

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
CONWAY COMMUNITY SERVICES

D Employer identification number
46-1629800

E Telephone number
(501) 202-2017

G Gross receipts \$ 74,661,465

F Name and address of principal officer:
BRENT BEAULIEU
9601 BAPTIST HEALTH DRIVE
LITTLE ROCK, AR 722057202

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BAPTIST-HEALTH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2012 **M** State of legal domicile: AR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CONWAY COMMUNITY SERVICES EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO CITIZENS IN & AROUND CONWAY, AR WITH CHRISTIAN COMPASSION & PERSONAL CONCERN.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	506
6 Total number of volunteers (estimate if necessary)	6	51
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	149,800
7b Net unrelated business taxable income from Form 990-T, line 39	7b	140,123

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	337	172
9 Program service revenue (Part VIII, line 2g)	58,848,769	73,931,428
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,655	9,222
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	749,973	720,643
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,609,734	74,661,465
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	125	1,500
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,039,055	24,650,628
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	60,169,632	64,973,441
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	85,208,812	89,625,569
19 Revenue less expenses. Subtract line 18 from line 12	-25,599,078	-14,964,104

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	144,801,159	136,322,233
21 Total liabilities (Part X, line 26)	209,849,461	216,334,639
22 Net assets or fund balances. Subtract line 21 from line 20	-65,048,302	-80,012,406

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2020-11-16

BRENT BEAULIEU CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BKD LLP
Preparer's signature: [Signature]
Date: [Date]

Check if self-employed
PTIN: P00748683
Firm's EIN: [EIN]
Firm's address: PO BOX 3667
Phone no. (501) 372-1040
LITTLE ROCK, AR 722033667

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:

CONWAY COMMUNITY SERVICES EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO CITIZENS IN AND AROUND CONWAY, AR WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES.

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 \$ 80,583,549 including grants of \$ 1,500) (Revenue \$ 73,931,428)
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 ▶ 80,583,549

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		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		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		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<p>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</p>	<p>2a 506</p>			
<p>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)</p>		<p>2b Yes</p>		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		<p>3a Yes</p>		
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>		<p>3b Yes</p>		
<p>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)?</p>			<p>4a No</p>	
<p>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).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		<p>5a</p>	<p>No</p>	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p>5b</p>	<p>No</p>	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		<p>5c</p>		
<p>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?</p>		<p>6a</p>	<p>No</p>	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>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?</p>		<p>7a</p>	<p>No</p>	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		<p>7b</p>		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		<p>7c</p>	<p>No</p>	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p>7e</p>	<p>No</p>	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		<p>7f</p>	<p>No</p>	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		<p>7g</p>		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		<p>7h</p>		
<p>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?</p>		<p>8</p>		
<p>9 Sponsoring organizations maintaining donor advised funds.</p>				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>		<p>9a</p>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		<p>9b</p>		
<p>10 Section 501(c)(7) organizations. Enter:</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>			
<p>11 Section 501(c)(12) organizations. Enter:</p>				
<p>a Gross income from members or shareholders</p>	<p>11a</p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b</p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b</p>			
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>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.</p>		<p>13a</p>		
<p>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</p>	<p>13b</p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		<p>14a</p>	<p>No</p>	
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>		<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>		<p>15</p>	<p>No</p>	
<p>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.</p>		<p>16</p>	<p>No</p>	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TROY WELLS PRESIDENT	1.0 40.0	X		X				0	1,139,923	21,121
(2) DOUGLAS WEEKS SECRETARY	1.0 40.0	X		X				0	654,146	20,084
(3) BRENT BEAULIEU TREASURER	1.0 40.0	X		X				0	489,931	17,945
(4) TIM BOWEN VP & ADMINISTRATOR	40.0 0.0				X			343,365	0	28,373
(5) MICHELLE MALONE CNO	40.0 0.0					X		227,735	0	21,789
(6) JASON EAKIN DIRECTOR OF PHARMACY	40.0 0.0					X		165,805	0	21,701
(7) JASON MEREDITH PHARMACIST	40.0 0.0					X		135,754	0	19,312
(8) BRANDY OWEN PHARMACIST	40.0 0.0					X		135,689	0	18,159
(9) DANNY WOOLEY CLINICAL PHARMACIST	40.0 0.0					X		132,809	0	17,739

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			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	172		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f		172			

Program Service Revenue			(A)	(B)	(C)	(D)
	Business Code					
2a PATIENT SERVICE REVENUE	621990		73,931,428	73,931,428		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			73,931,428			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,222			9,222	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	149,800				
		(ii) Personal					
		b Less: rental expenses					
		6c Rental income or (loss)	149,800	0			
	d Net rental income or (loss)		149,800		149,800		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
	d Net gain or (loss)		0				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		0				
		b Less: direct expenses		0			
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19		0					
	b Less: direct expenses		0				
	c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances		0					
	b Less: cost of goods sold		0				
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code						
11a CAFETERIA REVENUE	900099	413,485			413,485		
b GIFT SHOP REVENUE	900099	120,027			120,027		
c PHYSICIAN REVENUE	900099	36,775			36,775		
d All other revenue		556			556		
e Total. Add lines 11a-11d		570,843					
12 Total revenue. See instructions		74,661,465	73,931,428	149,800	580,065		

