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| | | |
|--|--|-------------------------------------|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 2009 |
| | ▶ The organization may have to use a copy of this return to satisfy state reporting requirements | Open to Public Inspection |

| | | | | |
|--|---|---|--|---|
| A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Olathe Medical Center Inc | | D Employer identification number 48-0577664 |
| | | Doing Business As | | E Telephone number (913) 791-4461 |
| | | Number and street (or P O box if mail is not delivered to street address) 20333 W 151ST STREET | Room/suite | G Gross receipts \$ 217,228,845 |
| | | City or town, state or country, and ZIP + 4 OLATHE, KS 66061 | | |
| | F Name and address of principal officer TIERNEY L GRASSER 20333 W 151ST STREET OLATHE, KS 66061 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ WWW.OLATHEHEALTH.ORG | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1948 | M State of legal domicile KS | |






Part I Summary

| | | | | |
|------------------------------------|-----------|---|-----------|------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE BY PROVIDING COMPASSIONATE, QUALITY HEALTHCARE IN AN ENVIRONMENT OF TRUST AND COLLABORATION | | |
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| | 2 | Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 1 |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 1,98 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 19 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,70 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 62 |

| | | Prior Year | Current Year | |
|-----------------------------|------------|--|--------------|-------------|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 774,023 | 312,990 |
| | 9 | Program service revenue (Part VIII, line 2g) | 192,463,150 | 194,665,501 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 8,204,406 | 2,921,338 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,727,638 | 2,197,999 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 204,169,217 | 200,097,828 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 815,789 | 815,595 |
| | 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) | 80,555,642 | 80,113,666 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <u>0</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 90,387,052 | 88,666,541 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 171,758,483 | 169,595,802 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 32,410,734 | 30,502,026 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year | |
| | 20 | Total assets (Part X, line 16) | 369,966,202 | 423,242,476 |
| | 21 | Total liabilities (Part X, line 26) | 161,918,186 | 155,977,422 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 208,048,016 | 267,265,054 |

| | |
|----------------|------------------------|
| Part II | Signature Block |
|----------------|------------------------|

| | |
|--|-------------------------------|
| <p>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.</p> | |
| <p>*****</p> <p>Signature of officer</p> | <p>2010-11-15</p> <p>Date</p> |
| <p>TIERNEY L GRASSER SENIOR VP/FINANCE</p> <p>Type or print name and title</p> | |

| | | | | |
|---|--|------|--|---|
| Paid Preparer's Use Only | Preparer's signature  Michael J Engle | Date | Check if self-employed  <input checked="" type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4  BKD LLP 1201 Walnut Suite 1700 Kansas City, MO 641062246 | | | EIN  |
| | | | | Phone no  (816) 221-6300 |














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

1 Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4 | Yes |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | Yes |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  | 11 | Yes |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | |
| | ◆ 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. | | |
| | ◆ 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. | | |
| | ◆ 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. | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| | ◆ 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? If "Yes," complete Schedule D, Part X. | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | 12A | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20 | Yes |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-------|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 80 | |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 1,985 | |
| | 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 this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| | b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | |

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.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 14 | |
| b | Enter the number of voting members that are independent | 1b | 10 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

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

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶KS |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TIERNEY L GRASSER 20333 W 151ST STREET OLATHE, KS 66061 (913) 791-4461 |

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

| | | | |
|---------------------------|-----------|---|-----------|
| 1b Total | 3,333,422 | 0 | 1,425,416 |
|---------------------------|-----------|---|-----------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**43

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| LOCKTON COMPANIES | INSURANCE SERVICES | 3,240,423 |
| JE DUNN CONSTRUCTION | CONSTRUCTION | 5,386,534 |
| SM WILSON CO | CONSTRUCTION | 9,269,597 |
| PHYSICIANS REFERENCE LAB | LAB SERVICES | 691,008 |
| JOHNSON COUNTY ANESTHESIA | MEDICAL SERVICES | 1,145,531 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**31

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|---------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | 312,990 | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h | Total. Add lines 1a-1f | | | 312,990 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | NET PATIENT SERVICE REVENUE | 900,099 | 194,661,795 | 194,661,795 | | | |
| | b | LAB & RADIOLOGY FEES | 621,500 | 3,706 | | 3,706 | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 194,665,501 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | | 5,323,394 | | 5,323,394 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | 6a | (i) Real | | (ii) Personal | | | | |
| | | Gross Rents | 2,486,033 | | | | | |
| | | b Less rental expenses | 2,283,616 | | | | | |
| | | c Rental income or (loss) | 202,417 | | | | | |
| | d | Net rental income or (loss) | | | 202,417 | | 202,417 | |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | 12,145,351 | 299,995 | | | | |
| | | b Less cost or other basis and sales expenses | 14,217,455 | 629,946 | | | | |
| | | c Gain or (loss) | -2,072,104 | -329,951 | | | | |
| | d | Net gain or (loss) | | | -2,402,056 | | -2,402,056 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | | | | | | |
| | | b Less direct expenses | b | | | | | |
| | c | Net income or (loss) from fundraising events . . . | | | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | | a | | | | | | |
| | | b Less direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities . . . | | | 0 | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | | | | | | | |
| | b Less cost of goods sold | b | | | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | 0 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | Cafeteria | 722,210 | 588,168 | | | 588,168 | | |
| b | Discounts/Rebates | 900,099 | 478,964 | 478,964 | | | | |
| c | Research Study | 900,099 | 191,556 | 191,556 | | | | |
| d | All other revenue | | 736,894 | 143,136 | | 593,758 | | |
| e | Total. Add lines 11a-11d | | | 1,995,582 | | | | |
| 12 | Total revenue. See Instructions | | | 200,097,828 | 195,475,451 | 3,706 | 4,305,681 | |

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) but are not required to complete columns (B), (C), and (D).

