCENT OF ALL PEOPLE IN POVERTY IN ARKANSAS WAS 16.2% AND THE PERCENT OF CHILDREN 18 OR YOUNGER IN POVERTY WAS 22.1%, INDICATING A SLIGHT IMPROVEMENT FROM THE PRIOR YEAR.THE ESTIMATED 696,686 ARKANSAS CHILDREN UNDER AGE 18 REPRESENTED 23.2% OF THE STATE'S TOTAL POPULATION FOR 2020. THE HISPANIC CHILD POPULATION GREW FROM 9.3% AS REPORTED IN THE 2010 CENSUS TO 12.2% AS REPORTED IN THE 2020 CENSUS. HOWEVER, THE NUMBER OF AFRICAN AMERICAN CHILDREN UNDER AGE 18 DROPPED SLIGHTLY FROM 19.3% TO 17.1%. 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 5.9% OF CHILDREN LACKING COVERAGE AS OF 2020. 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 STILL NOT AFFORD TO PURCHASE HEALTH INSURANCE.
PART VI, LINE 5:	ARKANSAS CHILDREN'S VOLUNTEER ENGAGEMENT PROVIDES SYSTEM-WIDE VOLUNTEER SUPPORT TO ELEVATE PATIENT EXPERIENCES BY PROVIDING HELP TO CAREGIVERS, POSITIVE DISTRACTIONS FOR PATIENTS, AND SUPPORT TO HARDWORKING TEAMS. THE SYSTEM-WIDE TEAM LEADS MANY STRATEGIC HOSPITAL VOLUNTEER PROGRAMS IN ADDITION TO ENGAGING MORE THAN 250 WEEKLY ADULT VOLUNTEERS SERVING AT TWO HOSPITAL CAMPUSES. IN FY21, 62 VOLUNTEERS SERVED 3,208 HOURS ON THE ARKANSAS CHILDREN'S NORTHWEST CAMPUS. IN ADDITION, THE VOLUNTEER ENGAGEMENT TEAM SOLICITS, ACCEPTS, STEWARDS, AND DISTRIBUTES TOYS, CONVENIENCE ITEMS AND OTHER IN-KIND DONATIONS VALUED AT APPROXIMATELY \$1,000,000 ANNUALLY. VOLUNTEER ENGAGEMENT ALSO PROVIDES STRATEGIC LEADERSHIP AND OPERATIONAL OVERSIGHT TO HOSPITAL GIFT SHOPS, THE MEDICAL LEGAL PARTNERSHIP AND THE ACH FAMILY RESOURCE CENTER.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 LEARNING 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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 2601 GENE GEORGE BLVD SPRINGDALE, AR 72762 WWW.ARCHILDRENS.ORG 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 PRIVATE, 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 PRIVATE, 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. ACNW, THE REGIONS FIRST AND ONLY PEDIATRIC HOSPITAL, IS LOCATED ON A 37-ACRE CAMPUS IN SPRINGDALE, ARKANSAS. ACNW HAS A 24 BED INPATIENT UNIT, A PEDIATRIC 24/7 EMERGENCY ROOM EQUIPPED WITH 30 EXAM ROOMS AND IS A LEVEL IV PEDIATRIC TRAUMA CENTER. ACNW ALSO PROVIDES PRIMARY AND SPECIALTY CARE WITH OUTPATIENT CLINICS OFFERING OVER 20 SUBSPECIALTIES, A SURGERY CENTER FOR OUTPATIENT AND EMERGENCY SURGERY NEEDS, AN INFUSION CLINIC, IMAGING SERVICES, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, AND AN OUTPATIENT LAB. 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, CARROLL, BOONE, WASHINGTON, MADISON, NEWTON, CRAWFORD, FRANKLIN, JOHNSON, SEBASTIAN AND LOGAN). ACCORDING TO THE U.S. CENSUS BUREAU, THERE ARE ABOUT 200,000 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.

