SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Walnut Hospital Inc.

Employer identification number: 00-9000001

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Walnut Physician Associates LLC 655 Bradford St. Nixon NV 89424 00-9000088	Phys. primary care	NV	220,534	138,538	NA
(2) Nixon Properties LLC 655 Bradford St. Nixon NV 89424 00-9000077	Property management	NV	580,000	8,500,000	NA
(3) Walnut Urgent Care LLC 655 Bradford St. Nixon NV 89424 00-9000066	Urgent care services	NV	305,000	162,000	NA
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Walnut Medical Center Foundation 655 Bradford St. Nixon NV 89424 00-9000055	Supporting org	NV	501(c)(3)	11	NA		✔
(2) Walnut Children's Care Center Inc. 655 Bradford St. Nixon NV 89424 00-9000044	Ctr serves childrren	NV	501(c)(3)	3	NA		✔
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Relate** 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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Walnut Real Estate Group Inc. 655 Bradford St. Nixon NV 89424 00-9000099	Own real estate	NV	NA	C corp	27,626	136,402	100%	✔	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	**1a**	✔	
b	Gift, grant, or capital contribution to related organization(s)	**1b**		✔
c	Gift, grant, or capital contribution from related organization(s)	**1c**	✔	
d	Loans or loan guarantees to or for related organization(s)	**1d**		✔
e	Loans or loan guarantees by related organization(s)	**1e**		✔
f	Dividends from related organization(s)	**1f**		✔
g	Sale of assets to related organization(s)	**1g**		✔
h	Purchase of assets from related organization(s)	**1h**		✔
i	Exchange of assets with related organization(s)	**1i**		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		✔
o	Sharing of paid employees with related organization(s)	**1o**		✔
p	Reimbursement paid to related organization(s) for expenses	**1p**		✔
q	Reimbursement paid by related organization(s) for expenses	**1q**		✔
r	Other transfer of cash or property to related organization(s)	**1r**		✔
s	Other transfer of cash or property from related organization(s)	**1s**		✔

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)				
(2)				
(3)				
(4)				
(5)				
(6)				