| 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 governments and organizations in the U S See Part IV, line 21 | 798,845 | 798,845 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 16,750 | 16,750 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S 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 | 3,806,298 | 2,093,464 | 1,712,834 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 179,930 | 156,011 | 23,919 | |
| 7 | Other salaries and wages | 64,174,734 | 55,643,788 | 8,530,946 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,765,948 | 1,531,195 | 234,753 | |
| 9 | Other employee benefits | 5,013,089 | 4,431,626 | 581,463 | |
| 10 | Payroll taxes | 5,173,667 | 4,485,916 | 687,751 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 25,500 | 20,000 | 5,500 | |
| b | Legal | 425,878 | | 425,878 | |
| c | Accounting | 96,891 | | 96,891 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 72,896 | | 72,896 | |
| g | Other | 9,226,318 | 7,285,150 | 1,941,168 | |
| 12 | Advertising and promotion | 573,407 | | 573,407 | |
| 13 | Office expenses | 43,038,555 | 41,669,413 | 1,369,142 | |
| 14 | Information technology | 1,875,211 | | 1,875,211 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 1,594,002 | 1,466,858 | 127,144 | |
| 17 | Travel | 186,307 | 177,588 | 8,719 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 80,810 | 55,745 | 25,065 | |
| 20 | Interest | 4,092,982 | 2,373,930 | 1,719,052 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 11,409,687 | 10,611,008 | 798,679 | |
| 23 | Insurance | 2,074,178 | 1,705,033 | 369,145 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | Bad Debt Expense | 11,114,968 | 11,114,968 | | |
| b | Medicaid Assessment | 1,196,280 | 1,196,280 | | |
| c | Repairs & Maint | 859,042 | 764,286 | 94,756 | |
| d | Dues & Subscriptions | 215,793 | 86,187 | 129,606 | |
| e | MICRO FILMING | 392,223 | 392,223 | | |
| f | All other expenses | 115,613 | 104,954 | 10,659 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 169,595,802 | 148,181,218 | 21,414,584 | 0 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|-------------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 12,064,133 | 2 | 9,673,929 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 28,775,217 | 4 | 29,167,177 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 4,735,002 | 8 | 5,628,618 |
| | 9 | Prepaid expenses and deferred charges | | | 1,160,643 | 9 | 1,337,603 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 234,628,288 | 116,748,205 | 10c | 123,092,091 |
| | b | Less accumulated depreciation | 10b | 111,536,197 | | | |
| | 11 | Investments—publicly traded securities | | | 119,136,131 | 11 | 171,539,602 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 53,661,746 | 12 | 67,959,998 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 212,896 | 13 | 148,019 |
| | 14 | Intangible assets | | | 414,236 | 14 | 350,507 |
| | 15 | Other assets See Part IV, line 11 | | | 33,057,993 | 15 | 14,344,932 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 369,966,202 | 16 | 423,242,476 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 25,207,969 | 17 | 23,951,353 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 127,038,056 | 20 | 123,201,059 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 8,394,348 | 23 | 8,032,943 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 55,733 | 24 | 37,169 |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 1,222,080 | 25 | 754,898 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 161,918,186 | 26 | 155,977,422 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 207,787,057 | 27 | 266,973,045 |
| | 28 | Temporarily restricted net assets | | | 155,048 | 28 | 174,691 |
| | 29 | Permanently restricted net assets | | | 105,911 | 29 | 117,318 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 208,048,016 | 33 | 267,265,054 |
| | 34 | Total liabilities and net assets/fund balances | | | 369,966,202 | 34 | 423,242,476 |

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in IRC 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.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 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 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|--|--|----|--|--|--|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | | 14 | | | | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | | 15 | | | | |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | | | | | |
| b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | | | | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | | | | | |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts 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 | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. 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 | | |
| b33 1/3% support tests—2008. 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 | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|--|
| Name of the organization Olathe Medical Center Inc | Employer identification number 48-0577664 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

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

| | | (a) | | (b) |
|-----------------------------|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| | a Volunteers? | | No | |
| | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| | c Media advertisements? | | No | |
| | d Mailings to members, legislators, or the public? | | No | |
| | e Publications, or published or broadcast statements? | | No | |
| | f Grants to other organizations for lobbying purposes? | | No | |
| | g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 10,457 |
| | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| | i Other activities? If "Yes," describe in Part IV | | No | |
| j Total lines 1c through 1i | | | | 10,457 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

| | |
|---|--|
| Name of the organization Olathe Medical Center Inc | Employer identification number 48-0577664 |
|---|--|

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

| | | |
|---|--|--|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate 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 may 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" to Form 990, Part IV, line 7.

| | |
|---|---|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space |
| 2 | Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year |
| | |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____ |
| 7 | Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | In Part XIV, 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" to Form 990, Part IV, line 8.

| | |
|----|--|
| 1a | If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items |
| b | If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items |
| a | Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 | 124,141,074 | 160,815,611 | | | |
| b Contributions | 15,568,905 | 12,063,829 | | | |
| c Investment earnings or losses | 34,281,539 | -48,738,366 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 173,991,518 | 124,141,074 | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 % %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 20,230,961 | | 20,230,961 |
| b Buildings | | 113,158,877 | 47,711,429 | 65,447,448 |
| c Leasehold improvements | | 10,277,864 | 4,870,397 | 5,407,467 |
| d Equipment | | 78,272,485 | 55,402,976 | 22,869,509 |
| e Other | | 12,688,101 | 3,551,395 | 9,136,706 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 123,092,091 |

Schedule D (Form 990) 2009

| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|---|---|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 200,097,828 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 169,595,802 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 30,502,026 |
| 4 | Net unrealized gains (losses) on investments | 4 | 31,190,118 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -2,506,156 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 28,683,962 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 59,185,988 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|--|--|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 318,536,593 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 31,190,118 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 87,321,543 |
| e | Add lines 2a through 2d | 2e | 118,511,661 |
| 3 | Subtract line 2e from line 1 | 3 | 200,024,932 |
| 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 | 72,896 |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 72,896 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 200,097,828 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|---|---|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 259,350,690 |
| 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 XIV) | 2d | 89,897,481 |
| e | Add lines 2a through 2d | 2e | 89,897,481 |
| 3 | Subtract line 2e from line 1 | 3 | 169,453,209 |
| 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 | 72,896 |
| b | Other (Describe in Part XIV) | 4b | 69,697 |
| c | Add lines 4a and 4b | 4c | 142,593 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 169,595,802 |

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|--|--------------------------------|---|
| ENDOWMENT FUNDS | SCHEDULE D, PART V, LINE 4 | The endowment funds are held for future capital and expansion needs. In addition, the funds also represent reserves for operating needs to remain financially stable. |
| LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 | SCHEDULE D, PART X, LINE 2 | OLATHE MEDICAL CENTER, INC. (OMCI), IS A NOT-FOR-PROFIT ORGANIZATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVEUNE CODE AND IS EXEMPT FROM TAXES ON THE BUSINESS INCOME. OMCI IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006. |
| OTHER - RECONCILIATION OF REVENUE PER AUDITED F/S AND TAX RETURN | SCHEDULE D, PART XI, LINE 8 | GAIN(LOSS) ON INVESTMENT OF EQUITY INVESTEEES \$(2,972,158) UNREALIZED GAIN ON INTEREST RATE SWAP 396,220 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 60,019 NET ASSETS RELEASED - CAPITAL 9,763 ----- TOTAL \$(2,506,156) |
| OTHER - REVENUE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 | SCHEDULE D, PART XII, LINE 2D | RELATED ORGANIZATIONS' REVENUE \$87,613,865 RENTAL EXPENSES 2,283,616 UNREALIZED GAIN ON INTEREST RATE SWAP 396,220 GAIN(LOSS) ON INVESTMENT OF EQUITY INVESTEEES (2,972,158) ----- TOTAL \$87,321,543 |
| OTHER - EXPENSE INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 | SCHEDULE D, PART XIII, LINE 2D | RELATED ORGANIZATIONS' EXPENSES \$87,613,865 RENTAL EXPENSES 2,283,616 ----- TOTAL \$89,897,481 |
| OTHER - EXPENSE INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 | SCHEDULE D, PART XIII, LINE 4B | TRANSFER TO AFFILIATES \$69,697 |