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 THAT WORK TOGETHER TO ADVANCE CHILD HEALTH, 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 FISCAL YEAR 2021, ARKANSAS CHILDREN'S NORTHWEST (ACNW) CONTINUED WORKING ON THE GOALS FROM THE 2020-2022 AC NW IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY INCLUDES DESCRIPTIONS OF THE PROPO SED NEW ACTIONS, CONTINUING INITIATIVES AND THE ANTICIPATED IMPACT AND STAKEHOLDER GROUPS FOR SEVEN OF THE TEN CHILD HEALTH NEEDS IDENTIFIED IN THE 2020 ACNW COMMUNITY HEALTH NEEDS ASSESSMENT. THE 2020-2022 IMPLEMENTATION STRATEGY WAS APPROVED BY THE ACNW BOARD OF DIREC TORS IN AUGUST 2019. UPDATES ON ACTIONS UNDERTAKEN DURING FY21 FOR EACH OF THE 2019 CHNA P RIORITIZED ISSUES ARE LISTED BELOW. ADDRESSING COMMUNITY IMPACTS OF COVID-19: THE WORK TO ADDRESS THE SOCIAL NEEDS AND HEALTH NEEDS CREATED BY THE COVID-19 PANDEMIC HAVE STRETCHED BEYOND A SINGLE YEAR. THIS SUMMARY OF THE WORK ARKANSAS CHILDREN'S IS DOING TO ADDRESS THE SOCIAL IMPACTS OF THE COVID-19 PANDEMIC ON CHILDREN AND THEIR FAMILIES INCLUDES INITIATIV ES THAT BEGAN IN MARCH 2020 AND HAVE CONTINUED TO FULFILL ONGOING NEEDS. SPECIFIC NUMBERS AND INITIATIVES MENTIONED BELOW ARE RELATED TO THE JULY 2020 TO JUNE 2021 FISCAL YEAR. THE ARKANSAS CHILDREN'S TELEHEALTH DEPARTMENT CREATED THE CAPABILITY FOR MORE THAN 70 CLINICS TO HAVE TELEMEDICINE APPOINTMENTS. BEFORE THE ONSET OF THE COVID-19 PANDEMIC, ARKANSAS CH ILDREN'S HELD ANYWHERE FROM 10 TO 20 TELEMEDICINE VISITS PER DAY. WITH THE EXPANDED CAPABI LITY AND THE INCREASED NEED, THE NUMBER OF TELEMEDICINE VISITS HAS INCREASED TO OVER 100 V ISITS EACH DAY, INCLUDING VISITS FOR PATIENTS OF ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST. OF THE TELEHEALTH VISITS SINCE JULY 2020, 29% OF THE VISITS ORIGINA TED IN A RURAL COUNTY. THE OTHER TWO-THIRDS OF VISITS WERE FOR PATIENTS THAT LIVE IN COUNT IES THAT ARE PARTIALLY RURAL. TELEHEALTH IS AN IMPORTANT METHOD FOR ARKANSAS CHILDREN'S TO REACH RURAL AND VULNERABLE CHILDREN CLOSER TO THEIR HOMES. ARKANSAS CHILDREN'S SET UP A S TATEWIDE HOTLINE TO RESPOND TO CALLS RELATED TO COVID-19 AND CHILDREN'S HEALTH QUESTIONS A ND CONCERNS. THE HOTLINE WAS LAUNCHED ON MARCH 12, 2020 AND FACILITATED OVER 3,000 PHONE C ALLS EACH MONTH. THE SERVICE CONTINUED UNTIL OCTOBER 25, 2020. CALLS WERE ANSWERED 24 HOUR S A DAY, SEVEN DAYS A WEEK BY CLINICAL SUPPORT STAFF; THESE 63 TEAM MEMBERS HELPED PROVIDE INFORMATION, CLINICAL EXPERTISE, AND GUIDANCE TO CALLERS WITH QUESTIONS ABOUT COVID-19. A RKANSAS CHILDREN'S STRATEGIC MARKETING DEPARTMENT CREATED PUBLIC SERVICE COMMUNICATION TO ENCOURAGE HAND WASHING, SOCIAL DISTANCING, AND WEARING MASKS. THESE MESSAGES WERE SHARED W ITH OTHER HEALTHCARE FACILITIES FOR COLLABORATIVE USE. ARKANSAS CHILDREN'S CHILD LIFE LEAD ERS SHARED EXPERT CONTENT ON PLATFORMS LIKE FACEBOOK LIVE TO GIVE ADVICE TO FAMILIES PREPA RING FOR CLINIC VISITS, IN ADDITION TO HOW TO PROPERLY WEAR A MASK.AS ARKANSAS CHILDREN'S WORKED TO SERVE THE STATE THROUGH THE PANDEMIC, COMMUNITIES SHARED THEIR GENEROSITY WITH A RKANSAS CHILDREN'S, AS WELL. F

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	FROM JULY 2020 TO JUNE 2021, 47,330 CLOTH MASKS WERE DONATED TO THE ARKANSAS CHILDREN'S SYSTEM FOR DISTRIBUTION TO ANY PATIENT OR CAREGIVER WHO NEEDED ONE WHILE ATTENDING AN APPOINTMENT AT AN ARKANSAS CHILDREN'S FACILITY. OF THE STATEWIDE TOTAL, 4,064 MASKS WERE DONATED TO ARKANSAS CHILDREN'S NORTHWEST SPECIFICALLY, FOR REDISTRIBUTION AND USE. ARKANSAS CHILDREN'S SENIOR LEADERSHIP SERVED IN VARIOUS CAPACITIES ON LOCAL AND STATEWIDE ADVISORY BOARDS. ARKANSAS CHILDREN'S PARTICIPATED IN A COLLABORATIVE TASK FORCE THAT HAS FOCUSED ON PROVIDING RESOURCES FOR SCHOOLS, EDUCATORS, STUDENTS, AND FAMILIES, AS THE STATE PREPARED FOR A RETURN TO SAFE, IN-PERSON LEARNING. ARKANSAS CHILDREN'S PRESIDENT AND CEO, MARCY DODERER, SERVED ON THE GOVERNANCE COMMITTEE OF THIS TASKFORCE. DR. FREDERICK BARR, CHAIR OF PEDIATRICS AND PEDIATRICIAN IN CHIEF, SERVED AS THE CHAIR OF THE SCHOOL RESOURCE CENTER & HOTLINE WORK GROUP. DR. MARISHA DICARLO, VICE PRESIDENT OF COMMUNITY ENGAGEMENT, ADVOCACY, AND HEALTH, SERVED AS THE CHAIR OF THE HEALTHY SCHOOLS GUIDE WORK GROUP. ADDITIONAL TEAM MEMBERS FROM ARKANSAS CHILDREN'S SERVED IN A VARIETY OF CAPACITIES TO CONTRIBUTE TO THE ASSETS THE TASKFORCE PRODUCED. THIS TASKFORCE 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 INFORMATIONAL 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 IS TO BEGIN EVIDENCE-BASED NUTRITION EDUCATION CURRICULUM TO ADDRESS THE FOCUS AREAS OF FOOD INSECURITY AND CHILD OBESITY. ACNW HAS WORKED WITH ARKANSAS CHILDREN'S HEALTH EDUCATORS TO PROVIDE POP-UP COOKING MATTERS CLASSES TO STUDENTS IN THE NORTHWEST ARKANSAS REGION. POP-UP COOKING MATTERS IS AN INTERACTIVE EXPERIENCE FOR STUDENTS AND OTHER PEOPLE TO LEARN ABOUT COOKING HEALTHY FOOD AND SHOPPING ON A BUDGET. TWENTY- EIGHT PRESENTATIONS WERE GIVEN TO FOUR DIFFERENT SCHOOLS IN THE REGION WHICH REACHED 290 JUNIOR HIGH AND HIGH SCHOOL STUDENTS. OTHER WORK TO ADDRESS FOOD SECURITY INCLUDES STOCKING THE FAMILY HOUSE FOR INPATIENT FAMILIES AT ACNW, AN INPATIENT CAREGIVER MEAL PROGRAM THAT PROVIDES FREE MEALS TO AT-RISK FAMILIES. EMERGENCY FOOD BOXES ARE ALSO PROVIDED TO FAMILIES WHO SCREEN AS FOOD INSECURE WHEN THEY PRESENT TO THE EMERGENCY DEPARTMENT AT ACNW. ACNW WAS A SPONSOR OF THE NORTHWEST ARKANSAS FOOD BANK ANNUAL FUNDRAISING EVENT FOR 2021. THIS FINANCIAL SUPPORT ALLOWS THE NWA FOOD BANK TO HELP MEET THE FOOD SECURITY NEEDS OF FAMILIES IN THE REGION. ADDITIONALLY, IN JUNE 2021, ARKANSAS CHILDREN'S SYSTEM FINANCIALLY CONTRIBUTED TO NONPROFIT FOOD BANKS AND FOOD PANTRIES AROUND THE STATE. THESE FOOD BANKS AND FOOD PANTRIES HAVE SUPPORTED AN INCREASED NUMBER OF CHILDREN AND FAMILIES DURING AN UNPRECEDENTED TIME, THROUGH THE ONGOING COVID-19 PANDEMIC. AS A HEALTH SYSTEM, ARKANSAS CHILDREN'S DONATED OVER \$1,000,000 TO FOOD

