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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Olathe Medical Center Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

20333 W 151ST STREET Suite

City or town, state or province, country, and ZIP or foreign postal code

OLATHE, KS 66061

F Name and address of principal officer

TIERNEY L GRASSER

20333 W 151ST STREET

OLATHE,KS 66106

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.OLATHEHEALTH.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ 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	
	2	Check this box <input 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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	2,015
	6	Total number of volunteers (estimate if necessary)	226
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	239
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	
	8	Contributions and grants (Part VIII, line 1h)	
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
	19	Revenue less expenses Subtract line 18 from line 12	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	
	21	Total liabilities (Part X, line 26)	
	22	Net assets or fund balances Subtract line 21 from line 20	

Part II

Signature Block

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

Sign Here

Signature of officer

TIERNEY L GRASSER SENIOR VP

Type or print name and title

2014-11-15

Date

Paid Preparer Use Only

Prnt/Type preparer's name

Michael J Engle

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00482834

Firm's name

BKD LLP

Firm's EIN

Firm's address

1201 Walnut Suite 1700

Phone no (913) 791-4461

Kansas City, MO 641062246

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

OLATHE MEDICAL CENTER, INC IS FOCUSED ON IMPROVING THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE BY PROVIDING COMPASSIONATE, QUALITY HEALTHCARE IN AN ENVIRONMENT OF TRUST AND COLLABORATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 153,273,067 including grants of \$ 486,274) (Revenue \$ 210,928,150)

SEE SCHEDULE O

4b

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

4c

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

4d





















Other program services (Describe in Schedule O)

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

4e

Total program service expenses 153,273,067

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	120	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,015	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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	

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHIP WOOD	4 0	X		X				0	0	0
TRUSTEE/CHAIRPERSON	2 0									
(2) RICHARD K SUMMERS	2 0	X		X				0	0	0
TRUSTEE/VICE-CHAIRPERSON	1 0									
(3) THOMAS ROGGE	2 0	X		X				0	0	0
TRUSTEE/SECRETARY										
(4) J MACK BOWEN	2 0	X		X				0	0	0
TRUSTEE/TREASURER	1 0									
(5) PATRICIA A ALL EDD	2 0	X						0	0	0
TRUSTEE										
(6) DONALD E CROSS	2 0	X						0	0	0
TRUSTEE										
(7) VINCENT T DONOFRIO	2 0	X						0	0	0
TRUSTEE										
(8) DAVID R GABOURY	2 0	X						0	0	0
TRUSTEE	2 0									
(9) BRIAN A METZ MD	2 0	X						0	0	0
TRUSTEE										
(10) LAURIE MINARD	2 0	X						0	0	0
TRUSTEE										
(11) BRIAN L ROBY	2 0	X						0	0	0
TRUSTEE										
(12) BRUCE B SNIDER MD	2 0	X						0	0	0
TRUSTEE										
(13) JON L STEWART	2 0	X						0	0	0
TRUSTEE										
(14) ARTHUR SWANK	2 0	X						0	0	0
TRUSTEE										
(15) THOMAS N THORNTON	2 0	X						0	0	0
TRUSTEE										
(16) FRANK H DEVOCELLE	27 0			X				935,868	0	14,626
PRESIDENT/CEO	21 0									
(17) TIERNEY L GRASSER	27 0			X				427,839	0	117,071
SENIOR VP/FINANCE	21 0									

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) JOHN STATON VP/CLINICAL SERVICES	45 0			X				190,280	0	17,687	
(19) DOROTHY CAREY SENIOR VP/NURSING	45 0			X				105,973	0	4,323	
(20) CATHERINE R WIENS CHIEF CORP COMPLIANCE OFFICER	45 0			X				187,169	0	17,687	
(21) CHERYL L ROSS ASSISTANT SECRETARY	30 0 15 0			X				115,872	0	11,338	
(22) JAN O'DELL CHIEF OF SURGICAL & OB SVCS	45 0				X			164,068	0	17,867	
(23) CHERYL SHARP CHIEF FINANCIAL OFFICER	27 0 18 0					X		216,206	0	7,222	
(24) ELAINE PATTON DIRECTOR OF CLINICAL SYSTEMS	45 0					X		200,259	0	11,871	
(25) MICHAEL J JENSEN CHIEF OPS & DEVELOP OFFICER	27 0 18 0					X		195,844	0	11,391	
(26) DAVID KLIMEK CHIEF HUMAN RESOURCES OFFICER	30 0 15 0					X		192,217	0	17,867	
(27) GEORGE DIX CHIEF INFORMATION OFFICER	27 0 18 0					X		185,994	0	2,730	
1b Sub-Total							▼				
c Total from continuation sheets to Part VII, Section A							▼				
d Total (add lines 1b and 1c)							▼	3,117,589	0	251,680	

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization47

3Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3No

4For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4Yes

5Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5No

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION,	CONSTRUCTION	6,235,169
CERNER CORPORATION,	SOFTWARE SUPPORT	3,617,377
JOHNSON COUNTY ANESTHESIA,	MEDICAL SERVICES	1,370,019
PHYSICIAN REFERENCE LAB,	MEDICAL SERVICES	1,159,503
P 1 GROUP,	HVAC SERVICE	648,820

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 39

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	157,383			
	e	Government grants (contributions) 1e	5,983			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	18,342			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	181,708			
Program Service Revenue	2a	Net Patient Service Revenue				
		Business Code				
		900099	207,810,239	207,810,239		
	b	Lab & Radiology Fees	239		239	
	c	EMR REVENUE	2,465,433	2,465,433		
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	210,275,911			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	6,711,983			6,711,983
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	(i) Real				
		(ii) Personal				
		Gross rents	2,085,344			
		Less rental expenses	2,577,666			
	b					
	c	Rental income or (loss)	-492,322	0		
	d	Net rental income or (loss)	-492,322			-492,322
	7a	(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory	33,000,000	27,673		
		Less cost or other basis and sales expenses	21,595,222	82,479		
	b					
	c	Gain or (loss)	11,404,778	-54,806		
	d	Net gain or (loss)	11,349,972			11,349,972
	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	900099	584,210		584,210
	b	Discounts/Rebates	900099	495,383	495,383	
	c	Research Study	900099	3,913	3,913	
	d	All other revenue	697,543	152,943		544,600
	e	Total. Add lines 11a-11d	1,781,049			
	12	Total revenue. See Instructions	229,808,301	210,927,911	239	18,698,443

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	478,274	478,274		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	8,000	8,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	2,145,733	1,161,880	983,853	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	93,791	93,791		
7	Other salaries and wages.	69,310,762	59,719,299	9,591,463	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,327,063	1,141,274	185,789	
9	Other employee benefits.	5,989,228	5,207,383	781,845	
10	Payroll taxes.	5,307,276	4,564,257	743,019	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	244,881		244,881	
c	Accounting.	118,691		118,691	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	100,700		100,700	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,719,180	10,142,481	2,576,699	
12	Advertising and promotion.	944,591		944,591	
13	Office expenses.	5,415,151	3,280,733	2,134,418	
14	Information technology.	2,719,944		2,719,944	
15	Royalties.	0			
16	Occupancy.	1,927,987	1,799,415	128,572	
17	Travel.	211,556	204,654	6,902	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	208,047	148,590	59,457	
20	Interest.	3,294,001	1,910,521	1,383,480	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	12,023,217	11,181,592	841,625	
23	Insurance.	1,355,180	721,175	634,005	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Bad Debt Expense	11,487,506	11,487,506		
b	Medicaid Assessment	1,754,310	1,754,310		
c	Medical Supplies	35,957,407	35,955,763	1,644	
d	Repairs & Maint	1,546,635	1,460,835	85,800	
e	All other expenses	1,024,525	851,334	173,191	
25	Total functional expenses. Add lines 1 through 24e.	177,713,636	153,273,067	24,440,569	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,250,540	1	5,017,733
	2	Savings and temporary cash investments		8,301,405	2	11,652,454
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		32,635,063	4	31,739,802
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,546,175	8	5,374,004
	9	Prepaid expenses and deferred charges		2,097,281	9	2,689,997
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a286,047,468			
	b	Less: accumulated depreciation	10b149,661,735	132,295,826	10c	136,385,733
	11	Investments—publicly traded securities		237,980,058	11	288,672,640
	12	Investments—other securities. See Part IV, line 11.		88,268,983	12	92,123,995
	13	Investments—program-related. See Part IV, line 11.		0	13	151,219
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		7,065,454	15	7,537,316
	16	Total assets. Add lines 1 through 15 (must equal line 34).		518,440,785	16	581,344,893
Liabilities	17	Accounts payable and accrued expenses		27,248,991	17	31,193,803
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		122,720,339	20	118,012,550
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		4,199,615	23	3,768,476
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		0	25	0
	26	Total liabilities. Add lines 17 through 25.		154,168,945	26	152,974,829
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		360,629,084	27	426,131,474
	28	Temporarily restricted net assets		3,524,469	28	2,120,303
	29	Permanently restricted net assets		118,287	29	118,287
	Organizations that do not follow SFAS 117 (ASC 958), 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		364,271,840	33	428,370,064
	34	Total liabilities and net assets/fund balances		518,440,785	34	581,344,893

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,808,301
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,713,636
3	Revenue less expenses Subtract line 2 from line 1	3	52,094,665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	364,271,840
5	Net unrealized gains (losses) on investments	5	27,315,505
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,311,946
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	428,370,064

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Olathe Medical Center Inc	Employer identification number 48-0577664
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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 described in **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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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 - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35c (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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 checked="" 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		14,035
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			14,035
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- | | |
|----|--------|
| | 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 XIII Check here if the explanation has been provided in Part XIII

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	241,301,138	204,848,081	205,372,989	173,991,518	124,141,074
b Contributions	6,505,501	7,634,012	542,648	7,648,509	15,568,905
c Net investment earnings, gains, and losses	43,171,051	28,889,632	-1,003,098	23,795,993	34,347,023
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	67,960	70,587	64,458	63,031	65,484
g End of year balance	290,909,730	241,301,138	204,848,081	205,372,989	173,991,518

- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,489,839		20,489,839
b Buildings		144,675,017	63,436,575	81,238,442
c Leasehold improvements		10,779,079	7,147,738	3,631,341
d Equipment		96,736,846	73,858,814	22,878,032
e Other		13,366,687	5,218,608	8,148,079
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				136,385,733