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

Part I

Charity Care and Certain Other Community Benefits at Cost

| | | | | |
|--|---|-----|-----|----|
| | | Yes | No | |
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> | | | |
| 3 | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 250 %</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input checked="" type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | 3a | Yes | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | No |
| 6a | Does the organization prepare an annual community benefit report? | 6a | Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | Yes | |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | | |

7

Charity Care and Certain Other Community Benefits at Cost

| Charity Care 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 Charity care at cost (from Worksheets 1 and 2) | | 3,983 | 4,863,330 | 0 | 4,863,330 | 3 070 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | 4,788 | 8,846,870 | 5,705,973 | 3,140,897 | 1 980 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs | | 8,771 | 13,710,200 | 5,705,973 | 8,004,227 | 5 050 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 28 | 7,000 | 347,755 | 4,470 | 343,285 | 0 220 % |
| f Health professions education (from Worksheet 5) | 21 | 731 | 1,023,616 | 6,000 | 1,017,616 | 0 640 % |
| g Subsidized health services (from Worksheet 6) | | | 2,118,235 | 0 | 2,118,235 | 1 340 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 519,915 | 0 | 519,915 | 0 330 % |
| j Total Other Benefits | 49 | 7,731 | 4,009,521 | 10,470 | 3,999,051 | 2 530 % |
| k Total. Add lines 7d and 7j) | 49 | 16,502 | 17,719,721 | 5,716,443 | 12,003,278 | 0 |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

| | (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 | | 1,394 | | 1,394 | |
| 2 | Economic development | | 7,002 | | 7,002 | |
| 3 | Community support | | 9,791 | | 9,791 | 0 010 % |
| 4 | Environmental improvements | | | | | |
| 5 | Leadership development and training for community members | | 284 | | 284 | |
| 6 | Coalition building | | | | | |
| 7 | Community health improvement advocacy | | 1,194 | | 1,194 | |
| 8 | Workforce development | | 119 | | 119 | |
| 9 | Other | | | | | |
| 10 | Total | | 19,784 | | 19,784 | 0 010 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|-----------|
| 1 | Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15? | 1 | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 3,191,629 |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 | 0 |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. | | |

Section B. Medicare

| | | | |
|---|---|---|------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 57,003,645 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 64,070,767 |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 | -7,067,122 |
| 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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|----|--|----|-----|
| 9a | Does the organization have a written debt collection policy? | 9a | Yes |
| 9b | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. | 9b | Yes |

Part IVManagement Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Part V

Facility Information

| Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|--|
| OLATHE MEDICAL CENTER INC 20333 W 151ST STREET OLATHE, KS 66061 | X | X | | | | | X | | |
| THE REHAB PLACE AT OLATHE MEDICAL CENTER 20375 W 151ST STREET SUITE 151 OLATHE, KS 66061 | X | | | | | | | | INPATIENT/OUTPATIENT REHABILITATION CLINIC |
| THE IMAGING CENTER AT OLATHE MEDICAL CTR 20375 W 151ST STREET SUITE 150 OLATHE, KS 66061 | X | | | | | | | | INPATIENT/OUTPATIENT IMAGING CLINIC |
| ULTRASOUND CENTER AT OLATHE MEDICAL CTR 20375 W 151ST STREET SUITE 170 OLATHE, KS 66061 | X | | | | | | | | INPATIENT/OUTPATIENT ULTRASOUND CLINIC |
| CARDIAC REHAB AT OLATHE MEDICAL CENTER 20375 W 151ST STREET SUITE 450 OLATHE, KS 66061 | X | | | | | | | | INPATIENT/OUTPATIENT CARDIAC REHAB CLINIC |
| AMBULATORY SURGERY CENTER AT OMC 20805 W 151ST STREET SUITE 101 OLATHE, KS 66061 | X | | | | | | | | AMBULATORY SURGERY CENTER |
| PAIN MANAGEMENT CENTER AT OLATHE MED CTR 21080 W 151ST STREET OLATHE, KS 66061 | X | | | | | | | | OUTPATIENT PAIN MANAGEMENT CLINIC |
| HOSPICEHOME HEALTH AT OLATHE MED CTR 20805 W 151ST STREET SUITE 301 OLATHE, KS 66061 | X | | | | | | | | INPATIENT/OUTPATIENT HOSPICE/HOME HEALTH |
| SLEEP DISORDERS CENTER AT OLATHE MED CTR 20375 W 151ST STREET SUITE 103 OLATHE, KS 66061 | X | | | | | | | | OUTPATIENT SLEEP DISORDERS CLINIC |
| THE REHAB PLACE AT SOUTHPARK MED PLAZA 20920 W 151ST STREET SUITE 201 OLATHE, KS 66061 | X | | | | | | | | OUTPATIENT REHABILITATION CLINIC |
| THE REHAB PLACE AT SANTA FE COMMONS 13657 MUR-LEN ROAD OLATHE, KS 66062 | X | | | | | | | | OUTPATIENT REHABILITATION CLINIC |
| OLATHE MEDICAL PAVILION 21120 W 152ND STREET OLATHE, KS 66061 | X | | | | | | | | OUTPATIENT IMAGING CLINIC |
| SOUTHPARK SURGICAL SERVICES 21080 W 151ST STREET OLATHE, KS 66061 | X | | | | | | | | AMBULATORY SURGERY CENTER |
| WOUND CARE CLINIC AT OLATHE MED CTR 21080 W 151ST STREET OLATHE, KS 66061 | X | | | | | | | | OUTPATIENT WOUND CARE CLINIC |

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES FOR CALCULATING THE NET COMMUNITY BENEFIT
EXPENSE PERCENTAGE WAS \$11,114,968

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART I, LINE 7, OF SCHEDULE H, IS A COST ACCOUNTING SYSTEM

AN OVERALL COST TO CHARGE RATIO IS USED. The System reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The System provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. The System bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due when billed. Accounts are considered delinquent and subsequently written off as bad debts based on credit evaluation and specific circumstances of the account.

Before placement with collection agencies, OMCI Patient Financial Services offers various options for patients with financial difficulties including offering to assist with completion of charity applications and review of ability to pay software. In addition, OMCI has language written in their collection agency contract that states, "If the Agency learns a patient/debtor has neither sufficient income nor assets to meet his financial obligation, the Agency will not pursue collection activities against the patient/debtor, unless or until the Agency learns that the patient/debtor has income or assets to meet the obligation."

OLATHE MEDICAL CENTER, INC (OMCI) USES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE TO LOW INCOME INDIVIDUALS. IN ADDITION TO USING THE FPG, OMCI OFFERS DISCOUNTED CARE TO ALL INDIVIDUALS WITHOUT INSURANCE.