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	OD BANKS AND PANTRIES AROUND THE STATE. NORTHWEST ARKANSAS ORGANIZATIONS SUPPORTED INCLUDE SOME OF THE LARGER FOOD BANKS SERVING THE AREA, LIKE THE NORTHWEST ARKANSAS FOOD BANK, AND SMALLER ORGANIZATIONS LIKE THE SAMARITAN COMMUNITY CENTER, ARKANSAS COALITION OF THE MAR SHALLESE, COMPASSION NWA, FOOD BANK OF NORTH CENTRAL ARKANSAS, AND THE NORTHWEST ARKANSAS FOOD BANK. ST. JAMES MISSIONARY BAPTIST CHURCH IN FAYETTEVILLE PROVIDED 1,094 MEALS TO 535 CHILDREN IN 1,094 FAMILIES. COMPASSION NWA IN SPRINGDALE PROVIDED 177,282 MEALS TO 8,442 CHILDREN IN 10,552 FAMILIES. RIVER VALLEY REGIONAL FOOD BANK IN FORT SMITH PROVIDED OVER 300,000 MEALS WITH THE DONATION. THESE FUNDS HELPED STRENGTHEN THE FOOD SECURITY OF FAMILIES AND THEIR CHILDREN AROUND THE NORTHWEST ARKANSAS REGION, DURING AN EXTREMELY CHALLENGING TIME.

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	(2) EQUITABLE ACCESS TO CARETHE SECOND COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO IMPR OVE ACCESS TO CARE BY PROMOTING CULTURAL AND LANGUAGE COMMUNICATION OPTIONS RELATED TO HEA LTH CARE TO ADDRESS THE FOCUS AREA OF EQUITABLE ACCESS TO CARE. NORTHWEST ARKANSAS HAS A D IVERSE PATIENT POPULATION WITH MANY NON-ENGLISH SPEAKING CHILDREN AND FAMILIES. FOR PATIEN TS OF ACNW, 10.2% OF PATIENTS SPEAK SPANISH AS A PRIMARY LANGUAGE AND 1.9% SPEAK MARSHALLE SE AS A PRIMARY LANGUAGE. TO ENSURE ALL PATIENTS ARE SERVED IN A CULTURALLY SENSITIVE MANNER, ACNW HAS 11 INTERPRETERS (SIX FULL-TIME AND FIVE PART-TIME), AND IS CONTINUALLY EVOLVI NG AND CUSTOMIZING INTERPRETER SERVICES BOTH IN PERSON AND VIRTUALLY. DURING FY21, 15,310 HOURS OF INTERPRETER SERVICES WERE PROVIDED TO PATIENTS AND THEIR FAMILIES. IN ADDITION TO EMPLOYING AN INTERPRETER TEAM, BILINGUAL STAFF ARE REIMBURSED FOR OBTAINING THEIR MEDICAL TRANSLATION CERTIFICATE AND RECEIVE ADDITIONAL COMPENSATION FOR THEIR SKILL. ACNW IS WORK ING TO INCREASE THE NUMBER OF BILINGUAL STAFF ACROSS MANY AREAS OF THE HOSPITAL, SUCH AS R EGISTRATION AND SCHEDULING. INSURANCE AND A FAMILY'S ABILITY TO PAY FOR HEALTH CARE IS AN IMPORTANT COMPONENT OF EQUITABLE ACCESS TO CARE. ARKANSAS CHILDREN'S NORTHWEST HAS ESTABLI SHED A FINANCIAL COUNSELING PROGRAM WITH A GOAL TO PROVIDE ALL FAMILIES WITH GUIDANCE AND SUPPORT TO ESTABLISH A HEALTHCARE PAYER SOURCE. FINANCIAL COUNSELING SERVICES AT ACNW RANG E FROM SCREENING A PATIENT FOR MEDICAID, TO ANSWERING INSURANCE QUESTIONS, TO HELPING FAMI LIES COMPLETE TAX EQUITY AND FISCAL RESPONSIBILITY ACT (TEFRA) APPLICATIONS AND MORE. BEGI NNING IN JUNE 2019, FOCUSED EFFORTS WERE UNDERTAKEN TO ENSURE THAT PATIENTS IDENTIFYING AS SELF-PAY WERE SCREENED FOR MEDICAID AND OFFERED FINANCIAL SERVICES. ACNW HAS AN ESTABLISH ED TEAM OF FINANCIAL COUNSELORS WHOSE GOAL IS TO PROVIDE ALL FAMILIES WITH GUIDANCE AND SU PPORT TO ESTABLISH A HEALTHCARE PAYER SOURCE. ALL PATIENTS THAT IDENTIFY AS UNINSURED ARE SCREENED FOR MEDICAID. IF CRITERIA ARE MET, THEN ACNW FINANCIAL COUNSELORS BEGIN THE APPLI CATION PROCESS. FINANCIAL COUNSELING IS OFFERED BY BOTH SPANISH AND MARSHALLESE-SPEAKING S TAFF, IN ADDITION TO ENGLISH, TO BEST SERVE THE NORTHWEST ARKANSAS COMMUNITY. OVER THE PRE VIOUS TWO YEARS, 7,584 APPLICATIONS FOR MEDICAID, THE FINANCIAL ASSISTANCE PROGRAM (FAP), TEFRA, AND SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) WERE COMPLETED. DURING FY21, 1 ,682 APPLICATIONS WERE COMPLETED FOR FAMILIES WITH ASSISTANCE BY FINANCIAL COUNSELORS FOR MEDICAID AND OTHER FINANCIAL ASSISTANCE PROGRAMS. (3) CHILD INJURY AND PARENTINGTHE THIRD COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO ADDRESS CHILD INJURY BY OFFERING SAFETY MAT ERIALS AND EDUCATIONAL CLASSES TO PARENTS AND CAREGIVERS IN THE COMMUNITY, ADDRESSING THE FOCUS AREAS OF CHILD INJURY AND PARENTING SUPPORTS. ARKANSAS CHILDREN'S HEALTH EDUCATORS H AVE ADAPTED PROGRAM DELIVERY TO ENSURE THAT PROGRAMS CAN BE SAFELY IMPLEMENTED AND EFFECTI VE DURING THE COVID-19 PANDEMI