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	327,776,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	27,315,505
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	82,240,508
e	Add lines 2a through 2d	2e	109,556,013
3	Subtract line 2e from line 1	3	218,220,095
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	100,700
b	Other (Describe in Part XIII)	4b	11,487,506
c	Add lines 4a and 4b	4c	11,588,206
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	229,808,301

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	263,791,820
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	97,681,538
e	Add lines 2a through 2d	2e	97,681,538
3	Subtract line 2e from line 1	3	166,110,282
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	100,700
b	Other (Describe in Part XIII)	4b	11,502,654
c	Add lines 4a and 4b	4c	11,603,354
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	177,713,636

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
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.
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATIONS' REVENUE \$ 95,103,872 RENTAL EXPENSES \$ 2,577,666 LOSS ON INVESTMENT OF EQUITY INVESTEE'S \$(15,441,030) ----- TOTAL \$ 82,240,508
SCHEDULE D, PART XI, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$ 11,487,506
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATIONS' EXPENSES \$ 95,103,872 RENTAL EXPENSES \$ 2,577,666 ----- --- TOTAL \$ 97,681,538
SCHEDULE D, PART XII, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$ 11,487,506 TRANSFER TO AFFILIATES \$ 15,148 ----- TOTAL \$ 11,502,654

[illegible]

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a No	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 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?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b No	
b	If "Yes," did the organization make it available to the public?	5c	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	9,851	6,075	4,552,893		4,552,893	2 740 %
b Medicaid (from Worksheet 3, column a)	11,576	5,511	10,223,078	7,444,726	2,778,352	1 670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	21,427	11,586	14,775,971	7,444,726	7,331,245	4 410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	37	15,667	408,897		408,897	0 250 %
f Health professions education (from Worksheet 5)	20	884	1,983,083		1,983,083	1 190 %
g Subsidized health services (from Worksheet 6)			1,118,550	790,051	328,499	0 130 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8	3,102	138,164		138,164	0 080 %
j Total. Other Benefits	65	19,653	3,648,694	790,051	2,858,643	1 650 %
k Total. Add lines 7d and 7j	21,492	31,239	18,424,665	8,234,777	10,189,888	6 060 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	2	96,627		96,627	0.060 %
2	Economic development	3	8,736		8,736	0.010 %
3	Community support	8	3,048	8,297	8,297	
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building	1	74		74	0 %
7	Community health improvement advocacy	2	2,113		2,113	0 %
8	Workforce development		1,036		1,036	0 %
9	Other					
10	Total	16	3,048	116,883	116,883	0.070 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

2,976,626

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

67,690,535

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

71,422,929

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-3,732,394

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

OLATHE MEDICAL CENTER INC

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>OLATHEHEALTH.ORG/COMMUNITY</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No	
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care ____% If "No," explain in Part VI the criteria the hospital facility used	10		No
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes	
a	<input checked="" type="checkbox"/> Income level			
b	<input checked="" type="checkbox"/> Asset level			
c	<input checked="" type="checkbox"/> Medical indigency			
d	<input checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" type="checkbox"/> Medicaid/Medicare			
g	<input checked="" type="checkbox"/> State regulation			
h	<input type="checkbox"/> Residency			
i	<input type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f	<input checked="" type="checkbox"/> The policy was available upon request			
g	<input checked="" type="checkbox"/> Other (describe in Part VI)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17		No
a	<input type="checkbox"/> Reporting to credit agency			
b	<input type="checkbox"/> Lawsuits			
c	<input type="checkbox"/> Liens on residences			
d	<input type="checkbox"/> Body attachments			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 14

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3A	OLATHE MEDICAL CENTER, INC (OMCI) DOES NOT OFFER FREE CARE EXCEPT IN CASE OF DEATH IN ALL OTHER CASES WE WILL DISCOUNT UP TO 99% OF TOTAL CHARGES FOR PATIENTS AT OR BELOW THE FEDERAL POVERTY GUIDELINES ALL PATIENTS ARE EXPECTED TO CONTRIBUTE TO THEIR CARE IN ACCORDANCE WITH THEIR ABILITY EXTRAORDINARY MEDICAL EXPENSES THAT EXCEED 25% OF ANNUAL HOUSEHOLD INCOME, EVEN IF ANNUAL HOUSEHOLD INCOME IS MORE THAN 200% OF THE FEDERAL POVERTY GUIDELINES, MAY ALSO BE ELIGIBLE FOR A FINANCIAL HARDSHIP DISCOUNT
SCHEDULE H, PART I, LINE 3C	OLATHE MEDICAL CENTER, INC (OMCI) OFFERS DISCOUNTED CARE TO ALL INDIVIDUALS WITHOUT INSURANCE, SIMILAR TO MANAGED CARE DISCOUNTS OMCI'S UNINSURED DISCOUNT APPLIES TO ALL PATIENTS WITHOUT INSURANCE, REGARDLESS OF ABILITY TO PAY, INCLUDING ALL LOW INCOME INDIVIDUALS

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	THE BAD DEBT EXPENSE IS NOT CONSIDERED A COMMUNITY BENEFIT EXPENSE AND IS NOT INCLUDED IN SCHEDULE H, PART I, LINE 7 THE AMOUNT EXCLUDED IS \$11,487,506
SCHEDULE H, PART I, LINE 7	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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO PHYSICIAN CLINIC COSTS ARE INCLUDED IN THE COMMUNITY BENEFIT EXPENSES
SCHEDULE H, PART II	OLATHE MEDICAL CENTER, INC (OMCI) IS COMMITTED TO IMPROVING THE COMMUNITY WE SERVE OUR EMPLOYEES ARE INVOLVED IN A VARIETY OF ACTIVITIES IN OUR COMMUNITY THAT SUPPORT THE GENERAL ECONOMIC IMPROVEMENT OF OUR COMMUNITY, AND THE HEALTH, WELL BEING AND SAFETY OF OUR AREA'S RESIDENTS IN ADDITION WE SUPPORT PROGRAMS AND OTHER ORGANIZATIONS THAT REACH OUT TO OUR CITIZENS IN NEED A FEW EXAMPLES OF OMCI'S INVOLVEMENT IN 2013 INCLUDE 1) OUR INVOLVEMENT IN SEVERAL AREA ECONOMIC DEVELOPMENT COUNCILS 2) OUR SUPPORT OF JOHNSON COUNTY HEALTH PARTNERSHIPS, A CLINIC SERVING THE UNINSURED OF OUR COMMUNITY 3) PARTICIPATION IN THE BOYS AND GIRLS CLUB, THE SALVATION ARMY'S HOMELESS SHELTER AND ADOPT-A-FAMILY PROGRAM, AND TLC, A LOCAL HOUSING FACILITY FOR TROUBLED CHILDREN WE ALSO HELPED DEVELOP THE MIRACLE LEAGUE, WHICH IS A BASEBALL PROGRAM FOR SEVERLY DISABLED CHILDREN 4) LEADERSHIP AND PARTICIPATION IN OUR AREA'S EMERGENCY PREPAREDNESS EFFORT BY COORDINATING EXTENSIVE DRILLS TO PRACTICE OUR RESPONSE TO POTENTIAL SITUATIONS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART III, LINE 2, OF SCHEDULE H, IS A COST ACCOUNTING SYSTEM
SCHEDULE H, PART III, LINE 4	SEE PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	PART III, LINE 8 MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST ACCOUNTING SYSTEM. SHORTFALLS ARISE FROM PAYMENTS THAT ARE LESS THAN THE COSTS TO PROVIDE THE SERVICES. WE ACCEPT ALL MEDICARE PATIENTS KNOWING THAT THE COST OF PROVIDING THE CARE MAY EXCEED THE PAYMENT WE RECEIVE FROM THE MEDICARE PROGRAM. THE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT AS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. IT IS ALSO IMPLIED IN INTERNAL REVENUE SERVICE RULING 69-545 THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. REVENUE RULING 69-545 ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR TAX-EXEMPT HOSPITALS AND INDICATES THAT PARTICIPATION IN PUBLICLY-FINANCED PROGRAMS, SUCH AS MEDICARE, IS EVIDENCE THAT A HOSPITAL MEETS THE COMMUNITY BENEFIT STANDARD.
SCHEDULE H, PART III, LINE 9B	BEFORE PLACEMENT WITH COLLECTION AGENCIES, OMCI PATIENT FINANCIAL SERVICES OFFERS VARIOUS OPTIONS FOR PATIENTS WITH FINANCIAL DIFFICULTIES. IN ADDITION TO OFFERING OUR OWN FINANCIAL ASSISTANCE TO QUALIFYING INDIVIDUALS, OMCI CONTRACTS WITH AN AGENCY THAT SCREENS INDIVIDUALS FOR ELIGIBILITY FOR PROGRAMS LIKE MEDICAID, DISABILITY, AND CRIME VICTIMS' COMPENSATION AND THEN HELPS THEM THROUGH THE APPLICATION PROCESS. THE USE OF PROPENSITY TO PAY SOFTWARE ALSO HELPS OMCI IDENTIFY INDIVIDUALS THAT MAY NEED ASSISTANCE THAT HAVE NOT COMPLETED AN APPLICATION. IN ADDITION, OMCI OFFERS EXTENDED PAYMENT PLANS WITHOUT INTEREST TO ALL INDIVIDUALS. OMCI HAS LANGUAGE WRITTEN IN THEIR COLLECTION AGENCY CONTRACT THAT STATES, "IF THE COLLECTION 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." IF THE COLLECTION AGENCY IS NOTIFIED BY THE PATIENT/DEBTOR THAT THIS CREATES AN UNDUE FINANCIAL HARDSHIP OR BURDEN DUE TO A CHANGE IN THEIR INCOME OR ASSETS, THE AGENCY WILL NOTIFY OMCI AND AWAIT FURTHER DIRECTION FROM THE HOSPITAL.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>Olathe Medical Center, Inc (OMCI) is continually assessing the health needs of the communities it serves in a variety of ways. Informally, OMCI is involved in multiple health fairs and other community outreach activities that involve screenings, questionnaires and general conversation that help us understand the needs of groups and individuals. The OMCI community advisory group is represented by a diverse set of individuals representing the deaf, Hispanic, African-American, and uninsured. In 2012 and 2013, OMCI conducted a more formal process of assessment. In partnership with the Johnson County Department of Health, the Miami County Department of Health, and with the help of VVV Research and Development, OMCI conducted a Community Health Needs Assessment for our primary service area (southwest Johnson County). This was done by performing research and collecting health data for our area, and actively seeking input from the community through a survey and town hall meetings. The research, survey and town hall meetings helped develop a clearer picture of the health priorities of residents OF OUR SERVICE AREA. Below are the top three health need priorities in the primary service areas of OMCI: Health Need Priorities - OMCI 1. Increase access to care for the uninsured and underinsured and address the lack of mental health services 2. Decrease obesity rate among residents and increase access to healthy food 3. PROVIDE Additional services for seniors. In the fall of 2013, OMCI developed a Community Health Improvement Plan to address the top health-need priorities that were identified through the assessment described above. It was approved by the OMCI Board of Trustees in October 2013. This is a three-year plan, which begins implementation in 2014. It speaks to each health need priority, outlining OMCI's initiative(s) to address the need and the anticipated community impact. You can read the full Community Health Needs Assessment and Community Health Improvement Plan documents on our website at olathehealth.org/community.</p>
SCHEDULE H, PART VI, LINE 3	<p>PATIENTS OF OLATHE MEDICAL CENTER, INC (OMCI) ARE MADE AWARE OF ALL OPPORTUNITIES AVAILABLE FOR FINANCIAL ASSISTANCE IN A VARIETY OF WAYS. THERE ARE SIGNS IN THE REGISTRATION AREAS TO NOTIFY PATIENTS AND VISITORS OF THE AVAILABILITY OF ASSISTANCE PROGRAMS. EVERY BILLING STATEMENT CONTAINS A NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW TO OBTAIN ADDITIONAL INFORMATION OR APPLY. APPLICATIONS AND INSTRUCTIONS ARE AVAILABLE ON THE MEDICAL CENTER'S WEBSITE, IN BOTH ENGLISH AND SPANISH. PATIENT ACCESS, PATIENT FINANCIAL SERVICES AND SOCIAL WORKERS ARE TRAINED TO PROVIDE APPLICATIONS TO PATIENTS IF THEY EXPRESS ANY CONCERN REGARDING ABILITY TO PAY FOR SERVICES, OR MAY BE REFERRED TO AN AGENCY. THE MEDICAL CENTER CONTRACTS WITH TO HELP INDIVIDUALS THROUGH THE APPLICATION PROCESS FOR PROGRAMS LIKE MEDICAID AND DISABILITY. PATIENTS THAT CALL OUR PATIENT FINANCIAL SERVICES DEPARTMENT EXPRESSING CONCERNS ABOUT BEING ABLE TO PAY FOR THEIR SERVICES OR EXPRESS THAT THEY ARE EXPERIENCING A FINANCIAL HARDSHIP ARE ADVISED OF OUR ASSISTANCE POLICY AND ENCOURAGED TO APPLY.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>Olathe Medical Center, Inc 's (OMCI) primary service area consists of southwest Johnson County and Miami County in Kansas. Johnson County is considered affluent compared to most counties of Kansas, but the southwestern portion, and certainly Miami County, are less affluent. For example, 27% of the students in the Olathe School District (southern Johnson County) live at, or below, the federal poverty level. The Olathe School District also represents a very diverse culture, more than 60 languages are spoken by students in the Olathe School District and more than 20% speak English as a second language. Olathe has a higher than average percentage of members of the deaf community than most cities. This is due, in part, to the Kansas School for the Deaf being located in Olathe. To support the deaf community, Olathe Medical Center has a nationally recognized group of sign language specialists. The language access department is also staffed with Spanish interpreters for the growing Hispanic community served by the medical center. The medical center conducts a deaf advisory committee and members of the deaf community serve on the OMC Community Advisory Council. Below is a listing of economic levels for area residents. Time period: 2006 - 2010. Source: factfinder2.census.gov. People Living Below Poverty Level: Johnson County: 6.4%, Miami County: 9.0%, Young Children Living Below Poverty Level: Johnson County: 8.4%, Miami County: 14.5%. Uninsured Adult Population Rate (2009): Johnson County: 8.6%, Miami County: 9.6%.</p>
SCHEDULE H, PART VI, LINE 5	<p>In addition to the items listed above, Olathe Medical Center, Inc. (OMCI) takes a very active role in support of local, regional and national not-for-profit organizations with a focus on improving health and supporting those in need. OMCI is the largest supporter of area School Nurses Funds, and provide athletic trainers to area school sports programs. The Community Outreach Department of OMCI conducts an average of seven health fairs and/or community screenings per month. The community health fairs are organized in conjunction with a variety of other area agencies, such as Olathe Fire Department, Olathe Parks and Recreation, Center of Grace United Methodist, Lion's Club, Olathe District Schools, and several others. Employees of OMCI serve on a variety of community committees and Boards whose focus is on improving community health. This includes Communities that Care, Olathe YMCA, Johnson County Department of Health & Environment, and more.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	OLATHE MEDICAL CENTER, INC (OMCI) IS A PART OF OLATHE HEALTH SYSTEM, INC (OHSI) WHICH CONSISTS OF TWO HOSPITALS AND A NETWORK OF 38 CLINICS OHSI AND ITS AFFILIATES, INCLUDING OMCI, TAKE A LEADERSHIP ROLE IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED OHSI 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 TO PROVIDE EDUCATION AND SCREENINGS TO THE PUBLIC OHSI AND ITS AFFILIATES POSITIONS ITSELF AS NOT ONLY A PROVIDER OF CARE, BUT A RESOURCE FOR EDUCATION AND PREVENTION
SCHEDULE H, PART VI, LINE 7	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