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
- FORM 990, SCHEDULE H, PART VI, LINE 2 Olathe Medical Center, INC (OMCI) was one of the original members of Johnson County's Community Health Assessment Process (CHAP) This group's involvement is centered on the activities of the county's public health department, and its participation with neighboring counties in assessing and addressing the healthcare needs of the communities In a more grassroots effort, OMCI also uses questionnaires at various community-based health fairs and public events to better understand the healthcare needs

- 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 charity care policy
- FORM 990, SCHEDULE H, PART VI, LINE 3 Patients of Olathe Medical Center, Inc (OMCI) locations are made aware of all opportunities available for financial assistance in a variety of ways Of course, all billing statements and registration documents include information about available assistance In addition, OMCI provides information about the options available on its web site Also, patients who call OMCI with questions about financial assistance are directed to the patient financial services department for assistance OMCI also contracts with Health Reimbursement Specialists (HRS) to provide assistance to individuals in determining eligibility for government programs and/or the medical center's charity care program HRS completes an initial screening process with the individual and then assists the patient in completing the appropriate forms and navigating through the process together At times OMCI's Social Services department also refers patients directly to assistance from HRS There are signs in Patient Access areas and in Patient Financial Services that notify patients about the availability of assistance Each billing statement contains language advising patients about the availability of assistance and how to contact us for information If individuals express a concern about being able to pay for services, they are offered an application for assistance and/or are referred to HRS/Erse to assist them in applying for disability, Medicaid, Crime Victim's compensation, etc , as appropriate Our website contains instructions for applying for assistance as well as the forms in English and Spanish

- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- FORM 990, SCHEDULE H, PART VI, LINE 4 Olathe Medical Center, Inc 's (OMCI) primary service area is Southwest Johnson county and Miami county in Kansas While Johnson County is considered an affluent area, the southwestern portion of the county, and certainly Miami County is a less affluent urban area In fact, one in five students in the Olathe school district (Johnson County) lives at, or below, the federal poverty level, and, one in five students speak English as a second language Due in part to the Kansas School for the Deaf being located in Olathe, our sign language experts are proud to serve a higher percentage of the Deaf community than many health systems Our language access department is well equipped with Spanish interpreters as nearly 8% of the population we serve requires these services Below is a table of median income and poverty levels for Olathe, Kansas and Johnson County (Approximations) Olathe Median Income \$72,633 Johnson County Median Income \$87,172 Olathe Persons below Poverty 4 1% Johnson County Persons below Poverty 4 6%

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- FORM 990, SCHEDULE H, PART VI, LINE 5 It would be difficult to find an organization in our service area more dedicated to community building activities than Olathe Medical Center, Inc (OMCI) OMCI is very active in financial and participatory support of the health of the community A few examples of the support during 2009 include 1 The donation of funds necessary to build walking trails near two underserved elementary schools in Olathe 2 Funds to purchase more than 600 bike helmets provided free to Olathe area youngsters 3 Participation in the Olathe Lion's Club health fair to provide various cardiac screenings to the underserved population 4 Sponsorship of donations to many area not-for-profit organizations that provide complimentary services for children, the elderly, the disabled and the underserved in our communities Among these many organizations are TLC for Children (housing and services for children), and Center of Grace (community assistance for those with English as a second language)

6. Provide any other information important to describing how the organization's hospitals 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.)
- FORM 990, SCHEDULE H, PART VI, LINE 6 In addition to the activities listed above, Olathe Medical Center, Inc (OMCI) is a significant supporter of local, regional and national organizations for heart disease, diabetes, arthritis, cancer, and various other diseases. Our medical center is the largest financial supporter of area school nurse funds. We provide athletic trainers for area high school athletics. As another example, OMCI provides ongoing facility use and medical monitoring for cardiac rehabilitation patients who wish to continue with the service after the prescribed timeframe has ended.

- 7 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
- FORM 990, SCHEDULE H, PART VI, LINE 7 Olathe Medical Center, Inc (OMCI) is a part of Olathe Health System which consists of two hospitals and a network of 34 clinics Our organization takes a leadership role in promoting the health of the communities served Olathe Health System hospitals and clinics are very involved with community outreach education and screening programs across the entire service area We collaborate with area companies and other health-related service providers in more than 10 community events per month Olathe Health System positions itself as not only a provider of care, but a resource for education and prevention FORM 990, SCHEDULE H, PART VI, LINE 8 ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT OMCI is not required to file a community benefit report with the state, but we make our report available to anyone interested at www.olathehealth.org

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
- Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed
- | (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
- 2

Enter total number of section 501(c)(3) and government organizations

17

3

Enter total number of other organizations

0
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| SCHOLARSHIPS | 12 | 16,750 | | | |
| See Additional Data Table | | | | | |

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:
Software Version:
EIN: 48-0577664
Name: Olathe Medical Center Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| OLATHE PUBLIC SCHOOLS FOUNDATION315 N LINDENWOOD OLATHE,KS 66062 | 48-1190090 | 501(C)(3) | 40,000 | | | | CMTY WELLNESS |
| OLATHE DISTRICT SCHOOLS USD 23314160 BLOCKBOB RD OLATHE,KS 66063 | 48-0697986 | GOVERNMENT | 70,000 | 37,757 | BOOK | SPORTS MEDICINE | CMTY WELLNESS |
| KANSAS SCHOOL FOR THE DEAF450 E PARK OLATHE,KS 66061 | 48-1124839 | GOVERNMENT | 11,000 | | | | CMTY WELLNESS |
| OTTAWA USD 290416 S MAIN OTTAWA,KS 66067 | 48-6037952 | GOVERNMENT | 10,000 | | | | CMTY WELLNESS |
| TLC FOR CHILDREN AND FAMILIES480 S ROGERS RD OLATHE,KS 66062 | 48-0774593 | 501(C)(3) | 35,000 | | | | CMTY WELLNESS |
| MID-AMERICA NAZARENE UNIVERSITY2030 E COLLEGE WAY OLATHE,KS 66062 | 48-0730814 | 501(C)(3) | 28,500 | | | | CMTY WELLNESS |
| JOHNSON CO COMM COLLEGE FOUNDATION 12345 COLLEGE BLVD OVERLAND PARK, KS 66210 | 23-7164614 | 501(C)(3) | 10,000 | | | | CMTY WELLNESS |
| GARDNER EDGERTON USD 231231 E MADISON PO BOX 97 GARDNER,KS 66030 | 48-0699834 | GOVERNMENT | | 6,360 | BOOK | SPORTS MEDICINE | CMTY WELLNESS |
| DESOTO SCHOOL DISTRICTC/O OMC1 20333 W 151ST OLATHE,KS 66061 | 48-0724672 | GOVERNMENT | | 37,897 | BOOK | SPORTS MEDICINE | CMTY WELLNESS |
| AMERICAN HEART ASSOCIATION6800 W 93RD ST OVERLAND PARK,KS 66212 | | 501(C)(3) | 10,075 | | | | CMTY WELLNESS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OLATHE CHAMBER OF COMMERCE142 N Cherry Street Olathe, KS 66061 | 48-1115529 | 501(C)(3) | 10,750 | | | | CMTY WELLNESS |
| JOHNSON CO COMM COLLEGE NURSING SIMULATION LAB12345 COLLEGE BLVD OVERLAND PARK, KS 66210 | | 501(C)(3) | 20,000 | | | | CMTY WELLNESS |
| JOHNSON COUNTY HEALTH PARTNERSHIP CLINIC8600 W 95TH 100 OVERLAND PARK, KS 66212 | | 501(C)(3) | 20,000 | | | | CMTY WELLNESS |
| JOHNSON COUNTY OLD SETTLERS14712 South Village Olathe, KS 66061 | | 501(C)(3) | 10,000 | | | | CMTY WELLNESS |
| JOHNSON COUNTY COMMUNITY COLLEGE 12345 COLLEGE BLVD OVERLAND PARK, KS 66210 | | GOVERNMENT | | 336,375 | BOOK | LAND | CMTY WELLNESS |
| DRUGS TO DUCHESNE Knights of Columbus St Philippine 2260 PO Box 3183 Olathe, KS 66061 | | 501(C)(3) | | 5,125 | BOOK | DRUGS/SUPPLIES | MEDICAL |
| KU CLINICAL LABORATORY SCIENCE EDUCATION3901 RAINBOW BLVD KANSAS CITY, MO 66160 | | 501(C)(3) | | 32,255 | BOOK | FLU KITS/RSV TESTS | CMTY WELLNESS |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

| | |
|---|--|
| Name of the organization Olathe Medical Center Inc | Employer identification number 48-0577664 |
|---|--|

Part I

Questions Regarding Compensation

| | | |
|--|-----|----|
| | Yes | No |
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | Yes | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | Yes | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | | |
| <input type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in 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? | | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 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) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a The organization? | | No |
| b Any related organization? | | No |
| If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 For persons listed in 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? | | No |
| b Any related organization? | | No |
| If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | No |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | | |

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (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 reported in prior Form 990 or Form 990-EZ |
|-------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| FRANK H DEVOCELLE | (i) (ii) | 550,985 0 | 107,000 0 | 47,572 0 | 834,691 0 | 35,794 0 | 1,576,042 0 | 107,000 0 |
| RODNEY D CORN | (i) (ii) | 236,731 0 | 0 0 | 57,078 0 | 88,003 0 | 21,215 0 | 403,027 0 | 28,842 0 |
| TIERNEY L GRASSER | (i) (ii) | 289,304 0 | 0 0 | 50,746 0 | 103,650 0 | 29,834 0 | 473,534 0 | 24,579 0 |
| SHERRY L RAKES | (i) (ii) | 124,677 0 | 0 0 | 521,658 0 | 0 0 | 6,862 0 | 653,197 0 | 476,969 0 |
| CATHERINE R WIENS | (i) (ii) | 128,550 0 | 0 0 | 5,440 0 | 17,308 0 | 20,976 0 | 172,274 0 | 0 0 |
| LUCRETIA J CRAIG | (i) (ii) | 127,703 0 | 0 0 | 19,901 0 | 15,039 0 | 21,082 0 | 183,725 0 | 0 0 |
| PHIL SCHNEIDER | (i) (ii) | 133,457 0 | 0 0 | 9,082 0 | 7,175 0 | 24,342 0 | 174,056 0 | 0 0 |
| CHERYL A SHARP | (i) (ii) | 160,901 0 | 0 0 | 20,465 0 | 25,006 0 | 9,427 0 | 215,799 0 | 0 0 |
| ELAINE PATTON | (i) (ii) | 143,245 0 | 0 0 | 5,693 0 | 22,222 0 | 13,912 0 | 185,072 0 | 0 0 |
| MICHAEL L JENSEN | (i) (ii) | 152,585 0 | 0 0 | 4,535 0 | 18,566 0 | 14,501 0 | 190,187 0 | 0 0 |
| PEGGY DONOVAN | (i) (ii) | 133,243 0 | 0 0 | 23,525 0 | 14,036 0 | 22,932 0 | 193,736 0 | 0 0 |
| DAVID KLIMEK | (i) (ii) | 120,382 0 | 0 0 | 22,581 0 | 14,913 0 | 20,886 0 | 178,762 0 | 0 0 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|--|---------------------------------------|---|
| SOCIAL CLUB DUES | SCHEDULE J, PART I, LINE 1A | OLATHE MEDICAL CENTER, INC. PAYS FOR HEALTH AND SOCIAL CLUB DUES FOR FRANK H DEVOCELLE, WHICH IS REPORTED AS TAXABLE INCOME ON HIS W-2. |
| SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | SCHEDULE J, PART I, LINE 4B & PART II | A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IS PROVIDED TO FRANK H DEVOCELLE WHICH IS FUNDED OVER A SHORT TIME PERIOD BASED UPON THE IMPLEMENTATION DATE OF THE SERP IN 2005. MR. DEVOCELLE'S CAREER SERVICE AT OLATHE MEDICAL CENTER AND ITS AFFILIATED ENTITIES IS CURRENTLY AT 37 YEARS, MOST OF WHICH DID NOT INCLUDE FUNDING FOR THE SERP BENEFIT. A MAJORITY OF THE DEFERRED COMPENSATION IS DUE TO FUNDING OF THE SERP BENEFIT FOR PRIOR YEARS OF SERVICE. A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IS PROVIDED TO SHERRY L RAKES WHICH IS FUNDED OVER A SHORT TIME PERIOD BASED UPON THE IMPLEMENTATION DATE OF THE SERP IN 2005. MS. RAKES' CAREER SERVICE AT OLATHE MEDICAL CENTER AND ITS AFFILIATED ENTITIES WAS 24 YEARS, MOST OF WHICH DID NOT INCLUDE FUNDING FOR THE SERP BENEFIT. A MAJORITY OF THE DEFERRED COMPENSATION IS DUE TO FUNDING OF THE SERP BENEFIT FOR PRIOR YEARS OF SERVICE. MS. RAKES RETIRED ON JUNE 15TH, 2009 AND REACHED THE AGE OF 65, THEREFORE THE SERP ACCUMULATION AMOUNT WAS PAID OUT DURING THE YEAR AND WAS INCLUDED IN MS. RAKES' 2009 W-2. OFFICER SERP: FRANK H DEVOCELLE \$633,226 (AT LEAST 90% ATTRIBUTABLE TO UNDER FUNDING IN PRIOR YEARS); TIERNEY L GRASSER \$17,501; RODNEY D CORN \$23,445; SHERRY L RAKES \$449,015 (100% PAID OUT IN 2009). |
| COMPENSATION REPORTED IN PRIOR YEAR FORM 990 | SCHEDULE J, PART II, COLUMN F | COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS GENERALLY REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS PAID TO THE INDIVIDUAL. AS A RESULT OF THE NEW REPORTING REQUIREMENT, AN ORGANIZATION COULD BE REQUIRED TO REPORT THE SAME COMPENSATION AMOUNTS ON THE FORM 990 FOR TWO CONSECUTIVE YEARS. RODNEY D CORN AND TIERNEY L GRASSER WERE PAID A PORTION OF THE DEFERRED COMPENSATION FROM THE CAPITAL SPENDING ACCOUNTS IN 2009. SHERRY L RAKES WAS PAID ALL OF HER DEFERRED COMPENSATION FROM THE CAPITAL SPENDING ACCOUNTS IN 2009 DUE TO HER RETIREMENT. THESE AMOUNTS HAVE BEEN PREVIOUSLY REPORTED IN PRIOR YEARS. |
| RETIREMENT AND OTHER DEFERRED COMPENSATION | SCHEDULE J, PART II, COLUMN C | IN 2009, THE BONUS AND INCENTIVE COMPENSATION WAS ACCRUED, BUT NOT PAID UNTIL 2010. THEREFORE, COLUMN (C) REFLECTS, THE ACCRUED INCENTIVE AMOUNTS FOR 2009, SERP PAYMENTS (SEE ABOVE FOR FURTHER EXPLANATION) AND OTHER DEFERRED COMPENSATION ACCRUED INCENTIVE SERP OTHER: FRANK H DEVOCELLE \$185,698; \$633,226; \$15,767; RODNEY D CORN 55,392; 23,445; 9,166; TIERNEY L GRASSER 67,168; 17,501; 18,981; CATHERINE R WIENS 15,708 - 1,600; LUCRETIA J CRAIG 13,439 - 1,600; PHIL SCHNEIDER 7,175 - - CHERYL A SHARP 23,406 - 1,600; ELAINE PATTON 20,622 - 1,600; MICHAEL L JENSEN 16,966 - 1,600; PEGGY DONOVAN 12,436 - 1,600; DAVID KLIMEK 13,313 - 1,600. |