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	C. FOR THE SECOND TIME, ARKANSAS CHILDREN'S OFFERED A VIRTUAL TRAINING FOR ITS BABYSITTING SAFETY CLASS. IN JULY 2021, THIS TRAINING WAS OFFERED THREE TIMES AND OPEN TO STUDENTS AROUND THE STATE OF ARKANSAS. DURING THE THREE TRAININGS, 45 STUDENTS WERE TRAINED, AND 20 OF THOSE STUDENTS WERE FROM COUNTIES IN NORTHWEST ARKANSAS SERVED BY ACNW. ADDITIONALLY, THE INJURY PREVENTION CENTER AT ARKANSAS CHILDREN'S HOSPITAL HAS PROVIDED TRAININGS LIKE SAFETY BABY SHOWERS TO PARENTS AROUND THE STATE, INCLUDING NORTHWEST ARKANSAS. DUE TO COVID-19, THESE TRAININGS MIGRATED ONLINE AS WELL. OTHER ACTIONS TO ADDRESS CHILD INJURY AND TO SUPPORT PARENTS INCLUDE OFFERING RESOURCES TO FAMILIES IDENTIFIED AS UNDER-RESOURCED BY THE ARKANSAS CHILDREN'S SOCIAL WORK DEPARTMENT. THESE RESOURCES INCLUDE CAR SEATS, MEDICATION LOCK BOXES, FIREARMS STORAGE AND LOCKS, AND HALO SLEEP SACKS. THE INJURY PREVENTION CENTER TRAINED TWO STAFF MEMBERS AT ACNW TO LEAD SAFETY BABY SHOWERS AND DISTRIBUTE SAFE SLEEP AND HOT CAR BOOKS. ADDITIONALLY, ACNW MADE A FINANCIAL CONTRIBUTION TO COMPASSION HOUSE IN SPRINGDALE. FOR 30 YEARS, COMPASSION HOUSE HAS BEEN OFFERING PREGNANT TEENS A SAFE PLACE TO LIVE BY EMPOWERING EACH RESIDENT WITH LIFE SKILLS, EDUCATION, AND SUPPORT TO ALLOW THEM TO BECOME PRODUCTIVE PARENTS AND CONTRIBUTORS IN THE COMMUNITY. IN FUTURE YEARS, THE ARKANSAS CHILDREN'S INJURY PREVENTION CENTER WILL PARTNER WITH COMPASSION HOUSE TO PROVIDE NECESSARY PROGRAMS. PROGRAMS WILL INCLUDE SAFETY BABY SHOWER EVENTS AS WELL AS CAR SEAT TRAINING EVENTS TO PROVIDE EDUCATION, TRAINING AND RESOURCES FOR PREGNANT AND PARENTING TEEN MOTHERS TO HELP KEEP THEIR CHILDREN SAFE. (4) IMMUNIZATIONS THE FOURTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO IMPROVE ACCESS TO IMMUNIZATIONS BY COORDINATING PROGRAMS WITH ACTIVITIES THAT PARENTS AND FAMILIES ALREADY ATTEND TO ADDRESS THE FOCUS AREA OF IMMUNIZATIONS. ACNW IS STILL WORKING TOWARD ITS GOAL OF HAVING A VACCINE OUTREACH PLAN FOR THE NORTHWEST ARKANSAS REGION, WHERE ACNW IS AN IMPORTANT PEDIATRIC PROVIDER OF VACCINATIONS. A STATEWIDE IMMUNIZATION STRATEGY IS A KEY COMPONENT OF THE 2020-2025 ARKANSAS CHILDREN'S STRATEGIC PLAN. WORK FOR THIS STRATEGY IS UNDERWAY. ACNW LEADERSHIP KNOWS THAT AN EFFECTIVE STRATEGY WILL NEED TO ACCOUNT FOR THE DIVERSE POPULATIONS OF NORTHWEST ARKANSAS, INCLUDING THE HISPANIC AND MARSHALLESE COMMUNITIES. FOR FY21, ACNW PROVIDED 5% MORE FLU SHOTS THAN THE PREVIOUS YEAR, FOR A TOTAL OF 3,171 VACCINATIONS. ADDITIONALLY, ACNW IS ABLE TO TRACK THE IMMUNIZATION RATE OF ITS 4,563 PRIMARY CARE MEDICAL HOME (PCMH) PATIENTS, A NEW INITIATIVE TO BENEFIT PATIENTS AND FAMILIES. FOR THE ELIGIBLE PRIMARY CARE PATIENTS, 52.57% ARE FULLY IMMUNIZED FOR THEIR AGE. ACNW ALSO PARTICIPATES IN THE NATURAL WONDERS PARTNERSHIP COUNCIL, A STATEWIDE ORGANIZATION TO PROMOTE CHILD HEALTH, CONVENED BY ARKANSAS CHILDREN'S HOSPITAL. ONE OF THE WORKGROUPS OF NATURAL WONDERS FOCUSES ON INCREASING PEDIATRIC IMMUNIZATIONS IN ARKANSAS. IMMUNIZE ARKAN