Additional Data

Software ID:

Software Version:

EIN: 48-0577664

Name: Olathe Medical Center Inc

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 THE REHAB PLACE AT OLATHE MEDICAL CENTER 20375 W 151ST STREET SUITE 151 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
2 THE IMAGING CENTER AT OLATHE MEDICAL CTR 20375 W 151ST STREET SUITE 150 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
3 CARDIAC REHAB AT OLATHE MEDICAL CENTER 20375 W 151ST STREET SUITE 450 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
4 AMBULATORY SURGERY CENTER AT OMC 20805 W 151ST STREET SUITE 101 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
5 PAIN MANAGEMENT CENTER AT OLATHE MED CTR 21080 W 151ST STREET OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
6 HOSPICEHOME HEALTH AT OLATHE MED CTR 20805 W 151ST STREET SUITE 301 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
7 SLEEP DISORDERS CENTER AT OLATHE MED CTR 20375 W 151ST STREET SUITE 103 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
8 THE REHAB PLACE AT SOUTHPARK MED PLAZA 20920 W 151ST STREET SUITE 201 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
9 THE REHAB PLACE AT SANTA FE COMMONS 13657 MUR-LEN ROAD OLATHE, KS 66062	OUTPATIENT REHABILITATION CLINIC
10 OLATHE MEDICAL PAVILION 21120 W 152ND STREET OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
11 WOUND CARE CLINIC AT OLATHE MED CTR 21080 W 151ST STREET OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
12 OUTPATIENT SERVICES 20375 W 151ST STREET SUITE 150 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
13 THE VEIN CLINIC 21080 W 151ST STREET OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
14 THE REHAB PLACE AT GARDNER 824 MAIN ST GARDNER, KS 66030	OUTPATIENT REHABILITATION CLINIC

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Olathe Medical Center Inc

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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. Part II can be duplicated 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 listed in the line 1 table

15

3

Enter total number of other organizations listed in the line 1 table

3

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	9	8,000			

Part IV

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	SCHEDULE I, PART II OLATHE MEDICAL CENTER, INC PROVIDED SPORTS TRAINERS TO LOCAL HIGH SCHOOLS GRANTS ARE ALSO GIVEN TO LOCAL CHARITIES AND CIVIC ORGANIZATIONS THERE IS NO FORMAL MONITORING PROCESS, EXCEPT SEEING THE IMPACT OF THE FUNDS IN THE LOCAL COMMUNITY SCHEUDLE I, PART III FOR ALL SCHOLARSHIPS, THE ORGANIZATION CAREFULLY SELECTS THE RECIPIENTS OF THE FUNDS AND A CHECK IS WRITTEN DIRECTLY TO THE ORGANIZATION OR INDIVIDUAL

Additional Data

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 FOUNDATION 315 N LINDENWOOD OLATHE,KS 66062	48-1190090	501(C)(3)	70,000				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 DISTRICT SCHOOLS 1700 WEST SHERIDAN ST OLATHE,KS 66061	48-0697986	GOVERNMENT	40,000				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
KANSAS SCHOOL FOR THE DEAF ENDOWMENT 450 E PARK OLATHE,KS 66061	48-1044911	501(C)(3)	10,000				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
OTTAWA USD 290 1120 SOUTH ASH STREET OTTAWA,KS 66067	48-6037952	GOVERNMENT	10,000				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
KIDS TLC INC 480 S ROGERS RD OLATHE,KS 66062	48-0774593	501(C)(3)	20,000				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
MID-AMERICA NAZARENE COLLEGE 2030 E COLLEGE WAY OLATHE, KS 66062	48-0730814	501(C)(3)	81,500				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
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY 7171 WEST 95TH STREET SUITE 100 OVERLAND PARK, KS 66216	48-1115529	501(C)(3)	25,000				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
GARDNER DISTRICT SCHOOLS 231 E MADISON ST GARDNER,KS 66030		GOVERNMENT		9,795	BOOK	SPORTS MEDICINE	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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALAS, TX 75231	13-5613797	501(C)(3)	10,000				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 COMMERCE 1 WEST 106TH STREET Olathe, KS 66061	48-0357594	501(C)(6)	13,000				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
JOHNSON COUNTY OLD SETTLERS 14712 South Village Olathe, KS 66061	48-6108713	501(C)(4)	10,000				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
JOHNSON COUNTY COMMUNITY COLLEGE 12345 COLLEGE BLVD OVERLAND PARK, KS 66210	23-7164614	501(C)(3)	25,000				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
FESTIVAL ON THE TRAIL 952 LINCOLN LANE GARDNER, KS 66030	27-0680384	501(C)(4)	10,000				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 DISTRICT SCHOOLS 1700 WEST SHERIDAN STREET OLATHE,KS 66061	48-0697986	GOVERNMENT		43,422	BOOK	SPORTS MEDICINE	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
SALVATION ARMY 101 W LINWOOD KANSAS CITY, MO 64111	44-0545998	501(C)(3)	20,000				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
THE MIRACLE LEAGUE 1506 KLONDIKE ROAD SUITE 105 CONYERS, GA 30094	90-0680027	501(C)(3)	25,000				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
DEAF CULTURAL CENTER 455 EAST PARK STREET OLATHE,KS 66062	48-6082776	501(C)(3)	6,500				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
OTTAWA UNIVERSITY 1001 S CEDAR OTTAWA, KS 66067	48-0543772	501(C)(3)	10,000				CMTY WELLNESS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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 of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	OLATHE MEDICAL CENTER, INC. PAYS FOR HEALTH AND SOCIAL CLUB DUES FOR FRANK H DEVOCELLE, A PORTION OF WHICH IS REPORTED AS TAXABLE INCOME AND IS INCLUDED IN HIS W-2 INCOME.
SCHEDULE J, PART I, LINE 4B & PART II	A SERP IS PROVIDED TO TIERNEY L GRASSER, SENIOR VICE PRESIDENT/FINANCE WHICH IS FUNDED OVER A SHORT TIME PERIOD BASED UPON THE IMPLEMENTATION DATE OF THE SERP IN 2005. MS. GRASSER'S CAREER SERVICE AT OLATHE MEDICAL CENTER, INC. AND ITS AFFILIATED ENTITIES IS CURRENTLY AT 25 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. IN 2013, THERE WAS A PAYOUT OF \$19,932 AND AN ACCRUAL OF \$97,325.