| | | |
|--------------------------|--|---------------------------|
| Schedule K (Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div> | OMB No 1545-0047 |
| | | 2009 |
| | | Open to Public Inspection |

| | | |
|--|---|--|
| Department of the Treasury Internal Revenue Service | Name of the organization Olathe Medical Center Inc | Employer identification number 48-0577664 |
|--|---|--|

Part I

Bond Issues

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---|-----------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | | Yes | No | Yes | No |
| A | CITY OF OLATHE KANSAS | 48-6034756 | 679390GH1 | 01-30-2008 | 40,001,708 | SEE SCHEDULE O | | X | | X |
| B | CITY OF OLATHE KANSAS | 48-6034756 | 679390GX6 | 02-27-2008 | 24,140,141 | SEE SCHEDULE O | | X | | X |
| C | CITY OF OLATHE KANSAS | 48-6034756 | 679390HB3 | 05-08-2008 | 36,015,000 | SEE SCHEDULE O | | X | | X |

Part II

Proceeds

| | | A | | B | | C | | D | | E | |
|----|--|------------|----|------------|----|------------|----|-----|----|-----|----|
| 1 | Total proceeds of issue | 40,335,808 | | 24,140,141 | | 36,015,000 | | | | | |
| 2 | Gross proceeds in reserve funds | | | | | | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | 24,038,311 | | 24,038,311 | | 35,730,000 | | | | | |
| 4 | Other unspent proceeds | 3,257,469 | | | | | | | | | |
| 5 | Issuance costs from proceeds | 351,630 | | 101,830 | | 285,000 | | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | | | | | |
| 7 | Capital expenditures from proceeds | 36,726,709 | | | | | | | | | |
| 8 | Year of substantial completion | 2010 | | 2008 | | 2008 | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 | Were the bonds issued as part of a current refunding issue? | X | | X | | X | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | X | | X | | X | | | | | |
| 11 | Has the final allocation of proceeds been made? | X | | X | | X | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | | | |

Part III

Private Business Use

| | | A | | B | | C | | D | | E | |
|---|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | | | |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use? | X | | X | | X | | | | | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | E | |
|----|--|-----|---------|-----|---------|-----|---------|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | X | | X | | X | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | X | | X | | X | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | X | | X | | X | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0 020 % | | 0 020 % | | 0 020 % | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 % | | 0 % | | 0 % | | | | |
| 6 | Total of lines 4 and 5 | | 0 020 % | | 0 020 % | | 0 020 % | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | X | | X | | | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | | E | |
|----|--|-----------------|-------|-----|----|-----------------|-------|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | X | | | | |
| 2 | Is the bond issue a variable rate issue? | | X | | X | X | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | X | X | | | | | |
| b | Name of provider | BANK OF AMERICA | | | | BANK OF AMERICA | | | | | |
| c | Term of hedge | | 16 33 | | | | 16 33 | | | | |
| 4a | Were gross proceeds invested in a GIC? | | X | | X | | X | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | X | | X | | X | | | | |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

Part I

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

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |
|---|---|--------------------------------|----------------|
| | | | YesNo |
| 2 | Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 | | |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | | |

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| Total | | | | | | | | | | |

Part III

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
|-------------------------------|---|---|

Part IV

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |
|-------------------------------|---|---------------------------|--------------------------------|---|
| | | | | YesNo |