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	SAS IS ANOTHER STATEWIDE PARTNER IN THIS WORK. DURING FY21, IMMUNIZE ARKANSAS, WITH NATURA L WONDER'S SUPPORT, HAS WORKED TO SURVEY THE VACCINE DISTRIBUTION NEEDS OF ALL SCHOOL-BASE D HEALTH CENTERS IN THE STATE, INCLUDING NORTHWEST ARKANSAS. THE SURVEY IS ONGOING BUT IS IDENTIFYING WHICH SCHOOL-BASED HEALTH CENTERS NEED ASSISTANCE IN SIGNING UP FOR THE FEDERA L VACCINE FOR CHILDREN PROGRAM OR CONNECTION TO OTHER RESOURCES THAT MAKE IMMUNIZING CHILD REN AT SCHOOL EASIER.

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	(5) REPRODUCTIVE HEALTHTHE FIFTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO IMPROVE AC CESS TO REPRODUCTIVE HEALTH EDUCATION AND RESOURCES BY EXPANDING PARTNERSHIPS WITH OTHER H EALTHCARE GROUPS, TO ADDRESS THE FOCUS AREA OF REPRODUCTIVE HEALTH. ACNW BEGAN A PARTNERSH IP WITH COMPASSION HOUSE IN SPRINGDALE. COMPASSION HOUSE OFFERS IMPORTANT SUPPORT TO PREGN ANT TEENS, INCLUDING A SAFE PLACE TO LIVE, LIFE SKILLS EDUCATION, AND OTHER SUPPORT. MORE DETAIL ON THIS WORK IS COVERED IN THE INJURY PREVENTION AND PARENTING SUPPORT SECTION, HOW EVER THERE IS ALSO A FOCUS ON THE OVERALL REPRODUCTIVE HEALTH NEEDS OF PREGNANT TEENAGE WO MEN. (6) ORAL HEALTHTHE SIXTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS INCREASING ACCES S TO ORAL HEALTH CARE FOR CHILDREN IN NORTHWEST ARKANSAS BY PROVIDING ANCILLARY SUPPORT TO A NETWORK OF PARTNERS TO HELP ADDRESS THIS FOCUS AREA. ACNW WILL CONTINUE TO WORK TO LEVE RAGE CURRENT RESOURCES TO EXPAND THE SCOPE OF PARTNER GROUPS PROVIDING DENTAL OUTREACH. CU RRENT ACTIONS TO ADDRESS ORAL HEALTH INCLUDE THE WORK OF THE ARKANSAS CHILDREN'S HOSPITAL MOBILE DENTAL CLINIC IN WASHINGTON AND BENTON COUNTIES. IN FY21, THE NORTHWEST ARKANSAS MO BILE DENTAL CLINIC SERVED 167 PATIENTS THROUGH 351 VISITS, THIS INCLUDED 116 CLEANINGS AND 235 DENTAL SEALANTS APPLIED.ARKANSAS CHILDREN'S WAS ABLE TO USE ITS COMMUNITY HEALTH FUND TO SOLVE A NEED FOR SCHOOLS WHO HAVE NOT BEEN ABLE TO PARTICIPATE IN THE MOBILE DENTAL PR OGRAM. THE MOBILE DENTAL CLINIC IS A LARGE RECREATION VEHICLE EQUIPPED TO BE A FULL-SERVIC E DENTAL CLINIC. ITS SIZE, WEIGHT, AND CAPABILITIES MEAN IT HAS SPECIFIC REQUIREMENTS FOR ITS PARKING PAD AND ELECTRICAL NEEDS. SOME SCHOOLS, MANY WITH AT-RISK AND VULNERABLE STUDE NTS, HAVE NOT HAD THE CAPABILITIES TO HOST THE MOBILE CLINIC. FUNDS PROVIDED CONCRETE PARK ING PADS FOR THE MOBILE DENTAL CLINIC AND IMPROVED ELECTRICAL CAPACITY AT FOUR SCHOOLS IN THE SPRINGDALE SCHOOL DISTRICT IN WASHINGTON COUNTY. THE SCHOOLS CHOSEN HAVE A LARGE MARSH ALLESE STUDENT POPULATION. IN PREVIOUS FOCUS GROUPS, MARSHALLESE COMMUNITY MEMBERS CITED O RAL HEALTH AS A MAJOR NEED FOR THEIR CHILDREN, SO THESE FUNDS WERE DIRECTED TO HELP THAT N EED. THE SPRINGDALE AREA SCHOOLS SELECTED WERE GEORGE ELEMENTARY SCHOOL, T.G. SMITH ELEMEN TARY SCHOOL, TURNBOW ELEMENTARY SCHOOL, AND J.O. KELLY MIDDLE SCHOOL. THE NORTHWEST ARKANS AS MOBILE DENTAL CLINIC WILL VISIT THESE SCHOOLS IN THE NEAR FUTURE.(7) SOCIAL ISSUES THE SEVENTH COMPONENT OF THE IMPLEMENTATION STRATEGY IS TO ADDRESS SOCIAL ISSUES THAT IMPACT C HILD HEALTH BY COLLABORATING WITH A BROAD NETWORK OF CHILD HEALTH STAKEHOLDERS IN NORTHWES T ARKANSAS. PART OF THE STATEWIDE, SYSTEM WORK TO ADDRESS THE SOCIAL ISSUES OF FAMILIES IS THE CLOSED-LOOP REFERRAL SYSTEM, ARKANSAS CHILDREN'S RESOURCE CONNECT (POWERED BY FINDHEL P.ORG). THIS SYSTEM WAS LAUNCHED IN APRIL 2021 FOR USE BY PATIENTS, FAMILIES, AND STAFF AT ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST. RESOURCE CONNECT HELPS ST AFF ADDRESS SOCIAL NEEDS IN A