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
FRANK H DEVOCELLE PRESIDENT/CEO	(i) (ii)	737,614 0	160,010 0	38,243 0	0 0	14,626 0	950,494 0	0 0
TIERNEY L GRASSER SENIOR VP/FINANCE	(i) (ii)	334,671 0	63,891 0	29,277 0	97,325 0	19,746 0	544,910 0	16,662 0
JOHN STATON VP/CLINICAL SERVICES	(i) (ii)	167,251 0	17,095 0	5,934 0	2,500 0	15,187 0	207,967 0	0 0
CATHERINE R WIENS CHIEF CORP COMPLIANCE OFFICER	(i) (ii)	165,320 0	15,554 0	6,295 0	2,500 0	15,187 0	204,856 0	0 0
CHERYL SHARP CHIEF FINANCIAL OFFICER	(i) (ii)	191,108 0	20,061 0	5,037 0	2,500 0	4,722 0	223,428 0	0 0
ELAINE PATTON DIRECTOR OF CLINICAL SYSTEMS	(i) (ii)	168,857 0	21,934 0	9,469 0	2,500 0	9,371 0	212,130 0	0 0
MICHAEL J JENSEN CHIEF OPS & DEVELOP OFFICER	(i) (ii)	175,661 0	14,945 0	5,238 0	2,500 0	8,891 0	207,235 0	0 0
DAVID KLIMEK CHIEF HUMAN RESOURCES OFFICER	(i) (ii)	167,299 0	17,746 0	7,172 0	2,500 0	15,367 0	210,084 0	0 0
GEORGE DIX CHIEF INFORMATION OFFICER	(i) (ii)	168,079 0	15,980 0	1,935 0	0 0	2,730 0	188,724 0	0 0
JAN O'DELL CHIEF OF SURGICAL & OB SVCS	(i) (ii)	146,747 0	10,104 0	7,217 0	2,500 0	15,367 0	181,935 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Olathe Medical Center Inc

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF OLATHE (SERIES 2008B)	48-6034756	679690GX6	02-27-2008	24,140,141	SEE PART VI		X		X		X
B	CITY OF OLATHE (SERIES 2008C)	48-6034756	679390HB3	05-08-2008	36,015,000	SEE PART VI	X			X		X
C	CITY OF OLATHE (SERIES 2010A&B)	48-6034756	679390HK3	10-29-2010	32,463,901	SEE PART VI	X			X		X
D	CITY OF OLATHE (SERIES 2012A&B)	48-6034756	679390JG0	02-28-2012	36,829,130	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	5,110,000		425,000		1,770,000		1,070,000	
2	Amount of bonds legally defeased	0		12,870,000		3,130,000		0	
3	Total proceeds of issue	24,140,141		36,015,149		32,505,589		36,829,130	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		8,840		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	101,830		231,459		448,522		429,130	
8	Credit enhancement from proceeds	0		0		20,650		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		10,961,033		0	
11	Other spent proceeds	24,038,311		35,783,690		21,066,542		36,400,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2006		2004		2012		2010	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X				X	
c	No rebate due?	X				X			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		X
b	Name of provider	0		BANK OF AMERICA		0			
c	Term of hedge	8 3		8 3					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?	X		X					

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	A - Proceeds were used to currently refund Series 2004A and 2004B bonds issued 7/29/04 B - Proceeds were used to currently refund Series 2002A bonds issued 9/27/02 C - Proceeds used to currently refund Series 2000A bonds issued 10/20/00 and to construct hospital new Critical Care Unit and Energy Plant expansion D - Proceeds used to currently refund Series 2008A bonds issued 1/30/08 E - Proceeds used to currently refund \$12,870,000 of Series 2008C bonds issued 5/8/08 and \$3,130,000 of Series 2010B bonds issued 10/29/10
SCHEDULE K, PART II, LINE 3	C - Series 2010A&B Issue price plus \$41,688 interest earned
SCHEDULE K, PART IV, COLUMN B	Line 2c, Column C - Date the rebate computation was performed 6/1/2012 Line 3, Variable rate issue C - The 2010 issue consisted of \$16,000,000 of fixed rate series 2010A bonds and \$16,000,000 of variable rate demand series 2010B bonds, both issued 10/29/10 D - The 2012 issue consists of 2012A \$19,865,000 fixed rate issue and 2012B \$15,525,000 fixed rate to March 1, 2017 (mandatory tender date) variable rate thereafter

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF OLATHE (SERIES 2012C)	48-6034756		09-05-2012	16,000,000	SEE SCHEDULE O		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,435,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	16,000,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	0							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	16,000,000							
12	Other unspent proceeds	0							
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X							
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE SCHEDULE L PART V					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	TRANSACTION 1 (A) OLATHE WOMEN'S CLINIC (OWC) (B) BRUCE B SNIDER MD IS AN OFFICER OF OWC AND A TRUSTEE OF OMCI (C) \$169,673 (D) OWC LEASES SPACE FROM OMCI (E) NO TRANSACTION 2 (A) BANK OF AMERICA (BOA) (B) J MACK BOWEN IS AN OFFICER OF BOA AND A TRUSTEE OF OMCI (C) \$316,594 (D) BANK FEES PAID TO BOA BY OMCI (E) NO TRANSACTION 3 (A) MIDWEST EAR NOSE & THROAT (MENT) (B) BRIAN A METZ MD IS A >5% PARTNER IN MENT AND A TRUSTEE OF OMCI (C) \$246,631 (D) MENT RENTS SPACE FROM OMCI (E) NO TRANSACTION 4 (A) DAVID HANSON (B) DAVID HANSON IS THE SON-IN-LAW OF FRANK H DEVOCELLE, AN OFFICER OF OMCI (C) \$93,791 (D) DAVID HANSON IS AN EMPLOYEE OF OMCI (E) NO

2013

**Open to Public
Inspection**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

Name of the organization
Olathe Medical Center Inc

Employer identification number

48-0577664

Return Reference	Explanation
FORM 990, PART III, LINE 4A	OLATHE MEDICAL CENTER, INC (OMCI) OPERATES AN ACUTE CARE HOSPITAL IN OLATHE, KANSAS, WHICH WAS 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 2013, OLATHE MEDICAL CENTER PROVIDED 39,325 DAYS OF INPATIENT CARE, 144,133 OUTPATIENT VISITS RESULTING IN 591,313 OUTPATIENT PROCEDURES, 41,150 EMERGENCY VISITS, 9,011 HOSPICE VISITS, AND 34,362 HOME HEALTH VISITS TO THE COMMUNITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FRANK H DEVOCELLE AND TIERNEY L GRASSER HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER. THEY SERVE AS AN OFFICER OR DIRECTOR FOR OLATHE HEALTH DEVELOPMENT CORPORATION AND OLATHE MEDICAL CENTER DOCTOR'S BUILDING CONDOMINIUM OWNERS ASSOCIATION, INC. WHICH ARE RELATED FOR PROFIT COMPANIES.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	OLATHE HEALTH SYSTEM, INC , A NOT-FOR-PROFIT, 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF OLATHE MEDICAL CENTER, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	OLATHE HEALTH SYSTEM, INC AS THE SOLE MEMBER OF OLATHE MEDICAL CENTER, INC HAS THE RIGHT TO ELECT ALL THE BOARD OF TRUSTEES AND APPROVE THE ARTICLES OF INCORPORATION AND BYLAWS OF OLATHE MEDICAL CENTER, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	OLATHE HEALTH SYSTEM, INC IS THE SOLE MEMBER, AND HAS THE RIGHTS TO APPROVE OLATHE MEDICAL CENTER, INC 'S BYLAWS AND ARTICLES OF INCORPORATION AND ALSO APPROVE OLATHE MEDICAL CENTER'S BOARD MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	The tax return form 990 is reviewed by the Audit and compliance Committee of the Olathe Medical Center, Inc board on behalf of all of its affiliates prior to filing the return with the Internal Revenue Service. The Audit & Compliance Committee is comprised of independent Board members of Olathe Medical Center, Inc. The final form 990 with all required schedules is then provided to all board members for review prior to filing the form 990.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>The purpose of the Organization's Conflict of Interest Policy is to protect the organization's interest when 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 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. The conflict of interest policy calls for any interested person to disclose the existence of a financial relationship or competitive interest in connection with any pending transaction or arrangement. The individual is given the opportunity to disclose all material facts to the Trustees considering the proposed transaction or arrangement that gave rise to the disclosure. When a transaction involves an interested party, the following procedures are followed:</p> <ol style="list-style-type: none"> 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 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 then in office, without counting the vote of the interested trustee, a. That the proposed transaction is in the Organization's best interests and for its own benefit, and b. That, after reasonable investigation, the board has determined that the organization cannot obtain a more advantageous transaction with reasonable efforts under the circumstances.