SEE SCHEDULE O

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As Filed Data -

DLN: 93493319082680

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Olathe Medical Center Inc

Employer identification number

48-0577664

| Identifier | Return Reference | Explanation |
|---|--|--|
| ORGANIZATION'S MISSION | FORM 990, PART III, LINE 1 | THE MISSION OF OLA THE MEDICAL CENTER, INC IS TO IMPROVE THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE BY PROVIDING COMPASSIONATE, QUALITY HEALTHCARE IN AN ENVIRONMENT OF TRUST AND COLLABORATION |
| PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A | Olathe Medical Center, Inc (OMCI) operates an acute care hospital in Olathe, Kansas, w hich w as founded in 1948 by the community OMCI carries out their mission by providing quality and compassionate inpatient, outpatient, emergency care, hospice and home health services to residents in Johnson County and Miami County, Kansas and surrounding area Olathe Medical Center is a Joint Commission accredited hospital and is licensed for 300 inpatient beds Program service expenses are all related to the provision of healthcare services In 2009, Olathe Medical Center provided 40,285 days of inpatient care, 146,283 occasions of outpatient service visits performing 613,985 outpatient procedures, 42,540 emergency visits, 10,143 hospice visits, and 27,754 home health visits to the community |
| BUSINESS RELATIONSHIPS | FORM 990, PART VI, SECTION A, LINE 2 | FRANK H DEVOCELLE, RODNEY D CORN, TIERNEY L GRASSER, SHERRY L RAKES, MICHAEL K KNOP AND CRAIG A ANDERSON MD HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER THEY SERVE AS AN OFFICER OR DIRECTOR FOR OLA THE HEALTH DEVELOPMENT CORPORATION, HEALTH ACCESS, INC OR OLA THE MEDICAL CENTER DOCTOR'S BUILDING CONDOMINIUM OWNERS ASSOCIATION, WHICH ARE RELATED FOR PROFIT COMPANIES |
| MEMBERS OR STOCKHOLDERS | FORM 990, PART VI, SECTION A, LINE 6 | OLA THE HEALTH SYSTEM, INC , A NOT-FOR-PROFIT, 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF OLA THE MEDICAL CENTER, INC |
| MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY | FORM 990, PART VI, SECTION A, LINE 7A | OLA THE HEALTH SYSTEM, INC BEING THE SOLE MEMBER OF OLA THE MEDICAL CENTER, INC HAS THE RIGHT TO ELECT ALL THE BOARD OF TRUSTEES AND APPROVE THE ARTICLES OF INCORPORATION AND BY LAW CHANGES |
| GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS | FORM 990, PART VI, SECTION A, LINE 7B | OLA THE HEALTH SYSTEM, INC IS THE SOLE MEMBER, AND HAS THE RIGHTS TO APPROVE OLA THE MEDICAL CENTER, INC 'S BYLAWS AND ARTICLES OF INCORPORATION AND ALSO APPROVE OLA THE MEDICAL CENTER'S BOARD MEMBERS |
| FORM 990 REVIEW PROCESS | FORM 990, PART VI, SECTION B, LINE 11A | THE TAX RETURN FORM 990, IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE A SUMMARY OF THE AUDIT AND COMPLIANCE COMMITTEE MINUTES ARE SENT TO EVERY BOARD MEMBER, AND EVERY BOARD MEMBER HAS THE ABILITY TO REQUEST ALL OF THE ATTACHMENTS (WHICH INCLUDE THE TAX RETURNS) THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING BOARD MEMBERS VIA THE ORGANIZATION'S WEBSITE PRIOR TO FILING THE 990 |
| CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B, LINE 12C | The purpose of the Organization's Conflict of Interest Policy is to protect the organization's interest w hen it is contemplating a decision or entering into a transaction or arrangement that might benefit the private interest of any person in a position of authority over the organization, or might result in a possible excess benefit transaction Corporate officers and members of the Board of Trustees/Directors review the Conflict of Interest Policy and complete a Disclosure of Information Form annually A summary of the annual disclosures of information is provided to the full Board for review at least one time per year In addition, executives, trustees/directors, key employees, and the medical staff are required to submit a disclosure of information/interest statement w henever necessary, to disclose potential conflicts related to decisions that arise during the course of business When a financial, relationship, or competitive interest is in question as to w hether it is an interest that must be disclosed and/or w hether the interest is a potential conflict of interest, the interested party shall leave the meeting after providing any material facts or discussion as requested by the remaining board or committee members The remaining disinterested board or committee members decide if a conflict exists by majority vote The Conflict of Interest Policy calls for the interested person to disclose the existence of a financial, relationship, or competitive interest in connection w ith any pending transaction or arrangement The individual is given the opportunity to disclose all material facts to the directors and members of committee considering the proposed transaction or arrangement that gave rise to the disclosure When a transaction involves an interested party, the follow procedures are followed 1 The interested party leaves the meeting after providing any material facts or discussion regarding the matter that gives rise to the interest unless requested to stay by the remaining board or committee members 2 If appropriate, the Board may appoint a non-interested person or committee to investigate alternatives to the proposed transaction, 3 The interested trustee/director may not vote in the matter that gives rise to the interest 4 In order to approve the transaction, the Board must first find, by a majority vote of the trustees/directors then in office, w ithout counting the vote of the interested trustee/director, a That the proposed transaction is in the Organization's best interests and for its ow n benefit, and b That, after reasonable investigation, the Board has determined that the Organization cannot obtain a more advantageous transaction w ith reasonable efforts under the circumstances |

| Identifier | Return Reference | Explanation |
|---------------------|---|---|
| COMPENSATION REVIEW | FORM 990, PART VI, SECTION B, LINES 15A & B | THE COMPENSATION COMMITTEE OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD, REVIEWS AND APPROVES THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES OF THE CORPORATION'S COMPENSATION IN ACCORDANCE WITH THEIR COMPENSATION POLICY IN 2009, THE COMMITTEE REVIEWED THIRD PARTY SALARY SURVEYS TO REVIEW THE COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES OF THE CORPORATION TO DETERMINE THE FAIR MARKET VALUE OF THE CURRENT COMPENSATION, SALARY RANGES AND BENEFITS COMPENSATION FOR SUCH OFFICERS IS APPROVED BY THE COMMITTEE, AND INFORMATION OF THEIR FINDINGS IS AVAILABLE TO ALL BOARD MEMBERS IN ADDITION, THE CORPORATION HAS A WRITTEN CONTRACT WITH THE CEO |

AVAILABILITY OF DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TAX-EXEMPT BONDS SCHEDULE K, PART I A-(f) - ACQUIRE, CONSTRUCT AND EQUIP HEALTH CARE FACILITIES INCLUDING ACQUISITION AND INSTALLATION OF EQUIPMENT AND OTHER ONGOING CAPITAL EXPENDITURES B-(e) - THE ISSUE PRICE OF THE ENTIRE ISSUE IS \$29,451,544 A PORTION OF THE ISSUE PRICE, EQUAL TO \$24,140,141 IS ALLOCABLE TO OLATHE MEDICAL CENTER, INC THE REMAINDER OF THE ISSUE PRICE, EQUAL TO \$5,311,403, IS ALLOCABLE TO MIAMI COUNTY MEDICAL CENTER, INC , WHICH IS CONTROLLED BY OLATHE MEDICAL CENTER, INC , ITS SOLE MEMBER B-(f) - REFUND SERIES 2004A BONDS ISSUED 07/29/2004 AND REFUND SERIES 2004B BONDS ISSUED 07/29/2004 BUSINESS TRANSACTIONS WITH INTERESTED PERSONS SCHEDULE L, PART IV TRANSACTION 1 (A) MIDWEST SURGICAL ASSOCIATES (MSA) (B) CRAIG A ANDERSON MD IS A PARTNER OF MSA AND A TRUSTEE OF OMCI (C) \$151,132 (D) MSA LEASES SPACE FROM OMCI (E) NO TRANSACTION 2 (A) OLATHE WOMEN'S CLINIC (OWC) (B) BRUCE B SNIDER MD IS AN OFFICER OF OWC AND A TRUSTEE OF OMCI (C) \$130,010 (D) OWC LEASES SPACE FROM OMCI (E) NO TRANSACTION 3 (A) BANK OF AMERICA (BOA) (B) J MACK BOWEN IS AN OFFICER OF BOA AND A TRUSTEE OF OMCI (C)/(D) \$411,030 BANK FEES PAID TO BOA BY OMCI \$ 47,221 INTEREST INCOME RECEIVED BY OMCI FROM BOA (E) NO TRANSACTION 4 (A) MELISSA KINZER (B) MELISSA KINZER IS THE DAUGHTER OF RODNEY D CORN, AN OFFICER OF OMCI (C) \$72,324 (D) MELISSA KINZER IS AN EMPLOYEE OF OMCI (E) NO TRANSACTION 5 (A) HEIDI HANSON (B) HEIDI HANSON IS THE DAUGHTER OF FRANK H DEVOCELLE, AN OFFICER OF OMCI (C) \$28,344 (D) HEIDI HANSON IS AN EMPLOYEE OF OMCI (E) NO TRANSACTION 6 (A) DAVID HANSON (B) DAVID HANSON IS THE SON-IN-LAW OF FRANK H DEVOCELLE, AN OFFICER OF OMCI (C) \$79,262 (D) DAVID HANSON IS AN EMPLOYEE OF OMCI (E) NO

| | | |
|--------------------------|---|---------------------------|
| SCHEDULE R (Form 990) | Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions. | OMB No 1545-0047 |
| | | 2009 |
| | | Open to Public Inspection |

| | |
|---|--|
| Name of the organization Olathe Medical Center Inc | Employer identification number 48-0577664 |
|---|--|

Part I

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

| (a) Name, address, and EIN 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 |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| SURGERY CENTER OF OLATHE LLC 21080 W 151ST STREET OLATHE, KS 66061 30-0020847 | SURGERY | KS | 210 | 0 NA | |

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 |
|--|--|--|---|--|--|
| MIAMI COUNTY MEDICAL CENTER INC 2100 BAPTISTE DRIVE PAOLA, KS 66071 48-1155548 OLATHE HEALTH SYSTEM INC 20333 W 151ST STREET OLATHE, KS 66061 48-0979845 OLATHE MEDICAL SERVICES INC 20333 W 151ST STREET OLATHE, KS 66061 48-1088982 OLATHE MEDICAL CENTER CHARITABLE FDN 20333 W 151ST STREET OLATHE, KS 66061 48-1136010 | HOSPITAL SUPPORT ORG CLINICS SUPPORT OMCI | KS KS KS | 501(c)(3) 501(c)(3) 501(c)(3) | 3 11B 9 7 | NA NA NA |

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) Dispropportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| OLATHE HEALTH DEVELOPMENT CORPORATION 20333 W 151ST STREET OLATHE, KS66061 36-3445097 | MEDICAL SERVICES | KS | NA | C CORPORATION | 0 | 0 | 0 % |
| HEALTH ACCESS INC 20333 W 151ST STREET OLATHE, KS66061 74-2855334 | HEALTH INSURANCE | KS | NA | C CORPORATION | 24,175 | 39,266 | 100 000 % |
| OMC DOCTOR'S BLDG CONDO OWNERS ASSOC INC 20333 W 151ST STREET OLATHE, KS66061 48-1244766 | REAL ESTATE | KS | NA | C CORPORATION | 0 | 0 | 100 000 % |

Schedule R (Form 990) 2009

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h Yes

1i Yes

1j Yes

1k No

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved |
|-----|-----------------------------------|---------------------------------|------------------------|
| (1) | See Additional Data Table | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2009

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) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |

Software ID:

Software Version:

EIN: 48-0577664

Name: Olathe Medical Center Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) |
|------|---|---------------------------------|--------------------------------|
| (1) | HEALTH ACCESS INC | A (IV) | 12,506 |
| (2) | MIAMI COUNTY MEDICAL CENTER INC | L | 121,671 |
| (3) | MIAMI COUNTY MEDICAL CENTER INC | M | 91,248 |
| (4) | MIAMI COUNTY MEDICAL CENTER INC | N | 1,226,522 |
| (5) | MIAMI COUNTY MEDICAL CENTER INC | O | 1,126,056 |
| (6) | MIAMI COUNTY MEDICAL CENTER INC | Q | 654,543 |
| (7) | MIAMI COUNTY MEDICAL CENTER INC | R | 3,220,040 |
| (8) | OLATHE MEDICAL SERVICES INC | A (IV) | 577,212 |
| (9) | OLATHE MEDICAL SERVICES INC | H | 3,310,132 |
| (10) | OLATHE MEDICAL SERVICES INC | L | 60,258 |
| (11) | OLATHE MEDICAL SERVICES INC | M | 70,356 |
| (12) | OLATHE MEDICAL SERVICES INC | N | 32,918,914 |
| (13) | OLATHE MEDICAL SERVICES INC | O | 7,812,779 |
| (14) | OLATHE MEDICAL SERVICES INC | R | 45,319,457 |
| (15) | OLATHE MEDICAL CENTER CHARITABLE FOUNDATION | A (IV) | 12,506 |
| (16) | OLATHE MEDICAL CENTER CHARITABLE FOUNDATION | C | 312,990 |

Additional Data

Software ID:

Software Version:

EIN: 48-0577664

Name: Olathe Medical Center Inc

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| THOMAS J DAVIES TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| J MACK BOWEN TRUSTEE/TREASURER | 2 0 | X | | | X | | | 0 | 0 | 0 |
| JAMES R HUBBARD TRUSTEE/SECRETARY | 2 0 | X | | | X | | | 0 | 0 | 0 |
| MICHAEL K KNOP TRUSTEE/CHAIRPERSON | 4 0 | X | | | X | | | 0 | 0 | 0 |
| PATRICIA A ALL EDD TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| DONALD E CROSS TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| KENNETH J KOVACH TRUSTEE/CONSULTANT | 16 0 | X | | | | | | 40,000 | 0 | 0 |
| BRUCE B SNIDER MD TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| BRIAN L ROBY TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| CRAIG A ANDERSON MD TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| THOMAS K ROGGE TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| CHIP WOOD TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| RICHARD K SUMMERS TRUSTEE/VICE-CHAIRPERSON | 2 0 | X | | | X | | | 0 | 0 | 0 |
| ARTHUR E SWANK TRUSTEE | 2 0 | X | | | | | | 0 | 0 | 0 |
| FRANK H DEVOCELLE PRESIDENT/CEO | 27 0 | | | | X | | | 705,557 | 0 | 870,485 |
| RODNEY D CORN SENIOR VP/OPERATIONS | 32 0 | | | | X | | | 293,809 | 0 | 109,218 |
| TIERNEY L GRASSER SENIOR VP/FINANCE | 27 0 | | | | X | | | 340,050 | 0 | 133,484 |
| SHERRY L RAKES SENIOR VP/NURSING | 37 0 | | | | X | | | 646,335 | 0 | 6,862 |
| CATHERINE R WIENS CHIEF CORP COMPLIANCE OFFICER | 45 0 | | | | X | | | 133,990 | 0 | 38,284 |
| CHERYL L ROSS ASSISTANT SECRETARY | 45 0 | | | | X | | | 96,383 | 0 | 23,044 |
| ELAINE PATTON VICE-PRESIDENT/NURSING | 60 0 | | | | X | | | 148,938 | 0 | 36,134 |
| LUCRETIA J CRAIG CHIEF OF IMAGING SERVICES | 45 0 | | | | | X | | 147,604 | 0 | 36,121 |
| PHIL SCHNEIDER DIRECTOR/PHARMACY | 45 0 | | | | | | X | 142,539 | 0 | 31,517 |
| CHERYL A SHARP CHIEF FINANCIAL OFFICER | 45 0 | | | | | | X | 181,366 | 0 | 34,433 |
| MICHAEL L JENSEN CHIEF MARKETING OFFICER | 45 0 | | | | | | X | 157,120 | 0 | 33,067 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (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 | | | |
| PEGGY DONOVAN CHIEF INFORMATION OFFICER | 45 0 | | | | | X | | 156,768 | 0 | 36,968 |
| DAVID KLIMEK CHIEF HUMAN RESOURCES OFFICER | 45 0 | | | | | X | | 142,963 | 0 | 35,799 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Bad Debt Expense | 11,114,968 | 11,114,968 | | |
| Medicaid Assessment | 1,196,280 | 1,196,280 | | |
| Repairs & Maint | 859,042 | 764,286 | 94,756 | |
| Dues & Subscriptions | 215,793 | 86,187 | 129,606 | |
| MICROFILMING | 392,223 | 392,223 | | |