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	CLINICAL SETTING AND PROVIDES CONNECTION TO COMMUNITY RESOURCES. IN ADDITION, THE SITE HAS AN OUTWARD FACING COMPONENT THAT ALLOWS FOR ANYONE, ANYWHERE TO SEARCH FOR FREE AND REDUCED-COST RESOURCES THAT HELP ADDRESS AND ALLEVIATE THE SOCIAL VULNERABILITIES THAT IMPACT HEALTH. ONE OF THE REFERRALS FOR SOCIAL NEEDS IS THE ARKANSAS CHILDREN'S MEDICAL LEGAL PARTNERSHIP. THE MEDICAL LEGAL PARTNERSHIP (MLP) WORKS TO ALLEVIATE HEALTH HARMING LEGAL NEEDS OF CHILDREN AND THEIR FAMILIES. IN FY21, THE ATTORNEYS RECEIVED OVER 300 REFERRALS FROM AROUND THE STATE, AND FOUR OF THOSE CAME FROM THE NORTHWEST ARKANSAS AREA. SCREENING FOR THE SOCIAL NEEDS OF PATIENTS AND FAMILIES, AND THEN REFERRING TO FREE AND REDUCED COST RESOURCES, BUILDS UPON A PILOT THAT ACNW IMPLEMENTED FROM NOVEMBER 2020 TO APRIL 2021. IN THE PILOT, 79 FAMILIES WERE SCREENED FOR SOCIAL NEEDS, WITH 46 OF THEM INDICATING THEY NEEDED SOME MEASURE OF ASSISTANCE. THOSE 46 FAMILIES WERE GIVEN RESOURCES OR REFERRALS TO ORGANIZATIONS THAT ASSIST WITH FOOD, UTILITY PAYMENTS, FINANCIAL EDUCATION, DENTAL CARE, ADULT EDUCATION, OR GOVERNMENTAL ASSISTANCE PROGRAMS LIKE SNAP, WOMEN, INFANTS, & CHILDREN (WIC), OR TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA). THIS PILOT HELPED HIGHLIGHT THE VALUE OF SCREENING FOR SOCIAL NEEDS AND ASSISTING FAMILIES IN GETTING CONNECTED TO RESOURCES. IN ADDITION TO THESE NEWER SCREENING PROCESSES, ACNW SOCIAL WORK DEPARTMENT FOCUSES ON SUPPORTING THE BASIC NEEDS OF FAMILIES. THROUGH SOCIAL WORK, ACNW IS ABLE TO PROVIDE GAS 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 SHARED TO MEET FAMILIES' IMMEDIATE NEEDS INCLUDE: SAFETY ITEMS, CLOTHING, TRANSPORTATION, FOOD, AND PRESCRIPTION ASSISTANCE. SAFETY ITEMS REFER TO PRODUCTS SUCH AS PACK 'N PLAY S, CAR SEATS, AND LOCK BOXES FOR MEDICATIONS OR GUNS THAT ARE USED IN COMBINATION WITH EDUCATION TO REDUCE PREVENTABLE INJURY AND DEATH IN CHILDREN. THE SOCIAL WORK TEAM DEVELOPED A NEW PROCESS TO TRACK CASES THAT WERE UNRESOLVED IN ORDER TO ENSURE NEEDS WERE MET. DURING FY21, SOCIAL WORK HAD 3,770 CONSULTS WITH PATIENTS AND 83.55% OF THESE WERE ABLE TO BE RESOLVED. FUTURE OPPORTUNITIES: DUE TO THE CURRENT LIMITED RESOURCES AT ACNW, AND THE WORK ALREADY BEING DONE TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE IN THE NORTHWEST REGION OF THE STATE, ACNW HAS CHOSEN NOT TO FOCUS ON MENTAL HEALTH AND SUBSTANCE USE FOR THE 2020 - 2022 IMPLEMENTATION STRATEGY. ACNW, HOWEVER, REMAINS COMMITTED TO ACTING ON THESE ISSUES WHEN RESOURCES BECOME AVAILABLE.

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)

OMB No. 1545-0047

2020

Open to Public Inspection

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.