Return Reference	Explanation
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 2012, 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 8	GAIN(LOSS) ON INVESTMENT OF EQUITY INVESTEEES \$(15,441,030) NET ASSETS RELEASED- CAPITAL \$ 1,533,250 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS \$ (1,404,166) ----- TOTAL \$(15,311,946)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MIAMI COUNTY MEDICAL CENTER INC 2100 BAPTISTE DRIVE PAOLA, KS 66071 48-1155548	HOSPITAL	KS	510(c)(3)	3	OMCI	Yes	
(2) OLATHE HEALTH SYSTEM INC 20333 W 151ST STREET OLATHE, KS 66061 48-0979845	SUPPORT ORG	KS	510(c)(3)	11B	NA		No
(3) OLATHE MEDICAL SERVICES INC 20333 W 151ST STREET OLATHE, KS 66061 48-1088982	CLINICS	KS	510(c)(3)	9	OMCI	Yes	
(4) OLATHE MEDICAL CENTER CHARITABLE FDN 20333 W 151ST STREET OLATHE, KS 66061 48-1136010	FUNDRAISING	KS	510(c)(3)	7	OMCI	Yes	

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?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OLATHE HEALTH DEVELOPMENT CORPORATION 20333 W 151ST STREET OLATHE, KS 66061 36-3445097	MEDICAL SERVICES	KS	OHSI	C CORPORATION	0	0		Yes	
(2) OMC DOCTOR'S BLDG CONDO OWNERS ASSOC INC 20333 W 151ST STREET OLATHE, KS 66061 48-1244766	REAL ESTATE	KS	OMCI	C CORPORATION	0	0	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

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?		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

Part VII

Supplemental Information

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

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

Additional Data

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-s)	(c) Amount Involved	(d) Method of determining amount involved
OLATHE MEDICAL SERVICES	A (IV)	593,876	COST
OLATHE MEDICAL SERVICES	B	22,193,453	COST
OLATHE MEDICAL SERVICES	L	72,483	COST
OLATHE MEDICAL SERVICES	N	2,182,997	COST
OLATHE MEDICAL SERVICES	O	12,723,293	COST
OLATHE MEDICAL SERVICES	P	7,233,460	COST
MIAMI COUNTY MEDICAL CENTER	L	168,235	COST
MIAMI COUNTY MEDICAL CENTER	N	345,431	COST
MIAMI COUNTY MEDICAL CENTER	O	2,747,364	COST
MIAMI COUNTY MEDICAL CENTER	P	3,346,543	COST
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	B	293,925	COST
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	O	164,643	COST
OLATHE MEDICAL CENTER CHARITABLE FOUNDATION	C	482,819	COST

Olathe Medical Center, Inc.
(A Controlled Subsidiary of Olathe Health System, Inc.)

Auditor's Report and Consolidated Financial Statements

December 31, 2013 and 2012



Olathe Medical Center, Inc.
December 31, 2013 and 2012

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Independent Auditor's Report

Board of Trustees
Olathe Medical Center, Inc.
Olathe, Kansas

We have audited the accompanying consolidated financial statements of Olathe Medical Center, Inc. (a controlled subsidiary of Olathe Health System, Inc.), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Olathe Medical Center, Inc. as of December 31, 2013 and 2012, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Information

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements as a whole. The balance sheets, statements of operations and selected ratios listed in the table of contents are presented for purposes of additional analysis and are not a required part of the basic consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

BKD, LLP

Kansas City, Missouri
May 30, 2014

Olathe Medical Center, Inc.
Consolidated Balance Sheets
December 31, 2013 and 2012

Assets

	2013	2012
Current Assets		
Cash and cash equivalents	\$ 7,336,317	\$ 7,078,311
Patient accounts receivable, net of allowance, 2013 – \$10,358,000, 2012 – \$9,781,000	38,355,161	39,868,104
Short-term investments and other assets	14,380,578	11,486,283
Funds held by trustee required for current liabilities	595,147	597,607
Supplies	6,971,367	7,039,601
Prepaid expenses	3,385,783	2,852,715
	<hr/>	<hr/>
Total current assets	71,024,353	68,922,621
	<hr/>	<hr/>
Assets Limited as to Use, Net of Current Portion		
Investment portfolio (internally designated)	333,972,051	275,695,170
Externally restricted by donors	2,238,585	3,642,750
	<hr/>	<hr/>
	336,210,636	279,337,920
	<hr/>	<hr/>
Property and Equipment, Net	175,171,994	171,905,053
	<hr/>	<hr/>
Other Assets		
Deferred financing costs	1,088,889	1,256,191
Long-term investments	7,959,436	6,695,092
Investments in and advances to affiliates	9,327,510	8,875,196
	<hr/>	<hr/>
	18,375,835	16,826,479
	<hr/>	<hr/>
Total assets	<u>\$ 600,782,818</u>	<u>\$ 536,992,073</u>

Liabilities and Net Assets

	2013	2012
Current Liabilities		
Current maturities of long-term debt	\$ 5,494,594	\$ 5,357,729
Accounts payable	15,601,012	12,254,154
Accrued pay roll and related liabilities	16,010,154	14,514,067
Accrued interest	1,077,378	1,131,701
Accrued property taxes	103,847	122,391
Estimated self-insurance costs	4,906,905	5,143,756
Estimated amounts due to third-party payers	595,494	1,252,476
Total current liabilities	43,789,384	39,776,274
Deferred Compensation	7,928,361	6,659,912
Long-term Debt	120,695,009	126,284,047
Total liabilities	172,412,754	172,720,233
Net Assets		
Unrestricted	426,131,474	360,629,084
Temporarily restricted	2,120,303	3,524,469
Permanently restricted	118,287	118,287
Total net assets	428,370,064	364,271,840
Total liabilities and net assets	\$ 600,782,818	\$ 536,992,073

Olathe Medical Center, Inc.
Consolidated Statements of Operations
Years Ended December 31, 2013 and 2012

	2013	2012
Unrestricted Revenues and Other Support		
Net patient service revenue (net of contractual allowances)	\$ 280,155,064	\$ 283,148,957
Provision for uncollectible accounts	<u>(14,276,055)</u>	<u>(16,640,067)</u>
Net patient service revenue	265,879,009	266,508,890
Other revenue	8,845,383	5,717,131
Net assets released from restriction used for operations	<u>56,466</u>	<u>43,153</u>
	<u>274,780,858</u>	<u>272,269,174</u>
Expenses		
Salaries	132,786,531	133,344,168
Employee benefits	23,015,486	24,336,228
Supplies and other expenses	84,702,789	80,613,286
Depreciation and amortization	15,481,157	15,235,692
Interest	3,588,126	3,696,954
Insurance	2,391,479	2,449,072
Medicaid assessment	<u>1,826,252</u>	<u>1,565,963</u>
	<u>263,791,820</u>	<u>261,241,363</u>
Operating Income	<u>10,989,038</u>	<u>11,027,811</u>
Other Income (Expense)		
Investment income	7,715,056	7,572,539
Net realized gain (loss) on sale of investments	11,434,497	(647,387)
Change in net unrealized gains and losses on trading securities	33,469,995	28,732,385
Gain on investment in equity investees	375,702	181,849
Loss from extinguishment of debt	<u>-</u>	<u>(65,007)</u>
	<u>52,995,250</u>	<u>35,774,379</u>
Excess of Revenues Over Expenses	63,984,288	46,802,190
Net assets released – capital	1,533,250	12,645
Transfers to affiliate	<u>(15,148)</u>	<u>(20,478)</u>
Increase in Unrestricted Net Assets	<u><u>\$ 65,502,390</u></u>	<u><u>\$ 46,794,357</u></u>

Olathe Medical Center, Inc.
Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2013 and 2012

	2013	2012
Unrestricted Net Assets		
Excess of revenues over expenses	\$ 63,984,288	\$ 46,802,190
Net assets released from restriction used for purchase of equipment	1,533,250	12,645
Transfers to affiliate	<u>(15,148)</u>	<u>(20,478)</u>
Increase in unrestricted net assets	<u>65,502,390</u>	<u>46,794,357</u>
Temporarily Restricted Net Assets		
Contributions received	185,550	1,383,135
Net assets released from restriction used for purchase of equipment	(1,533,250)	(12,645)
Net assets released from restriction used for operations	<u>(56,466)</u>	<u>(43,153)</u>
Increase (decrease) in temporarily restricted net assets	<u>(1,404,166)</u>	<u>1,327,337</u>
Increase in Net Assets	64,098,224	48,121,694
Net Assets, Beginning of Year	<u>364,271,840</u>	<u>316,150,146</u>
Net Assets, End of Year	<u><u>\$ 428,370,064</u></u>	<u><u>\$ 364,271,840</u></u>

Olathe Medical Center, Inc.
Consolidated Statements of Cash Flows
Years Ended December 31, 2013 and 2012

	2013	2012
Operating Activities		
Change in net assets	\$ 64,098,224	\$ 48,121,694
Items not requiring (providing) operating cash flow		
Depreciation and amortization	15,481,157	15,235,692
Loss on sale of property and equipment	54,806	19,083
Net (gain) loss on sale of investments	(11,434,497)	647,387
Transfers to affiliate	15,148	20,478
Restricted contributions received	(185,550)	(1,383,135)
Change in unrealized gains and losses on investments	(33,469,995)	(28,732,383)
Loss from extinguishment of debt	-	65,007
Gain on investment in equity investees	(375,702)	(181,849)
Changes in		
Patient accounts receivable, net	1,512,943	8,700,482
Estimated amount due to third-party payers	(656,982)	4,066
Accounts payable and accrued expenses	4,555,569	(1,684,107)
Supplies and prepaid expenses	(464,834)	(1,098,772)
Short-term investments and other assets	(1,084,507)	(2,251,050)
Net cash provided by operating activities	<u>38,045,780</u>	<u>37,482,593</u>
Investing Activities		
Proceeds from (purchase of) short-term investments	(1,887,607)	2,596,062
Purchase of property and equipment	(18,941,518)	(25,407,493)
Purchase of investments - investment portfolio	(11,874,340)	(15,635,482)
Proceeds from (purchase of) investments - funds held by trustee	(5,809)	6,720,909
Proceeds from sale of property and equipment	27,673	2,165
Investment in and advances to equity investees	(76,612)	(117,799)
Net cash used in investing activities	<u>(32,758,213)</u>	<u>(31,841,638)</u>
Financing Activities		
Proceeds from restricted contributions	185,550	1,383,135
Proceeds from issuance of long-term debt	-	52,829,131
Payment of deferred financing fees	-	(641,619)
Transfers to/from affiliates	(15,148)	(20,478)
Principal payments on long-term debt	(5,199,963)	(56,969,162)
Net cash used in financing activities	<u>(5,029,561)</u>	<u>(3,418,993)</u>
Net Increase in Cash and Cash Equivalents	258,006	2,221,962
Cash and Cash Equivalents, Beginning of Year	<u>7,078,311</u>	<u>4,856,349</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 7,336,317</u></u>	<u><u>\$ 7,078,311</u></u>

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Olathe Medical Center, Inc. ("OMCI") operates an acute care hospital in Olathe, Kansas. OMCI primarily earns revenues by providing inpatient, outpatient, emergency care, hospice and home health care services to residents in Johnson County and Miami County, Kansas and the surrounding area. OMCI is controlled by Olathe Health System, Inc. ("OHSI"), its sole member.