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	1,500	1,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	371,738		371,738	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	20,207,784	18,154,027	2,053,757	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,013,919	910,872	103,047	
9 Other employee benefits	1,646,246	1,478,935	167,311	
10 Payroll taxes	1,410,941	1,267,544	143,397	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,379,492	12,019,708	1,359,784	
12 Advertising and promotion	162,843	146,293	16,550	
13 Office expenses	1,243,961	1,117,535	126,426	
14 Information technology	191,835	172,338	19,497	
15 Royalties	0			
16 Occupancy	1,230,042	1,105,030	125,012	
17 Travel	41,511	37,292	4,219	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,675	1,505	170	
20 Interest	5,950,413	5,345,661	604,752	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,356,527	7,507,236	849,291	
23 Insurance	380,392	341,732	38,660	
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	14,480,276	13,008,617	1,471,659	
b HOME OFFICE CHARGES	11,479,566	10,312,875	1,166,691	
c BAD DEBT EXPENSE	3,941,774	3,941,774		
d REPAIRS & MAINTENANCE	2,228,380	2,001,905	226,475	
e All other expenses	1,904,754	1,711,170	193,584	
25 Total functional expenses. Add lines 1 through 24e	89,625,569	80,583,549	9,042,020	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	517,138	1	1,870,887
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	6,507,895	4	4,279,210
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,755,434	8	1,910,094
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 150,816,011		
	b Less: accumulated depreciation	10b 26,625,919	131,914,379	10c 124,190,092
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	4,106,313	15	4,071,950
16 Total assets. Add lines 1 through 15 (must equal line 34)	144,801,159	16	136,322,233	
Liabilities	17 Accounts payable and accrued expenses	789,461	17	7,274,639
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	140,000,000	23	140,000,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	69,060,000	25	69,060,000
	26 Total liabilities. Add lines 17 through 25	209,849,461	26	216,334,639
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-65,048,302	27	-80,012,406
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	-65,048,302	32	-80,012,406	
33 Total liabilities and net assets/fund balances	144,801,159	33	136,322,233	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,661,465
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,625,569
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,964,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-65,048,302
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-80,012,406

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 46-1629800

Name: CONWAY COMMUNITY SERVICES

Form 990 (2019)

Form 990, Part III, Line 4a:

CONWAY COMMUNITY SERVICES PROVIDES ACCESS TO A FULL RANGE OF COMPREHENSIVE HEALTH CARE SERVICES TO INDIVIDUALS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, DISABILITY, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS ESSENTIAL TO CONWAY COMMUNITY SERVICES FOR THE CONTINUED OPERATION, FINANCIAL STABILITY, AND ABILITY TO PROVIDE NEEDED NEW SERVICES AND TECHNOLOGY, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE HEALTH CARE AND ESSENTIAL MEDICAL SERVICES. FURTHER, OUR MISSION IS TO SERVE THIS COMMUNITY WITH RESPECT TO PROVIDING COMPREHENSIVE HEALTH CARE SERVICES AND HEALTH EDUCATION. THEREFORE, IN KEEPING WITH CONWAY COMMUNITY SERVICES'S COMMITMENT TO SERVE THE RESIDENTS OF ITS COMMUNITY, WE PROVIDE: - FREE AND SUBSIDIZED CARE TO THOSE WHO CANNOT PAY, - CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT REIMBURSEMENT BELOW OUR REGULAR RATES PAID BY OTHER THIRD PARTIES; AND - HEALTH EDUCATION AND PROGRAMS/SERVICES TO ENHANCE THE HEALTH STATUS OF THE COMMUNITY. SUCH SERVICES AND PROGRAMS ARE PROVIDED WHERE THE NEED AND/OR INDIVIDUAL'S INABILITY TO PAY CO-EXISTS. THESE ACTIVITIES INCLUDE WELLNESS AND PREVENTION EDUCATION PROGRAMS, COMMUNITY DIAGNOSTIC SCREENING PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, YOUTH AT RISK, HANDICAPPED, MEDICALLY UNDER SERVED, MEDICAL CARE FOR THE UNINSURED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. CONWAY COMMUNITY SERVICES SERVED 3,716 INPATIENTS AND PROVIDED FOR 22,825 OUTPATIENTS AND 23,079 EMERGENCY ROOM VISITS DURING 2019.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CONWAY COMMUNITY SERVICES

Employer identification number
46-1629800

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 46-1629800

Name: CONWAY COMMUNITY SERVICES

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
CONWAY COMMUNITY SERVICES

Employer identification number
46-1629800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		11,151,212		11,151,212
b Buildings		96,384,312	7,705,746	88,678,566
c Leasehold improvements				
d Equipment		43,280,487	18,920,173	24,360,314
e Other		0		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				124,190,092

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	69,060,000

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	70,715,773
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	70,715,773
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	3,945,692	
c	Add lines 4a and 4b		4c	3,945,692
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	74,661,465

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	85,679,877
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	85,679,877
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	3,945,692	
c	Add lines 4a and 4b		4c	3,945,692
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	89,625,569

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: 46-1629800

Name: CONWAY COMMUNITY SERVICES

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 . BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 4B	BAD DEBTS \$3,941,774 EXPENSE INCLUDED IN REVENUE PER AUDIT \$3,918 ----- TOTAL \$3,945,692

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 4B	BAD DEBTS \$3,941,774 EXPENSE INCLUDED IN REVENUE PER AUDIT \$3,918 ----- TOTAL \$3,945,692

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 CONWAY COMMUNITY SERVICES

Hospitals

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

Employer identification number
 46-1629800

OMB No. 1545-0047
2019
Open to Public Inspection

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		11,098	1,445,988		1,445,988	1.690 %
b Medicaid (from Worksheet 3, column a)			8,724,048	5,459,125	3,264,923	3.810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		11,098	10,170,036	5,459,125	4,710,911	5.500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j		11,098	10,170,036	5,459,125	4,710,911	5.500 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 3,941,774		
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 22,986,072
6 Enter Medicare allowable costs of care relating to payments on line 5	6 24,319,995
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -1,333,923
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