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) CHILDREN'S SAFETY CENTER 614 E EMMA SUITE 200 SPRINGDALE, AR 72764	62-1671178	501(C)(3)	6,000				GENERAL SUPPORT
(2) KENDRICK FINCHER HYDRATION FOR LIFE 1113 W POPLAR STREET ROGERS, AR 72758	71-0799587	501(C)(3)	5,000				GENERAL SUPPORT

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	471		15,420	COST	MEALS FOR PATIENT FAMILIES/CAREGIVERS
(2) TRANSPORTATION COSTS (BUS TOKENS, CAB FARE, GAS CARDS)	172	3,527		COST	
(3) RENT, MORTGAGE, UTILITIES, LODGING	2	216		COST	
(4) CLOTHING, GROCERY GIFT CARDS AND OTHER MISC. FAMILY ASSISTANCE	347	5,056		COST	
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	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.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization ARKANSAS CHILDREN'S NORTHWEST INC		Employer identification number 81-0817660

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☒ First-class or charter travel	☐ 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

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. TWO OFFICERS/EMPLOYEES 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 2020 (FISCAL YEAR 2021), THE FOLLOWING ACNW REPORTABLE EMPLOYEES WERE ELIGIBLE AND PARTICIPATING IN THE DEFERRED COMPENSATION PLAN. THESE EMPLOYEES RECEIVED DISTRIBUTIONS PER THE PLAN DOCUMENT. SUCH AMOUNTS ARE NOTED BELOW. - MARCELLA DODERER: AC/ACH/ACNW PRESIDENT/CEO - \$128,223 - GENA WINGFIELD: ACH/ACNW EVP AND CFO - \$57,507 - PATRICIA MONTAGUE: ACNW SVP (PARTIAL YEAR) / AC EVP/COO - \$30,811 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.
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, JENNIFER AUNSPAUGH, 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.

Additional Data

Software ID:

Software Version:

EIN: 81-0817660

Name: ARKANSAS CHILDREN'S NORTHWEST INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARCELLA DODERER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,033,366	236,539	130,872	231,100	8,555	1,640,432	120,001
1GENA WINGFIELD EVP AND CFO	(i)	0	0	0	0	0	0	0
	(ii)	528,461	100,975	59,961	90,295	8,436	788,128	53,820
2JENNIFER AUNSPAUGH MD TRUSTEE/DIRECTOR-CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	475,023	51,265	0	0	66,519	592,807	0
3PATRICIA MONTAGUE SVP/CHIEF ADMINISTRATOR (PARTIAL YR)	(i)	231,978	0	31,567	20,068	3,620	287,233	0
	(ii)	163,459	50,295	69,891	10,019	1,807	295,471	28,835
4CINDY HILL FINANCIAL SERVICES VP	(i)	0	0	0	0	0	0	0
	(ii)	244,095	30,068	1,604	25,077	11,623	312,467	0
5SHANNON HENDRIX SVP/CHIEF ADMINISTRATOR	(i)	11,923	0	18	1,035	483	13,459	0
	(ii)	230,246	29,390	340	23,805	11,112	294,893	0
6MICHAEL HOWARD VP/CHIEF NURSING OFFICER	(i)	195,416	24,363	421	11,535	7,165	238,900	0
	(ii)	0	0	0	0	0	0	0
7DIANA MCDANIEL OPERATIONS VP	(i)	189,458	22,724	150	20,826	1,529	234,687	0
	(ii)	0	0	0	0	0	0	0
8KEITH VEIT PATIENT CARE SVC DIRECTOR	(i)	145,221	7,302	798	18,781	11,116	183,218	0
	(ii)	0	0	0	0	0	0	0
9JAMA HUNTLEY PHARMACY DIRECTOR	(i)	150,459	1,250	118	16,172	4,078	172,077	0
	(ii)	0	0	0	0	0	0	0
10JEFFREY WILLIAMS STAFF PHARMACIST	(i)	135,046	1,000	147	16,860	11,027	164,080	0
	(ii)	0	0	0	0	0	0	0
11LESLIE RYLEE PATIENT CARE SVC DIRECTOR	(i)	129,400	6,476	101	9,764	6,822	152,563	0
	(ii)	0	0	0	0	0	0	0

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Schedule K
(Form 990)

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

2020

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 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	8,825,000							
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							
		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 2019, 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 2019, 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 SUPPLEMENTAL 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.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ARKANSAS CHILDREN'S NORTHWEST INC

Employer identification number
81-0817660

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

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

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

Total ▶ \$

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CCHWI LLC	SEE PART V. ENTITY MORE-THAN-35% -OWNED BY BOARD MEMBER	783,909	SEE PART V. LEASE OF REAL ESTATE FROM INTERESTED PERSON. LEASE EXPENSE WAS REASONABLE AND AT FMV RATE.		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
ARKANSAS CHILDREN'S NORTHWEST INC

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

2020

**Open to Public
Inspection**

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: HARRY C. E RWIN, BARBARA TYSON, AND NOEL WHITE. THE FOLLOWING BOARD MEMBERS ALSO HAD A BUSINESS RELAT IONSHIP DURING THE FISCAL YEAR: GARY GEORGE AND JOHN ROBERTS.