OMCI is the sole member of Miami County Medical Center, Inc. ("MCMCI"), Olathe Medical Services, Inc. ("OMSI") and Olathe Medical Center Charitable Foundation ("OMCCF"). All of the entities are collectively referred to as the "System" in the accompanying consolidated financial statements.

MCMCI is an acute care hospital located in Paola, Kansas, and earns revenue by providing inpatient, outpatient and emergency care services to patients in Miami and Linn County, Kansas, and the surrounding area.

OMSI provides physician services in various clinic locations within its service area.

OMCCF was organized for the purpose of providing support services to advance or support the provision of health care services for the System's not-for-profit entities and the communities in which they serve.

Principles of Consolidation

The consolidated financial statements include the accounts of OMCI and its controlled subsidiaries, Olathe Medical Services, Inc., Miami County Medical Center, Inc. and Olathe Medical Center Charitable Foundation. All significant intercompany accounts and transactions have been eliminated in consolidation.

Investment in and Advances to Affiliates

OMCI has an investment in Cedar Lake Village, which operates an assisted living, senior housing and skilled nursing facility located on OMCI's campus. This investment is reported using the equity method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Excess of Revenues Over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, the change in fair value of highly effective interest rate swap agreements, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets to be used in providing health care services (including assets acquired using contributions which, by donor restriction, were to be used for the purpose of acquiring such assets).

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity.

Temporarily restricted net assets are available primarily for specific program and department activities and the purchase of equipment and buildings at December 31, 2013 and 2012.

During 2013 and 2012, net assets were released from donor restrictions by satisfying the restricted purposes in the amounts of \$1,589,716 and \$55,798, respectively.

Net Patient Service Revenue

The System has agreements with third-party payers that provide for payments to the System at amounts different from established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods, as adjustments become known. Laws and regulations governing Medicare and Medicaid are extremely complex and subject to interpretation. Compliance with such laws and regulations are subject to government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. As a result, there is a possibility that the recorded estimates may change by a material amount in the near term.

Cash and Cash Equivalents

The System considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. At December 31, 2013 and 2012, cash equivalents consisted primarily of money market accounts.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the System analyzes its history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The System's allowance for doubtful accounts for self-pay patients increased from 70% of self-pay accounts receivable at December 31, 2012, to 81% of self-pay accounts receivable at December 31, 2013. In addition, the System's write-offs decreased approximately \$2,364,000 from approximately \$16,640,000 for the year ended December 31, 2012, to approximately \$14,276,000 for the year ended December 31, 2013. The decrease was the result of a change in account processing where more self-pay accounts being written off to a contractual allowance than bad debt write-offs.

Assets Limited as to Use

Assets limited as to use include (1) assets held by bond trustees, (2) assets restricted by donors, and (3) assets set aside by the Board of Trustees for future capital improvements over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the System are included in current assets.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and all common trust funds are carried at fair value in the consolidated balance sheets. Donated investments are reported at fair value at the date of receipt, which is then treated at cost. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in excess of revenues over expenses, unless the income or loss is restricted by donor or law. The investment in Cedar Lake Village is reported on the equity method of accounting.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Supplies

The System states supply inventories at average cost for perpetual inventories and last purchase price for non-perpetual inventories

Property and Equipment

Property and equipment are recorded at cost and depreciated on a straight-line basis over the estimated useful life of each asset. Leasehold improvements are depreciated over the respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and improvements	10-40 years
Equipment	3-15 years

Donations of property and equipment are reported at fair market value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

Estimated Self-Insurance Costs

The provision for estimated self-insured employee health, dental and workers' compensation claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including related administrative costs.

Estimated self-insurance costs also include amounts for estimates related to medical malpractice and general liability claims which are covered by insurance.

Financial Assistance

The System provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its financial assistance policy. Because the System does not pursue collection of amounts determined to qualify as financial assistance, these amounts are not reported as net patient service revenue. The System's direct and indirect costs for services furnished under its financial assistance policy were developed utilizing a cost accounting system and aggregated approximately \$4,107,000 and \$4,198,000 in 2013 and 2012, respectively.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Income Tax Status

Olathe Medical Center, Inc., Olathe Medical Services, Inc., Miami County Medical Center, Inc. and Olathe Medical Center Charitable Foundation are not-for-profit organizations within the meaning of Section 501(c)(3) of the Internal Revenue Code and are exempt from taxes on their business income.

The System is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for years before 2009.

Insurance and Litigation

Medical malpractice insurance is purchased under claims-made policies. Under these policies, only claims made and reported to the insurer that occurred subsequent to July 1, 1976 are covered during the policy term. Under Kansas law, the Kansas Insurance Department provides excess liability insurance through the Kansas Healthcare Stabilization Fund. Excess liability insurance coverage is also purchased under a claims-made policy. Under this policy, only claims made and reported to the insurer that occurred subsequent to January 2, 1985 are covered during the policy term.

The System accrues the expense of its share of asserted and unasserted claims occurring during the year by estimating the probable ultimate cost of any such claim. Such estimates are based on the System's own claims experience. The System's management does not expect any claims to exceed the insurance coverage limits. However, because of the risk involved in providing health care services, it is possible an event has occurred that will be the basis of a future material claim. In the normal course of business, the System is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the System's commercial insurance. The System evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

The System recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any.

Based upon the System's claims experience, an accrual had been made for the System's portion of medical malpractice and general liability costs related to its deductible under its malpractice and general liability insurance policies, amounting to approximately \$337,000 and \$545,000 as of December 31, 2013 and 2012, respectively. These amounts are included in estimated self-insurance costs on the accompanying consolidated balance sheets. It is reasonably possible that this estimate could change materially in the near term.

The System recorded in other current assets on the consolidated balance sheets approximately \$195,000 and \$365,000 as of December 31, 2013 and 2012, respectively, of professional liability reserves insurance coverage receivables.

The System has available a letter of credit totaling \$2,246,000, which expires in 2014, subject to renewal. The purpose of the letter is for the possible funding of self-insured workers compensation claims.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reported as net assets released from restriction. Gifts having donor stipulations which are satisfied in the period the gift is received are reported as unrestricted revenue and net assets. Receipt of contributions that are conditional are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Deferred Financing Costs

Deferred financing costs represent bond issuance costs incurred in connection with the Health Facilities Revenue Bonds. Costs associated with the debt outstanding for each year are being amortized over the term of the respective bond issue using the bonds outstanding method.

Bond Premiums (Discount)

The bond premiums and discount arose from the issuance of the Health Facilities Revenue Bonds, Series 2008B, Series 2008C, Series 2010A, Series 2012A and Series 2012B and, when combined, result in a net bond premium. This unamortized net bond premium is recorded as an adjustment of long-term debt in the accompanying consolidated financial statements. The bond premiums and discount are being amortized over the life of the related bonds using the bonds outstanding method.

Variable Rate Bonds and Related Agreements

OMCI has issued daily variable rate demand bonds as part of the 2008C bond issue and the 2010B bond issue (*see Note 6*). As part of the indenture agreement, OMCI entered into a remarketing agreement to remarket the bonds on a daily basis. OMCI also entered into a Letter of Credit and Reimbursement Agreement (LOC) with a bank to purchase bonds that are tendered but not remarketed. Under the LOC, the Letter of Credit is a direct obligation of the bank to pay to the Trustee until such time as the bonds are remarketed. The current LOC expires October 29, 2015.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

approved by the Centers for Medicare and Medicaid Services. Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The System recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

The System has completed requirements under the Medicare and Medicaid programs, and has recorded revenues in the years ended December 31, 2013 and 2012 of approximately \$4,844,000 and \$1,400,000, respectively, which are included in other revenue within operating revenues in the consolidated statements of operations.

Note 2: Net Patient Service Revenue

The System recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the System recognizes revenue on the net basis of its standard rates less an uninsured discount for services provided to individuals who do not qualify for the charity care program. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System records a significant provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the consolidated statements of operations as a component of net patient service revenue.

The System has agreements with third-party payers that provide for payments to the System at amounts different from its established rates. These payment arrangements include:

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates.

Other Third-Party Payers. The System has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates per discharge, discounts from established charges, case rates, fee schedules and prospectively determined daily rates.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Uninsured. The System provides discounts from charges for patients who do not have health insurance coverage and also provides assistance to those who qualify for the System's financial assistance program (charity care)

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended December 31, 2013 and 2012 was approximately

	2013	2012
Medicare	\$ 93,872,167	\$ 91,798,170
Medicaid	6,145,624	7,409,170
Other third-party payers	144,811,703	149,289,259
Self-pay	35,325,569	34,652,358
Total	<u>\$ 280,155,064</u>	<u>\$ 283,148,957</u>

The Center for Medicare and Medicaid Services (CMS) approved an amendment to the Kansas Medicaid State Plan that incorporates legislation enacted by the Kansas State Legislature establishing an annual tax assessment on certain hospital providers and health maintenance organizations and created the Health Care Access Improvement Fund. The System's tax assessment for 2013 and 2012 was approximately \$1,826,000 and \$1,566,000, respectively, and is included in expenses in the consolidated statements of operations

Note 3: Investments

Investment Summary

Short-term investments consist of mutual funds invested in debt securities and totaled \$10,044,438 and \$8,940,134 at December 31, 2013 and 2012, respectively

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Assets limited as to use at December 31, 2013 and 2012 include the following investments stated at fair value

	2013	2012
Investment portfolio (internally designated)		
Cash and cash equivalents	\$ 588,340	\$ -
Certificates of deposit	597,000	795,000
Mutual funds invested in equity securities		
Vanguard Total Stock Market Index	107,052,994	98,323,789
Vanguard Global Equity Fund	37,098,091	32,387,204
American New Perspective Fund	38,882,204	34,312,409
Other mutual funds invested in equity securities	208,440	163,695
Mutual funds invested in debt securities		
PIMCO Total Return Fund	42,625,548	40,038,197
Dodge & Cox Income Fund	42,981,425	39,193,559
Vanguard Short-Term Bond Fund	29,920,407	-
Other mutual funds invested in debt securities	-	396,247
Common Trust Funds		
State Street MSCI AC World Investable Index Fund	24,754,874	21,482,055
Other common trust funds	4,078,795	3,418,953
Real estate	5,183,804	5,183,804
Interest receivable	129	258
	<u>333,972,051</u>	<u>275,695,170</u>
Externally restricted by donors		
Cash	1,659,113	1,013,167
Mutual funds invested in debt securities	147,842	1,473,475
Contributions receivable	431,630	1,156,108
	<u>2,238,585</u>	<u>3,642,750</u>
Held by trustee under indenture agreements		
Mutual funds invested in debt securities	595,142	597,602
Other	5	5
	<u>595,147</u>	<u>597,607</u>
Total assets limited as to use	<u><u>\$ 336,805,783</u></u>	<u><u>\$ 279,935,527</u></u>

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

At December 31, 2013 and 2012, the System's investments include real estate located in Johnson County, Kansas with a carrying value of \$5,183,804

Certain investments in marketable equity securities are reported in the consolidated financial statements at an amount less than their historical cost. The System has adopted a long-term investment strategy which could result in volatile swings in fair value over time.

The System has elected to measure common trust funds at fair value which has been estimated using the net asset value per share of the investments. The common trust funds include investments in several common trust funds that invest in equity securities of developed and emerging markets other than the United States. The common trust funds have redemption dates twice a month with a redemption notice period of two days. These investments have no unfunded commitments.

In accordance with the terms of the bond indentures, as amended, authorizing Health Facilities Revenue and Refunding Bonds, OMCI and MCMCI are to establish and maintain certain funds as follows:

Debt Service Fund – This account contains the required lease payments for interest and principal payments on bonds.

Debt Service Reserve Fund – This account is to be funded only in the event that certain financial ratio requirements are not met. No funding was required at December 31, 2013 and 2012.

Project Fund – This account includes the proceeds of bond issues to be used for qualified capital expenditures.

Amounts held by the trustee under indenture agreements, including accrued interest, at December 31, 2013 and 2012 are as follows:

	2013	2012
Debt service fund	\$ 595,147	\$ 597,607

Long-term investments consisted of the following which included investments held in conjunction with the System's Section 457(b) and 457(f) deferred compensation plans (*see Note 8*) that amounted to \$7,928,361 and \$6,659,912 at December 31, 2013 and 2012, respectively:

	2013	2012
Mutual funds invested in debt securities	\$ 4,215,906	\$ 3,514,197
Mutual funds invested in equity securities	3,712,455	3,145,715
Other long-term investments	31,075	35,180
	<u>\$ 7,959,436</u>	<u>\$ 6,695,092</u>

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Total investment return is comprised of and reflected in the consolidated statements of operations as the following

	2013	2012
Investment income (interest and dividend income)	\$ 7,715,056	\$ 7,572,539
Net realized gain (loss) on sale of investments	11,434,497	(647,387)
Change in unrealized gains and losses on investments	33,469,995	28,732,385
	<u>\$ 52,619,548</u>	<u>\$ 35,657,537</u>

Note 4: Property and Equipment

A summary of property and equipment at December 31, 2013 and 2012 is as follows

	2013	2012
Land	\$ 27,669,111	\$ 27,468,421
Land improvements	10,961,629	10,941,210
Building and fixed equipment	183,551,415	175,425,064
Major equipment	118,455,751	111,258,712
Leasehold improvements	16,439,692	15,847,784
	<u>357,077,598</u>	<u>340,941,191</u>
Less accumulated depreciation	185,337,148	169,903,765
	<u>171,740,450</u>	<u>171,037,426</u>
Construction in progress	3,431,544	867,627
	<u>\$ 175,171,994</u>	<u>\$ 171,905,053</u>

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Note 5: Contributions Receivable

During 2010, OMCCF began a capital campaign to assist in funding the construction of a hospice house. Contributions receivable consisted of the following at December 31, 2013 and 2012:

	2013	2012
Due within one year	\$ 224,500	\$ 292,250
Due in two to five years	301,130	1,010,858
	<u>525,630</u>	<u>1,303,108</u>
Less:		
Allowance for uncollectible contributions	65,000	97,000
Present value discount	29,000	50,000
	<u>94,000</u>	<u>147,000</u>
Total contributions receivable	<u><u>\$ 431,630</u></u>	<u><u>\$ 1,156,108</u></u>

Note 6: Long-term Debt

A summary of long-term debt at December 31, 2013 and 2012 is as follows:

	2013	2012
Health Facilities Revenue Bonds, Series 2008B, maturing serially at varying amounts through September 2029, semiannual interest payments at rates ranging from 3.75% to 5.125%, collateralized by revenues	\$ 23,170,000	\$ 24,415,000
Variable Rate Demand Health Facilities Revenue Bonds, Series 2008C, maturing serially at varying amounts through September 2032, monthly interest payments at variable rates determined daily by the Remarketing Agent with reference to the Securities Industry and Financial Markets Association Municipal Swap Index, (0.06% at December 31, 2013), collateralized by revenues, partially redeemed during 2012	22,720,000	22,720,000
Health Facilities Revenue Bonds, Series 2010A, maturing serially at varying amounts through September 2030, semiannual interest payments at rates ranging from 3.5% to 5.25%, collateralized by revenues	16,000,000	16,000,000

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Variable Rate Demand Health Facilities Revenue Bonds, Series 2010B, maturing serially at varying amounts through September 2035, monthly interest payments at variable rates determined daily by the Remarketing Agent with reference to the Securities Industry and Financial Markets Association Municipal Swap Index, (0.06% at December 31, 2013), collateralized by revenues partially redeemed during 2012	\$ 11,100,000	\$ 11,100,000
Health Facilities Revenue Bonds, Series 2012A, maturing serially at varying amounts through September 2030, semiannual interest payments at rates ranging from 3.00% to 5.00% collateralized by revenues, proceeds used to refund and redeem a portion of the Series 2008A Bonds	18,795,000	19,865,000
Health Facilities Revenue Bonds, Series 2012B, maturing in September 2037, semiannual interest payments, bearing a rate of 2% through March 2017, after which a separate disclosure statement will be prepared in connection with the reoffering of the Bonds which may bear interest at Daily Rates, Weekly Rates, Short-Term Rates, Long-Term Rates or Fixed Rates, collateralized by revenues, proceeds used to refund and redeem a portion of the Series 2008A Bonds	15,525,000	15,525,000
Health Facilities Revenue Bonds, Series 2012C, maturing at varying amounts through September 2019, quarterly interest payments, bearing interest at 1.443% per annum, collateralized by revenues, proceeds used to refund and redeem portions of Series 2008C and Series 2010B	13,565,000	16,000,000
Special assessments, City of Olathe and DeSoto, Kansas, payable annually over ten or fifteen year periods through 2024, interest rates ranging from 2.70% to 4.18%	3,833,108	4,283,071
	<u>124,708,108</u>	<u>129,908,071</u>
Plus unamortized premium (discount), net	1,481,495	1,733,705
Less current maturities	<u>(5,494,594)</u>	<u>(5,357,729)</u>
	<u><u>\$ 120,695,009</u></u>	<u><u>\$ 126,284,047</u></u>

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Aggregate annual maturities of the existing long-term debt at December 31, 2013 are as follows

2014	\$ 5,494,594
2015	5,494,558
2016	5,651,667
2017	5,521,944
2018	5,435,974
Thereafter	<u>97,109,371</u>
	<u><u>\$ 124,708,108</u></u>

Note 7: Concentration of Credit Risk

The operations of the System are primarily located in Johnson County and Miami County, Kansas. The System grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of patient net accounts receivable at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Medicare and Medicaid	38%	40%
Other third-party payers	55%	49%
Patients	<u>7%</u>	<u>11%</u>
	<u>100%</u>	<u>100%</u>

The System maintains its cash and investments in local financial institutions. At December 31, 2013, the System's cash accounts exceeded federally insured limits by approximately \$10,540,000.

Note 8: Retirement Plans

The System sponsors a 403(b) retirement plan covering substantially all employees. The System's contributions to the Plan were \$1,964,948 and \$1,906,173 in 2013 and 2012, respectively.

The System sponsors a Section 457(b) deferred compensation plan for key employees. The System made no contributions to the plan in 2013 or 2012. The System also sponsors a Section 457(f) plan for key employees. The System made contributions to the plan of \$371,358 and \$468,295 in 2013 and 2012, respectively. Total assets and liabilities related to these Plans were \$7,928,361 and \$6,659,912 at December 31, 2013 and 2012, respectively.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Note 9: Additional Cash Flows Information

	2013	2012
Noncash Investing and Financing Activities		
Property and equipment purchases in accounts payable—construction	\$ 461,552	\$ 483,894
Additional Cash Information		
Interest paid, net of amount capitalized	3,716,053	3,991,818

Note 10: Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	2013	2012
Health care services	\$ 211,230,030	\$ 210,006,586
General and administrative	52,254,849	50,950,087
Fundraising	306,941	284,690
	<u>\$ 263,791,820</u>	<u>\$ 261,241,363</u>

Note 11: Fair Value of Financial Instruments

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012

		December 31, 2013		
		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
		(Level 1)	(Level 2)	(Level 3)
Fair Value				
Financial instruments				
included in cash	\$ 510.918	\$ 510.918	\$ -	\$ -
Mutual funds invested in				
equity securities				
Vanguard Total Stock Market				
Index	107,052.994	107,052.994	-	-
Vanguard Global Equity Fund	37,098.091	37,098.091	-	-
American New Perspective Fund	38,882.204	38,882.204	-	-
Other mutual funds invested in				
equity securities	3,920.895	3,920.895	-	-
Mutual funds invested in				
debt securities				
PIMCO Total Return Fund	42,625.548	42,625.548	-	-
Dodge & Cox Income Fund	42,981.425	42,981.425	-	-
Vanguard Short-Term Bond Fund	29,920.407	29,920.407	-	-
Other mutual funds invested in				
debt securities	15,003.328	15,003.328	-	-
Common Trust Funds				
State Street MSCI AC World				
Investable Index Fund	24,754.874	-	24,754.874	-
Other common trust funds	4,078.795	-	4,078.795	-

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

		December 31, 2012		
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Financial instruments included in cash	\$ 906,805	\$ 906,805	\$ -	\$ -
Mutual funds invested in equity securities				
Vanguard Total Stock Market Index	98,323,789	98,323,789	-	-
Vanguard Global Equity Fund	32,387,204	32,387,204	-	-
American New Perspective Fund	34,312,409	34,312,409	-	-
Other mutual funds invested in equity securities	3,309,410	3,309,410	-	-
Mutual funds invested in debt securities				
PIMCO Total Return Fund	40,038,197	40,038,197	-	-
Dodge & Cox Income Fund	39,193,559	39,193,559	-	-
Other mutual funds invested in debt securities	14,921,655	14,921,655	-	-
Common Trust Funds				
State Street MSCI AC World Investable Index Fund	21,482,055	-	21,482,055	-
Other common trust funds	3,418,953	-	3,418,953	-

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2013.

Investments and Financial Instruments Included in Cash

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include exchange traded equity securities and mutual funds. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. Level 2 securities include common trust funds.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

The value of certain investments, classified as common trust funds, is determined using net asset value (or its equivalent) as a practical expedient. Investments for which the System expects to have the ability to redeem its investments with the investee within 12 months after the reporting date are categorized as Level 2.

The following table presents estimated fair values of the System's financial instruments and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2013 and 2012.

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
		(Level 1)	(Level 2)	(Level 3)
		Fair Value		
December 31, 2013				
Financial assets				
Cash and cash equivalents	\$ 9,072,852	\$ 9,072,852	\$ -	\$ -
Contributions receivable	431,630	-	431,630	-
Financial liabilities				
Long-term debt	126,189,603	-	126,189,603	-
December 31, 2012				
Financial assets				
Cash and cash equivalents	\$ 7,184,673	\$ 7,184,673	\$ -	\$ -
Contributions receivable	1,156,108	-	1,156,108	-
Financial liabilities				
Long-term debt	131,641,776	-	131,641,776	-

The following methods were used to estimate the fair value of all other financial instruments recognized in the accompanying consolidated balance sheets at amounts other than fair value:

Cash and Cash Equivalents

The carrying amount approximates fair value.

Olathe Medical Center, Inc.
Notes to Consolidated Financial Statements
December 31, 2013 and 2012

Contributions Receivable

Fair value is estimated by discounting the cash flows of the future payments expected to be received using rates of return on assets with similar cash flows

Long-term Debt

Fair values of revenue notes are based on current interest rates on bonds of similar maturities. The fair value of other long-term debt is estimated using discounted cash flow analyses, based on the System's current incremental borrowing rates for similar types of borrowing arrangements. The carrying amount of long-term debt approximates its fair value.

Note 12: Related Party Transactions

In 2013 and 2012, OMCI had transfers to OHSI, the sole member of OMCI, of \$15,148 and \$20,478, respectively.

At December 31, 2013 and 2012, Cedar Lake Village, Inc. (CLVI), an equity investee, had outstanding loan balances to OMCI of \$3,428,094 and \$3,608,958, respectively, at an interest rate of 7%, subordinated with a bank as part of a letter-of-credit arrangement. Semiannual interest payments and annual principal payments are required with the final payment on the loan due in December 2026.

Note 13: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were issued.

Independent Auditor's Report on Supplementary Information

Board of Trustees
Olathe Medical Center, Inc
Olathe, Kansas

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

BKD, LLP

Kansas City, Missouri
May 30, 2014

Olathe Medical Center, Inc.
Consolidating Schedule — Balance Sheet Information
December 31, 2013

Assets

	Total	Eliminations	Olathe Medical Center, Inc.	Olathe Medical Services, Inc.	Miami County Medical Center, Inc.	Olathe Medical Center Charitable Foundation
Current Assets						
Cash and cash equivalents	\$ 7,336,317	\$ -	\$ 5,017,733	\$ 907,229	\$ 1,411,355	\$ -
Patient accounts receivable, net	38,355,161		31,739,802	3,889,114	2,726,245	-
Short-term investments and other assets	14,380,578		11,931,316	956,393	1,114,794	378,075
Funds held by trustee required for current liabilities	595,147		466,677	-	128,470	-
Supplies	6,971,367		5,374,004	816,530	780,833	-
Prepaid expenses	3,385,783		2,689,997	403,573	291,512	701
	<u>71,024,353</u>		<u>57,219,529</u>	<u>6,972,839</u>	<u>6,453,209</u>	<u>378,776</u>
Assets Limited as to Use, Net of Current Portion						
Investment portfolio (internally designated)	333,972,051		289,269,770	-	42,500,760	2,201,521
Externally restricted by donors	2,238,585		1,639,960	-	19,153	579,472
	<u>336,210,636</u>		<u>290,909,730</u>	<u>-</u>	<u>42,519,913</u>	<u>2,780,993</u>
Property and Equipment, Net	<u>175,171,994</u>		<u>136,385,733</u>	<u>33,385,254</u>	<u>5,401,007</u>	<u>-</u>
Other Assets						
Deferred financing costs	1,088,889		1,067,230	-	21,659	-
Long-term investments	7,959,436		1,629,192	6,330,244	-	-
Investments in and advances to affiliates	9,327,510	(82,619,735)	94,133,479	(1,702,714)	(293,036)	(190,484)
	<u>18,375,835</u>	<u>(82,619,735)</u>	<u>96,829,901</u>	<u>4,627,530</u>	<u>(271,377)</u>	<u>(190,484)</u>
Total assets	<u>\$ 600,782,818</u>	<u>\$ (82,619,735)</u>	<u>\$ 581,344,893</u>	<u>\$ 44,985,623</u>	<u>\$ 54,102,752</u>	<u>\$ 2,969,285</u>

Olathe Medical Center, Inc.
Consolidating Schedule — Balance Sheet Information (Continued)
December 31, 2013

Liabilities and Net Assets

	Total	Eliminations	Olathe Medical Center, Inc.	Olathe Medical Services, Inc.	Miami County Medical Center, Inc.	Olathe Medical Center Charitable Foundation
Current Liabilities						
Current maturities of long-term debt	\$ 5,494,594	\$ -	\$ 5,153,720	\$ 25,874	\$ 315,000	\$ -
Accounts payable	15,139,460		13,185,488	1,195,974	754,829	3,169
Accounts payable - construction	461,552		460,111	1,441	-	-
Accrued payroll and related liabilities	16,010,154		9,374,908	5,865,574	765,672	4,000
Accrued interest	1,077,378		1,008,952	2,136	66,290	-
Accrued property taxes	103,847		101,828	-	2,019	-
Estimated self-insurance costs	4,906,905		4,906,905	-	-	-
Estimated amounts due to third-party payers	595,494		557,494	-	38,000	-
Total current liabilities	43,789,384		34,749,406	7,090,999	1,941,810	7,169
Deferred Compensation	7,928,361		1,598,117	6,330,244	-	-
Long-term Debt	120,695,009		116,627,306	38,758	4,028,945	-
Total liabilities	172,412,754		152,974,829	13,460,001	5,970,755	7,169
Net Assets						
Unrestricted	426,131,474	(82,021,109)	426,131,474	31,525,622	48,112,844	2,382,643
Temporarily restricted	2,120,303	(480,339)	2,120,303	-	19,153	461,186
Permanently restricted	118,287	(118,287)	118,287	-	-	118,287
Total net assets	428,370,064	(82,619,735)	428,370,064	31,525,622	48,131,997	2,962,116
Total liabilities and net assets	\$ 600,782,818	\$ (82,619,735)	\$ 581,344,893	\$ 44,985,623	\$ 54,102,752	\$ 2,969,285

Olathe Medical Center, Inc.
Consolidating Schedule of Operations
Year Ended December 31, 2013

	Total	Eliminations	Olathe Medical Center, Inc.	Olathe Medical Services, Inc.	Miami County Medical Center, Inc.	Olathe Medical Center Charitable Foundation
Unrestricted Revenues and Other Support						
Net patient service revenue (net of contractual allowances)	\$ 280,155.064	\$ -	\$ 207,810.239	\$ 54,093.820	\$ 18,251.005	\$ -
Provision for uncollectible accounts	(14,276.055)	-	(11,487.506)	(898.061)	(1,890.488)	-
Net patient service revenue	265,879.009	-	196,322.733	53,195.759	16,360.517	-
Other revenue	8,845.383	(807.658)	6,408.801	1,183.139	1,684.390	376,711
Net assets released from restriction used for operations	56,466	-	50,166	-	-	6,300
	<u>274,780.858</u>	<u>(807.658)</u>	<u>202,781.700</u>	<u>54,378.898</u>	<u>18,044.907</u>	<u>383,011</u>
Expenses						
Salaries	132,786.531	-	71,558.464	53,285.963	7,805.485	136,619
Employee benefits	23,015.486	-	12,806.299	8,577.540	1,613.296	18,351
Supplies and other expenses	84,702.789	(807.658)	65,896.477	12,564.256	6,716.496	333,218
Depreciation and amortization	15,481.157	-	12,023.217	2,468.392	989.548	-
Interest	3,588.126	-	3,294.001	88.252	205.873	-
Insurance	2,391.479	-	1,355.180	907.485	128.647	167
Medicaid assessment	1,826.252	-	1,754.310	-	71.942	-
	<u>263,791.820</u>	<u>(807.658)</u>	<u>168,687.948</u>	<u>77,891.888</u>	<u>17,531.287</u>	<u>488,355</u>
Operating Income (Loss)	<u>10,989.038</u>	<u>-</u>	<u>34,093.752</u>	<u>(23,512.990)</u>	<u>513.620</u>	<u>(105,344)</u>
Other Income (Expense)						
Net investment income	7,715.056	(2,303)	6,611.283	2,303	1,027.050	76,723
Net realized gain on sale of investments	11,434.497	-	11,404.778	-	3,686	26,033
Change in net unrealized gains and losses on trading securities	33,469.995	-	27,315.505	-	5,893.943	260,547
Gain (loss) on investment in equity investees	375.702	15,816.732	(15,441.030)	-	-	-
	<u>52,995.250</u>	<u>15,814.429</u>	<u>29,890.536</u>	<u>2,303</u>	<u>6,924.679</u>	<u>363,303</u>
Excess (Deficiency) of Revenues Over Expenses	<u>63,984.288</u>	<u>15,814.429</u>	<u>63,984.288</u>	<u>(23,510.687)</u>	<u>7,438.299</u>	<u>257,959</u>
Net assets released - capital	1,533.250	-	1,533.250	-	-	-
Transfers (to) from affiliate	(15,148)	(21,994.562)	(15,148)	22,193.453	-	(198,891)
Increase (Decrease) in Unrestricted Net Assets	<u>\$ 65,502.390</u>	<u>\$ (6,180.133)</u>	<u>\$ 65,502.390</u>	<u>\$ (1,317.234)</u>	<u>\$ 7,438.299</u>	<u>\$ 59,068</u>