See Additional Data Table	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

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)
 BAPTIST HEALTH MEDICAL CENTER- CONWAY

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): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		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):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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	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	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		No
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):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BAPTIST-HEALTH.COM</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.BAPTIST-HEALTH.COM</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

BAPTIST HEALTH MEDICAL CENTER- CONWAY

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.BAPTIST-HEALTH.COM</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.BAPTIST-HEALTH.COM</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.BAPTIST-HEALTH.COM</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

BAPTIST HEALTH MEDICAL CENTER- CONWAY

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

BAPTIST HEALTH MEDICAL CENTER- CONWAY

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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 ARKANSAS CARDIOLOGY CLINIC - CONWAY 625 UNITED DRIVE STE 220 CONWAY, AR 72032	CARDIOLOGY CLINIC
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
FORM 990, SCHEDULE H, PART I, LINE 3C	SEE SCH H, PART V, LINES 13 THROUGH 16 FOR ADDITIONAL INFORMATION ON OUR FINANCIAL ASSISTANCE POLICY.
FORM 990, SCHEDULE H, PART I, LINE 6A	A LIST OF ALL ORGANIZATIONS, HEALTH IMPROVEMENT INITIATIVES, AND COMMUNITY OUTREACH THAT IS SUPPORTED BY BAPTIST HEALTH ANNUALLY IS POSTED ON OUR WEBSITE AND POSTED IN VARIOUS PRINT MEDIA OUTLETS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN F	BAD DEBT EXPENSE IN THE AMOUNT OF \$3,941,774 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) ("TOTAL FUNCTIONAL EXPENSES"), BUT IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN THIS COLUMN.
FORM 990, SCHEDULE H, PART I, LINE 7	BAPTIST HEALTH MEDICAL CENTER - CONWAY USES THE MEDICARE COST REPORT COST TO CHARGE RATIO METHODOLOGY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINES 2 & 3	<p>GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE CORPORATION ALSO PROVIDES SERVICES TO UNINSURED PATIENTS AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARGES. THE CORPORATION ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS AND IMPLICIT PRICE CONCESSIONS BASED ON HISTORICAL COLLECTION EXPERIENCE. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE. CONSISTENT WITH THE CORPORATION'S MISSION, CARE IS PROVIDED TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THEREFORE, THE CORPORATION HAS DETERMINED IT HAS PROVIDED IMPLICIT PRICE CONCESSIONS TO UNINSURED PATIENTS AND PATIENTS WITH OTHER UNINSURED BALANCES, SUCH AS CO-PAYS AND DEDUCTIBLES. THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS THE CORPORATION EXPECTS TO COLLECT BASED ON ITS COLLECTION HISTORY WITH THOSE PATIENTS. PATIENTS WHO MEET THE CORPORATION'S CRITERIA FOR CHARITY CARE ARE PROVIDED CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. SUCH AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.</p>
FORM 990, SCHEDULE H, PART III, LINE 4	PLEASE SEE ATTACHED AUDIT REPORT, NOTE 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART III, LINE 8	THE AMOUNTS WERE PULLED FROM THE MOST RECENT "AS FILED" MEDICARE COST REPORT. THE HOSPITAL FOLLOWS CHA COMMUNITY BENEFIT GUIDELINES AND DOES NOT COUNT MEDICARE SHORTFALL AS COMMUNITY BENEFIT.
FORM 990, SCHEDULE H, PART III, LINE 9B	EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID. CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 2	THROUGH THE UTILIZATION AND ANALYSIS OF THIRD-PARTY INFORMATION AVAILABLE TO US THROUGH NUMEROUS SOURCES. SOME EXAMPLES INCLUDE: ARKANSAS CENTER FOR HEALTH IMPROVEMENT (ACHI), ARKANSAS DEPARTMENT OF HEALTH, BUREAU OF LABOR STATISTICS, CENTERS FOR MEDICARE AND MEDICAID SERVICES, COUNTY HEALTH RANKINGS, AND SEVERAL OTHERS. WE ALSO UTILIZE QUANTITATIVE (SURVEYS) AND QUALITATIVE RESEARCH (FOCUS GROUPS) CONDUCTED ON A PERIODIC OR ON AN AS NEEDED BASIS. WE ALSO UTILIZE INPUT FROM NUMEROUS COMMUNITY ADVISORY GROUPS, COMMUNITY OUTREACH ACTIVITIES AND ASSESSMENTS, PHYSICIAN INPUT, EMPLOYEE INPUT, AND ANALYSIS OF HISTORICAL INTERNAL DATA.
FORM 990, SCHEDULE H, PART VI, LINE 3	EVERY UNINSURED PATIENT IS SEEN BY A FINANCIAL COUNSELOR WHO EDUCATES THE PATIENT AND FAMILY MEMBERS ABOUT OUR FINANCIAL ASSISTANCE POLICY, ASSISTS IN COMPLETION OF A FINANCIAL ASSISTANCE APPLICATION WHEN APPROPRIATE, AND PROVIDES ASSISTANCE IN DETERMINING ELIGIBILITY UNDER FEDERAL, STATE, OR LOCAL PROGRAMS SUCH AS MEDICAID. CHARITY CARE AND OTHER FINANCIAL ASSISTANCE IS PROVIDED WHEN ELIGIBLE AND COLLECTION EFFORTS CEASE ONCE ELIGIBILITY IS DETERMINED. THE FINANCIAL ASSISTANCE POLICY (FAP), FAP PLAIN LANGUAGE, AND FAP APPLICATION ARE AVAILABLE ON THE WEBSITE AND UPON REQUEST, FREE OF CHARGE. NOTICES OF AVAILABILITY ARE DISPLAYED THROUGHOUT THE HOSPITAL FACILITY. PATIENTS ARE NOTIFIED UPON ADMISSION, PRIOR TO DISCHARGE, AND NOTIFIED OF THE FAP IN COMMUNICATIONS REGARDING BILLS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 4	<p>IN THE UNITED HEALTH GROUP STATE HEALTH RANKING FOR 2019, ARKANSAS HOLDS THE 48TH WORST RANKING THROUGHOUT THE U.S. FOR THE GENERAL HEALTH OF ITS POPULATION. THE REPORT SHOWED SINCE 1990, ARKANSAS HAS FAILED TO MATCH OTHER STATES' IMPROVEMENT IN SMOKING, REDUCTION IN RISKS FOR HEART DISEASE, OR DECREASES IN INFANT MORTALITY. CHALLENGES INCLUDE A HIGH PREVALENCE OF OBESITY AT 37.1 PERCENT OF THE POPULATION, A HIGH OCCUPATIONAL FATALITIES RATE AT 7.8 PER 100,000 WORKERS AND LOW IMMUNIZATION COVERAGE WITH 69.4 PERCENT OF CHILDREN AGES 19 TO 35 MONTHS RECEIVING IMMUNIZATIONS. ACCORDING TO THE LATEST STATE-LEVEL DATA CENTERS FOR DISEASE CONTROL (2017), ARKANSAS HAS A HIGHER THAN AVERAGE RATE OF DEATH (PER 100,000 POPULATION) FROM DISEASES OF THE HEART (AR RATE 223.8/U.S. RATE 165.0) AND CEREBROVASCULAR DISEASE - STROKE (AR RATE 43.8/U.S. RATE 37.6). AS A PERCENTAGE OF THE STATE'S POPULATION, MORE PEOPLE IN ARKANSAS THAN THOSE IN THE GENERAL U.S. POPULATION HAVE HIGH BLOOD PRESSURE, SMOKE CIGARETTES AND ARE COMPLETELY PHYSICALLY INACTIVE. IN THE PAST YEAR, THE PERCENTAGE OF CHILDREN IN POVERTY INCREASED FROM 22.5% TO 24.7% OF PERSONS UNDER THE AGE OF 18. THE MEDIAN INCOME IN 2019 WAS \$43,813. THE LACK OF HEALTH INSURANCE, AS REPORTED BY THE UNITED HEALTH GROUP STATE HEALTH RANKINGS IS 8.5% OF THE 2019 POPULATION. A 0.6% INCREASE OVER THE PREVIOUS YEAR. THE U.S. PERCENT OF UNINSURED CURRENTLY STANDS AT 8.7%. THE CONWAY MARKET IS SERVED BY TWO MAJOR MEDICAL CENTERS: BAPTIST HEALTH MEDICAL CENTER-CONWAY AND CONWAY REGIONAL MEDICAL CENTER. THERE IS ALSO A BEHAVIORAL HEALTH CENTER AND REHABILITATION HOSPITAL IN CONWAY. THERE ARE A TOTAL OF 367 LICENSED BEDS IN THE CONWAY MARKET AND THIS INCLUDES 110 INPATIENT BEDS OF BHMC-CONWAY. THE MAIN COUNTIES THAT BHMC-CONWAY SERVES IS FAULKNER COUNTY AND PERRY COUNTY. THE ORGANIZATION ALSO PROVIDES HEALTHCARE SERVICES TO SURROUNDING COUNTIES. WHILE BAPTIST HEALTH SERVES PATIENTS FROM ALL 75 COUNTIES IN ARKANSAS, 85% OF OUR CENTRAL MARKET INPATIENT DISCHARGES ORIGINATE IN THE 16 COUNTY REGION IN CENTRAL ARKANSAS. ACCORDING TO 2018 DATA FROM THE ARKANSAS DEPARTMENT OF HEALTH, BAPTIST HEALTH PROVIDES 14.0% OF STATE WIDE INPATIENT DISCHARGES DOWN FROM 14.1% IN 2017. THIS PERCENTAGE HAS SLOWLY INCREASED SINCE 2004 WHEN IT WAS 12.3%. IN THE 16 COUNTY REGION IN CENTRAL ARKANSAS, BAPTIST HEALTH CENTRAL HAD A MARKET SHARE OF 31.7% IN 2018. IN THE 16 COUNTY CENTRAL PRIMARY MARKET OF CENTRAL ARKANSAS, 68.2% OF THE POPULATION IS WHITE, 22.9% IS BLACK, 4.9% IS HISPANIC OR LATINO, 1.5% ARE ASIAN AND PACIFIC ISLANDERS AND 2.5% ARE OF OTHER RACIAL DESCENT. THOSE DEMOGRAPHIC PERCENTAGES MIRROR OUR PATIENT PERCENTAGES.</p>
FORM 990, SCHEDULE H, PART VI, LINE 5	<p>BAPTIST HEALTH, INCLUDING BHMC-CONWAY, PROMOTES COMMUNITY HEALTH THROUGH ACTIVELY SUPPORTING AN OPEN MEDICAL STAFF AND MAINTAINS A COMPLETELY COMMUNITY BASED BOARD THROUGH OUR CORPORATE MEMBERSHIP. ALL SURPLUS FUNDS ARE REINVESTED BACK IN THE COMMUNITY THROUGH NEEDS BASED SERVICES, INVESTMENT IN NEW TECHNOLOGY, UPGRADED EQUIPMENT, AND NEW AND RENOVATED FACILITIES, FREE HEALTH SCREENINGS AND OUTREACH CLINICS THROUGHOUT CENTRAL ARKANSAS, CARE TO ALL WITHOUT REGARD FOR ABILITY TO PAY, AND DEVELOPMENT OF A FULL CONTINUUM OF CARE THROUGH ACUTE HOSPITAL CARE, REHABILITATION SERVICES, AND HOME HEALTH SERVICES. BAPTIST HEALTH, INCLUDING BHMC-CONWAY, ALSO PROVIDES ELECTRONIC MONITORING OF ALL INTENSIVE CARE PATIENTS AT ITS ACUTE CARE HOSPITALS AND PROVIDES THESE SERVICES FOR OTHER HOSPITALS IN ARKANSAS AS WELL.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, LINE 6	<p>BAPTIST HEALTH EXISTS TO PROVIDE QUALITY PATIENT CENTERED SERVICES TO THE CITIZENS OF ARKANSAS WITH CHRISTIAN COMPASSION AND PERSONAL CONCERN CONSISTENT WITH OUR CHARITABLE PURPOSES. BAPTIST HEALTH OFFERS FURTHER EXPANSION OF HEALTH SERVICES FOR ALL ARKANSANS THROUGH ITS RELATIONSHIP WITH ITS AFFILIATED ORGANIZATIONS. BAPTIST HEALTH EXTENDED CARE HOSPITAL IS LOCATED ON THE CAMPUS OF BAPTIST HEALTH MEDICAL CENTER IN LITTLE ROCK AND PROVIDES LONG TERM ACUTE CARE SERVICES FOR PATIENTS COMING FROM THE GENERAL ACUTE CARE SETTING AT BAPTIST HEALTH HOSPITALS. THIS ENABLES PATIENTS NEEDING LONG STAYS IN THE HOSPITAL TO REMAIN ON THE SAME CAMPUS AND OFTEN CAN RETAIN THE SAME PHYSICIANS IN THEIR CARE. BAPTIST HEALTH HOSPITALS AKA BAPTIST HEALTH MEDICAL CENTER - STUTTGART IS AN INTEGRAL PART OF THE BAPTIST HEALTH FAMILY OF HOSPITALS PROVIDING CARE TO PATIENTS. THE STUTTGART FACILITY PROVIDES A SIGNIFICANT LINK TO MEETING HEALTH CARE NEEDS IN EASTERN ARKANSAS THROUGH ITS ACUTE CARE AND PHYSICIAN SERVICES, AND THEN FOR TERTIARY LEVEL HOSPITAL NEEDS THE PATIENTS CAN BE TRANSFERRED TO BAPTIST HEALTH FACILITIES IN LITTLE ROCK AND NORTH LITTLE ROCK. ARKANSAS HEALTH GROUP PROVIDES PHYSICIAN CLINIC SERVICES TO PATIENTS IN RURAL AND URBAN COMMUNITIES IN MORE THAN 65 LOCATIONS WITH MORE THAN 281 PHYSICIANS AND 202 ADVANCED PRACTICE CLINICIANS THROUGHOUT CENTRAL ARKANSAS. BAPTIST HEALTH SERVICES PROVIDES PHYSICIAN CLINIC SERVICES TO PATIENTS IN RURAL AND URBAN COMMUNITIES IN MORE THAN 35 LOCATIONS WITH MORE THAN 71 PHYSICIANS AND 22 ADVANCED PRACTICE CLINICIANS THROUGHOUT WESTERN ARKANSAS AND EASTERN OKLAHOMA. PARKWAY HEALTH CENTER PROVIDES LONG-TERM CARE SKILLED NURSING SERVICES TO RESIDENTS OF PULASKI COUNTY, ARKANSAS. PARKWAY VILLAGE PROVIDES ASSISTED LIVING AND INDEPENDENT LIVING COMMUNITIES IN CENTRAL ARKANSAS FOR THE ELDERLY IN WHICH MEDICAL CARE, CULTURAL AND RECREATIONAL BENEFITS ARE EXTENDED TO RESIDENTS IN ADDITION TO HOUSING AND SHELTER. THE VILLAGE ALSO INCLUDES AN ASSISTED LIVING CENTER DESIGNED SPECIFICALLY FOR ALZHEIMER'S PATIENTS. BAPTIST HEALTH MEDICAL CENTER - HOT SPRING COUNTY IS AN INTEGRAL PART OF THE BAPTIST HEALTH HOSPITAL FAMILY AND PROVIDES NECESSARY CARE FOR THE SOUTHERN PARTS OF ARKANSAS. BAPTIST HEALTH MEDICAL CENTER - CONWAY PROVIDES HEALTH SERVICES TO CENTRAL ARKANSAS. BAPTIST HEALTH MEDICAL CENTER - ARKADDELPHIA PROVIDES HEALTH SERVICES TO SOUTHWEST ARKANSAS. BAPTIST HEALTH MEDICAL CENTER - HEBER SPRINGS PROVIDES HEALTH SERVICES TO THE NEEDS OF CLEBURNE COUNTY AND NORTH CENTRAL ARKANSAS. BAPTIST HEALTH - FORT SMITH AND BAPTIST HEALTH - VAN BUREN ARE COLLECTIVELY KNOWN AS BAPTIST HEALTH REGIONAL HOSPITALS AND PROVIDE HEALTH SERVICES TO THE WESTERN REGION OF ARKANSAS AND EASTERN REGION OF OKLAHOMA.</p>
FORM 990, SCHEDULE H, PART VI, LINE 7	THERE ARE NO STATES THAT THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT WITH.

Additional Data**Software ID:****Software Version:****EIN:** 46-1629800**Name:** CONWAY COMMUNITY SERVICES**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	BAPTIST HEALTH MEDICAL CENTER- CONWAY 1555 EXCHANGE AVENUE CONWAY, AR 72032 WWW.BAPTIST-HEALTH.COM AR5248	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
FORM 990, SCHEDULE H, PART V, LINE 5	TO FACILITATE THE CHNA PROCESS, BAPTIST HEALTH COMMUNITY OUTREACH UTILIZED THE COMMUNITY COMMONS NETWORK TO OBTAIN THE QUANTITATIVE DATA. COMMUNITY COMMONS IS A COLLABORATIVE INITIATIVE THAT EXISTS TO SERVE THE HEALTHY COMMUNITIES' MOVEMENT BY HELPING CHANGE-MAKERS ADVANCE EQUITABLE COMMUNITY HEALTH AND WELL-BEING. IN ADDITION TO QUANTITATIVE DATA COLLECTION, FOCUS GROUPS, ONE ON ONE INTERVIEWS AND SURVEYS WERE UTILIZED TO ACQUIRE INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY EACH FACILITY (A CHNA REQUIREMENT). BAPTIST HEALTH COMMUNITY OUTREACH CONDUCTED 12 FOCUS GROUPS. FOCUS GROUPS REPRESENTED THE DEFINED COMMUNITY SURROUNDING EACH ACUTE CARE FACILITY AND ONE COMMUNITY BASED COALITION SERVING SOUTHEAST PULASKI COUNTY. PARTICIPANTS INCLUDED REPRESENTATIVES FROM PUBLIC HEALTH DEPARTMENTS, LOCAL GOVERNMENT OFFICES, SCHOOL DISTRICTS, LAW ENFORCEMENT, HEALTH CARE PROVIDERS AND REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS.
FORM 990, SCHEDULE H, PART V, LINE 6A	BAPTIST HEALTH MEDICAL CENTER ARKADELPHIA, BAPTIST HEALTH MEDICAL CENTER HEBER SPRINGS, BAPTIST HEALTH MEDICAL CENTER LITTLE ROCK, BAPTIST HEALTH MEDICAL CENTER NORTH LITTLE ROCK, BAPTIST HEALTH REHAB INSTITUTE LITTLE ROCK, BAPTIST HEALTH EXTENDED CARE HOSPITAL, BAPTIST HEALTH MEDICAL CENTER STUTTGART, BAPTIST HEALTH MEDICAL CENTER CONWAY, BAPTIST HEALTH MEDICAL CENTER HOT SPRING COUNTY, BAPTIST HEALTH FORT SMITH, AND BAPTIST HEALTH VAN BUREN.

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
FORM 990, SCHEDULE H, PART V, LINE 11	ARKANSAS IS A STATE WITH MANY HEALTH NEEDS, RANKING 48TH OF 50 IN OVERALL HEALTH STATUS. IT IS ALSO A STATE WITH A HIGHER PROPORTION OF UNDERSERVED AND UNINSURED INDIVIDUALS. RECOGNIZING THAT ALTHOUGH ALL OF THE IDENTIFIED NEEDS ARE IMPORTANT, ALL OF THEM CANNOT BE PURSUED BY BHMC-CONWAY. AFTER ESTABLISHING CRITERIA BASED ON THE BAPTIST HEALTH MISSION, AS WELL AS BHMC - CONWAY CLINICAL STRENGTHS, RESOURCES AND INFRASTRUCTURE TO MAINTAIN PROGRAMS, EACH OF THE IDENTIFIED NEEDS FROM THE FOCUS GROUPS AND DATA COLLECTION WAS REVIEWED AND PRIORITIZED. BAPTIST HEALTH DOES BELIEVE THE FOCUS AREAS SELECTED WILL INDIRECTLY HAVE A POSITIVE IMPACT ON MANY OF THE OTHER ITEMS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT. A PRIORITIZATION SESSION WAS HELD FOR EACH HOSPITAL TO CHOOSE PRIORITIES. A THREE-ROUND, MULTI-VOTING TECHNIQUE WAS UTILIZED TO MAKE FINAL SELECTIONS. THE PRIORITIZATION PROCESS RESULTED IN THE SELECTION OF THE FOLLOWING SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED BY BHMC-CONWAY: - STROKE - INFANT MORTALITY - OBESITY THE STRATEGIES AND OBJECTIVES OF EACH NEED ARE ADDRESSED IN THE CHNA IMPLEMENTATION PLAN WHICH CAN BE FOUND AT WWW.BAPTIST-HEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT .
FORM 990, SCHEDULE H, PART V, LINE 20E	THE HOSPITAL HAS SOFTWARE WHICH USES PUBLICLY AVAILABLE DEMOGRAPHIC INFORMATION TO DETERMINE PRESUMPTIVE ELIGIBILITY FOR PATIENTS WHO DO NOT RESPOND TO OFFERS OF FINANCIAL ASSISTANCE. THE HOSPITAL ALSO VERBALLY CONTACTS THE PATIENT TO INFORM THEM OF FINANCIAL ASSISTANCE.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CONWAY COMMUNITY SERVICES

Employer identification number
46-1629800

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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									
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									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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	No								
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	Yes								
b Any related organization?	6b	Yes								
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									

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TROY WELLS PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	834,426	0	305,497	8,400	12,721	1,161,044	0
2 DOUGLAS WEEKS SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	478,694	0	175,452	8,400	11,684	674,230	0
3 BRENT BEAULIEU TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	436,656	0	53,275	8,400	9,545	507,876	0
4 JASON EAKIN DIRECTOR OF PHARMACY	(i)	165,279	0	526	11,935	9,766	187,506	0
	(ii)	0	0	0	0	0	0	0
5 DANNY WOOLEY CLINICAL PHARMACIST	(i)	131,788	0	1,021	9,851	7,888	150,548	0
	(ii)	0	0	0	0	0	0	0
6 JASON MEREDITH PHARMACIST	(i)	135,273	0	481	9,984	9,328	155,066	0
	(ii)	0	0	0	0	0	0	0
7 BRANDY OWEN PHARMACIST	(i)	135,517	0	172	10,237	7,922	153,848	0
	(ii)	0	0	0	0	0	0	0
8 TIM BOWEN VP & ADMINISTRATOR	(i)	283,182	0	60,183	17,900	10,473	371,738	0
	(ii)	0	0	0	0	0	0	0
9 MICHELLE MALONE CNO	(i)	186,747	0	40,988	13,588	8,201	249,524	0
	(ii)	0	0	0	0	0	0	0

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
FORM 990, SCHEDULE J, PART I, LINE 6A	THE FOLLOWING INDIVIDUALS INCLUDED ON FORM 990, PART VII, SECTION A, HAVE ACCRUED COMPENSATION CONTINGENT ON THE NET EARNINGS OF THE ORGANIZATION BASED ON FISCAL YEAR 2019 PERFORMANCE THAT WAS PAID IN FISCAL YEAR 2020: TIM BOWEN - \$82,010 DANNY WOOLEY - \$64,284 MICHELLE MALONE - \$55,212 JASON EAKIN - \$32,616 BRANDY OWEN - \$32,616 JASON MEREDITH - \$32,616
FORM 990, SCHEDULE J, PART I, LINE 6B	THE FOLLOWING INDIVIDUALS INCLUDED ON FORM 990, PART VII, SECTION A, HAVE ACCRUED COMPENSATION CONTINGENT ON THE NET EARNINGS OF A RELATED ORGANIZATION BASED ON FISCAL YEAR 2019 PERFORMANCE THAT WAS PAID IN FISCAL YEAR 2020: TROY WELLS - \$131,280 DOUGLAS WEEKS - \$60,045 BRENT BEAULIEU - \$50,653

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

CONWAY COMMUNITY SERVICES

Employer identification number

46-1629800

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	The corporation is a nonprofit corporation and has a single member, Baptist Health. The corporation has no shareholders and does not pay dividends or otherwise distribute profits or excess revenues. The member does elect the governing body and has the power to remove members of the governing body. The member can amend the articles of incorporation and bylaws of the corporation. The member can receive a distribution of the organizations assets upon dissolution, if it is an organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	The organization is a nonprofit corporation and has one class of members consisting of Baptist Health. The member has the power to elect and remove members of the governing body, periodically or as vacancies occur.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION HAS ONE CLASS OF MEMBER WHO CAN VOTE FOR MEMBERSHIP DECISIONS. MEMBER APPROVAL IS REQUIRED FOR (I) REMOVAL OF MEMBERS, (II) ELECTION AND REMOVAL OF A DIRECTOR, (III) CHANGES IN THE ELIGIBILITY AND QUALIFICATION OF DIRECTORS, (IV) AMENDMENT OF THE ARTICLES OF INCORPORATION, (V) A SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION, (VI) MERGER WITH ANOTHER ENTITY, AND (VII) DISSOLUTION OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY BAPTIST HEALTH'S VICE PRESIDENT OF FINANCE AND CHIEF FINANCIAL OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS AND STAFF ARE REQUIRED TO ANNUALLY SUBMIT A WRITTEN STATEMENT AND ANSWER A CONFLICT OF INTEREST QUESTIONNAIRE. THE ORGANIZATION MONITORS COMPLIANCE THROUGH ITS QUALITY ASSURANCE PROGRAM. IF IT IS DETERMINED THAT ANY MEMBER HAS A CONFLICT OF INTEREST, THE BOARD WILL TAKE APPROPRIATE ACTION AND/OR SEEK INPUT FROM THE BAPTIST HEALTH EXECUTIVE COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE EXECUTIVE COMMITTEE OF THE BOARD APPOINTS DIRECTORS TO THE ADMINISTRATIVE COMPENSATION COMMITTEE. THE ADMINISTRATIVE COMPENSATION COMMITTEE APPROVES THE INITIAL SALARY AND ANY SUBSEQUENT SALARY ADJUSTMENTS FOR THE PRESIDENT/CEO FOR BAPTIST HEALTH. THE CHRO PRESENTS THE COMPENSATION PHILOSOPHY, AN OVERVIEW OF MARKET DATA RESULTS, AND A SUMMARY OF BENEFITS TO THE ADMINISTRATIVE COMPENSATION COMMITTEE OF THE BOARD. AN INDEPENDENT REVIEW OF THE EXECUTIVES SALARY RANGES WILL BE PERFORMED AT A MINIMUM OF EVERY TWO YEARS UNLESS EXTENUATING CIRCUMSTANCES ARISE. THE DIRECTOR AND ABOVE, EXECUTIVE DIRECTORS OR KEY EMPLOYEES WILL HAVE AN ANNUAL REVIEW OF SALARY RANGES AT A MINIMUM OF EVERY TWO YEARS FOR USE IN DETERMINING THE APPROPRIATE SALARY RANGE AND PAY FOR THE LEADERSHIP TEAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ORGANIZATION'S POLICIES AND GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:12001749

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 1313046

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES TOTAL FEES:64697

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CONWAY COMMUNITY SERVICES

Employer identification number

46-1629800

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MAUMELLE FAM PRACT 11001 EXECUTIVE CENTER DR STE 200 LITTLE ROCK, AR 72211 71-0824329	MEDICAL CARE	AR	NA					No			No	
(2) ORTHOARK SURGERY 10301 KANIS ROAD LITTLE ROCK, AR 72205 71-0818555	ORTHOPEDIC	AR	NA					No			No	
(3) AUTUMN ROAD LLC PO BOX 3730 LITTLE ROCK, AR 72203 71-0786625	REAL ESTATE	AR	NA					No			No	
(4) AMERICAN DATA NTWK 10809 EXECUTIVE CENTER DRIVE LITTLE ROCK, AR 72211 71-0849746	DATA SERVICES	AR	NA					No			No	
(5) SPRINGHILL SURGERY CENTER 3401 SPRINGHILL DR STE 155 NORTH LITTLE ROCK, AR 72117 62-1712554	SURGERY SERVI	AR	NA					No			No	
(6) TWO FINANCIAL CENTRE HOLDING COMPANY 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 81-4970489	REAL ESTATE	AR	NA					No			No	
(7) BH CENTER FOR CLINICAL RESEARCH 9601 BAPTIST HEALTH DR STE 250 LITTLE ROCK, AR 72205 45-5503799	CLINICAL RESE	AR	NA					No			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) MULTI-MANAGEMENT SERVICES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0599194	MANAGEMENT	AR	NA	C CORPORATION				Yes	
(2) BAPTIST MEDCARE INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0678160	MEDICAL CARE	AR	NA	C CORPORATION				Yes	
(3) HOTEL PROPERTIES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0599198	HOTELS	AR	NA	C CORPORATION				Yes	
(4) SERVICE FINANCE CORPORATION 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0333251	FINANCE SERVI	AR	NA	C CORPORATION				Yes	
(5) WESTSIDE PROPERTIES INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0532013	REAL ESTATE	AR	NA	C CORPORATION				Yes	
(6) BAPTIST MEDICAL SYSTEMS HMO INC 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0622925	HEALTHCARE SR	AR	NA	C CORPORATION				Yes	

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

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

	Yes	No
1 During the tax year, did the 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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MULTIMANAGEMENT SERVICES INC	A	149,800	FMV

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 46-1629800
Name: CONWAY COMMUNITY SERVICES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 71-0236856	MEDICAL CTR	AR	501 (C) (3)	3	NA		No
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 23-7169407	SUPPORT	AR	501 (C) (3)	7	BAPTIST HLTH	Yes	
14324 CHENAL PKWY LITTLE ROCK, AR 72211 71-0675933	LTC NURSING	AR	501 (C) (3)	12A	BAPTIST HLTH	Yes	
14300 CHENAL PKWY LITTLE ROCK, AR 72211 71-0574341	RETIREMENT	AR	501 (C) (3)	10	BAPTIST HLTH	Yes	
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 26-1286647	MEDICAL CTR	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	
3050 TWIN RIVERS DRIVE ARKADELPHIA, AR 71923 71-0541647	MEDICAL CTR	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 61-1570855	MEDICAL CTR	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 47-2101351	HEALTHCARE	AR	501 (C) (3)	10	BAPTIST HLTH	Yes	
11001 EXECUTIVE CENTER DR STE 200 LITTLE ROCK, AR 72211 71-0781138	HEALTHCARE	AR	501 (C) (3)	10	BAPTIST HLTH	Yes	
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 82-5426152	MEDICAL CTR	AR	501 (C) (3)	3	BAPTIST HLTH	Yes	
9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 82-5433043	HEALTHCARE	AR	501 (C) (3)	10	BAPTIST HLTH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
MAUMELLE FAM PRACT 11001 EXECUTIVE CENTER DR STE 200 LITTLE ROCK, AR 72211 71-0824329	MEDICAL CARE	AR	NA					No			No	
ORTHOARK SURGERY 10301 KANIS ROAD LITTLE ROCK, AR 72205 71-0818555	ORTHOPEDIC	AR	NA					No			No	
AUTUMN ROAD LLC PO BOX 3730 LITTLE ROCK, AR 72203 71-0786625	REAL ESTATE	AR	NA					No			No	
AMERICAN DATA NTWK 10809 EXECUTIVE CENTER DRIVE LITTLE ROCK, AR 72211 71-0849746	DATA SERVICES	AR	NA					No			No	
SPRINGHILL SURGERY CENTER 3401 SPRINGHILL DR STE 155 NORTH LITTLE ROCK, AR 72117 62-1712554	SURGERY SERVI	AR	NA					No			No	
TWO FINANCIAL CENTRE HOLDING COMPANY 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205 81-4970489	REAL ESTATE	AR	NA					No			No	
BH CENTER FOR CLINICAL RESEARCH 9601 BAPTIST HEALTH DR STE 250 LITTLE ROCK, AR 72205 45-5503799	CLINICAL RESE	AR	NA					No			No	