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 JENNIFER AUNSPAUGH, M.D., WHO HOLD S A FACULTY APPOINTMENT IN THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, COLLEGE OF MED ICINE. ALTHOUGH DR. AUNSPAUGH IS AN EMPLOYEE OF UAMS, AS CMS, SHE IS ALSO A DESIGNATED MEM BER OF THE ACNW BOARD OF DIRECTORS. AS A UAMS EMPLOYEE, THE HOSPITAL SYSTEM REIMBURSES UAM S FOR HER 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 THE BOARD OF DIRECTORS, AND THE GOVERNING BOARD OF ANY AFFILIATE CONTROLLED BY THE CORPORATION, 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, OR 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) INTERNAL FINANCIAL STATEMENTS AND THE ARKANSAS CHILDREN'S, INC. CONSOLIDATED AUDIT REPORT, IS INITIALLY REVIEWED IN DETAIL WITH ACNW'S SENIOR VICE PRESIDENT. THE DRAFT IS ALSO REVIEWED IN DETAIL WITH 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 DIRECTORS PRIOR TO THE RETURN BEING FILED. IN ADDITION, THE FORM 990 IS PROVIDED TO BOTH THE CHAIRMAN 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 POLICY 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 PERIODICALLY REVIEW THE POLICY WITH THE FULL BOARD DURING A REGULAR BOARD MEETING. A DIRECTOR SHALL DISCLOSE IN WRITING TO THE BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST WHEN THE SITUATION DEVELOPS, INCLUDING THE FACTS THAT MAKE IT AN ACTUAL OR POTENTIAL CONFLICT. 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 INTEREST DISCLOSURE STATEMENT. IF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DEVELOPS AFTER 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 INTEREST 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) DETERMINED NOT TO BE A CONFLICT; (2) CONFLICT IS ACCEPTED; OR (3) CONFLICT IS NOT ACCEPTED AND THE 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 DIRECTOR WITH A CONFLICT OF INTEREST WILL NOT PARTICIPATE IN DELIBERATIONS OR VOTE BY THE BOARD OF DIRECTORS, OR COMMITTEE THEREOF, ON THE MATTER GIVING RISE TO THE CONFLICT. HE OR SHE 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 INTERESTED DIRECTOR SHALL EITHER ABSTAIN FROM VOTE OR RECUSE COMPLETELY AND BE ABSENT DURING FURTHER DELIBERATIONS AND ACTION ON THE MATTER, AS DETERMINED BY THE DIRECTOR BOARD OFFICERS OF 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 BLENES 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 AVAIL ABILITY 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	THE FORM 990 FOR ARKANSAS CHILDREN'S NORTHWEST 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 6,784,757. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,784,757. REFERRED TESTING: PROGRAM SERVICE EXPENSES 1,077,602. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,077,602. REPAIRS AND MAINTENANCE: PROGRAM SERVICE EXPENSES 556,638. MANAGEMENT AND GENERAL EXPENSES 222,296. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 778,934. OTHER FEES FOR SERVICES: PROGRAM SERVICE EXPENSES 623,140. MANAGEMENT AND GENERAL EXPENSES 547,326. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,170,466.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER OF FUNDS BETWEEN ACNW & ACMG -4,975,499. ASSET TRANSFER FROM ACH 24,617.

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 AFFILIATE. 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 AUDITS: (I) CAUSING TO BE PREPARED, AND SUBMIT TO THE BOARD OF DIRECTORS AT ITS LAST MEETING BEFORE 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 FINANCIAL 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 DIRECTORS; (V) REVIEWING WITH THE INDEPENDENT AUDITOR THE SCOPE AND PLANNING OF THE AUDIT PRIOR 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 CONTROLS IDENTIFIED BY THE AUDITOR, ANY RESTRICTIONS ON THE SCOPE OF THE AUDITOR'S ACTIVITIES OR ACCESS TO REQUESTED INFORMATION, ANY SIGNIFICANT DISAGREEMENTS BETWEEN THE AUDITOR AND MANAGEMENT, AND THE ADEQUACY OF THE HEALTH SYSTEM'S ACCOUNTING AND FINANCIAL REPORTING PROCESSES; (VI) ANNUALLY CONSIDERING THE PERFORMANCE AND INDEPENDENCE OF THE INDEPENDENT AUDITOR; (VII) REVIEWING AND REPORTING TO THE BOARD ON THE ANNUAL AUDITED FINANCIAL STATEMENT OF THE HEALTH SYSTEM CERTIFIED BY THE CORPORATION'S CERTIFIED PUBLIC ACCOUNTANTS, TOGETHER 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 TO IMPROVE FISCAL ACCOUNTABILITY AND INTERNAL AUDIT PROCEDURES FOR THOSE AREAS IDENTIFIED AS REQUIRING IMPROVEMENT; (IX) PROVIDING OVERSIGHT FOR THE HEALTH SYSTEM'S CORPORATE COMPLIANCE PROGRAM, INCLUDING CORPORATE ETHICS AND COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS; AND (X) REPORTING ON THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE'S ACTIVITIES TO THE FULL BOARD.

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As Filed Data -

DLN: 93493130030532

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

2020

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)ARKANSAS CHILDREN'S INC 1 CHILDRENS WAY LITTLE ROCK, AR 72202 81-0801296	HEALTH CARE PARENT CORP	AR	501(C)(3)	LINE 12B, II	N/A		No
(2)ARKANSAS CHILDREN'S HOSPITAL 1 CHILDRENS WAY LITTLE ROCK, AR 72202 71-0236857	HOSPITAL	AR	501(C)(3)	LINE 3	ARKANSAS CHILDREN'S INC		No
(3)ARKANSAS CHILDREN'S FOUNDATION 1 CHILDRENS WAY LITTLE ROCK, AR 72202 71-0568795	FUNDRAISING	AR	501(C)(3)	LINE 7	ARKANSAS CHILDREN'S INC		No
(4)ARKANSAS CHILDREN'S RESEARCH INSTITUTE 13 CHILDRENS WAY LITTLE ROCK, AR 72202 71-0694931	RESEARCH	AR	501(C)(3)	LINE 7	ARKANSAS CHILDREN'S INC		No
(5)ARKANSAS CHILDREN'S HOSPITAL AUXILIARY 1 CHILDRENS WAY LITTLE ROCK, AR 72202 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 1 CHILDRENS WAY LITTLE ROCK, AR 72202 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHILDREN'S HEALTHCARE SYSTEM INC 1 CHILDRENS WAY LITTLE ROCK, AR 72202 58-6304957	MANAGEMENT SERVICES	AR	N/A	C					No
(2) ARKANSAS CHILDREN'S CARE NETWORK 1 CHILDRENS WAY LITTLE ROCK, AR 72202 37-1854930	CLINICALLY INTEGRATED NETWORK	AR	N/A	C					No
(3) SACOVA INSURANCE COMPANY LTD 18 FORUM LANE 2ND FLOOR CAMANA BAY, GRAND CAYMAN KY1-1102 CJ 98-1472934	CAPTIVE INSURANCE COMPANY	CJ	N/A	C					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

Yes

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

Schedule R (Form 990) 2020

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation