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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

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

C Name of organization
STORMONT-VAIL HEALTHCARE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1500 SW 10TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
TOPEKA, KS 666041353

D Employer identification number
48-0543789

E Telephone number
(785) 354-6000

G Gross receipts $ 652,856,551

F Name and address of principal officer
KEVIN J HAN
1500 SW 10TH AVENUE
TOPEKA, KS 666041353

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 STORMONTVAIL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
STORMONT-VAIL'S MISSION IS "WORKING TOGETHER TO IMPROVE THE HEALTH OF OUR COMMUNITY" BY PROVIDING QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	4,999
6	Total number of volunteers (estimate if necessary)	**6**	688
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	89,010

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	344,266	1,092,470
9	Program service revenue (Part VIII, line 2g)	543,453,900	579,320,638
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,116,053	10,329,419
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	456,383	776,633
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	550,370,602	591,519,160
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	330,729,484	356,672,655
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	184,916,367	195,996,112
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	515,645,851	552,668,767
19	Revenue less expenses Subtract line 18 from line 12	34,724,751	38,850,393

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	640,070,550	664,265,931
21	Total liabilities (Part X, line 26)	332,819,981	366,780,151
22	Net assets or fund balances Subtract line 21 from line 20	307,250,569	297,485,780

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

****** | 2016-07-13
Signature of officer | Date

KEVIN J HAN VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHERYL G HAYWARD	CHERYL G HAYWARD			P00016097

Firm's name ▶ BERBERICH TRAHAN & CO PA — Firm's EIN ▶ 48-1066439

Firm's address ▶ 3630 SW BURLINGAME ROAD, TOPEKA, KS 666112050 — Phone no (785) 234-3427

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

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

WORKING TOGETHER TO IMPROVE THE HEALTH OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 469,888,064 including grants of $) (Revenue $ 579,320,638)

STORMONT-VAIL HEALTHCARE, INC PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY FOR THE YEAR ENDED SEPTEMBER 30, 2015, 20,574 INPATIENTS, 65,481 EMERGENCY ROOM PATIENTS, 1,797 NEWBORNS, AND 403 NEONATAL INTENSIVE CARE BABIES WERE SERVED ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF STORMONT VAIL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES STORMONT VAIL'S MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION REGARDLESS OF ABILITY TO PAY AS PART OF THIS MISSION, STORMONT VAIL PROVIDES CARE TO PERSONS COVERED BY MEDICARE AND MEDICAID PATIENTS FOLLOWING ARE SOME OF THE BENEFITS PROVIDED AT REDUCED RATES FOR THE FISCAL YEAR IN ADDITION TO THE CHARITY CARE PROVIDED, STORMONT VAIL ALSO PROVIDED SERVICE TO PATIENTS THAT RESULTED IN UNCOLLECTIBLE AMOUNTS AS FOLLOWS BAD DEBT EXPENSE AT COST $11,191,344SHORTFALL OF MEDICARE PAYMENTS AT COST $49,385,978SHORTFALL OF MEDICAID PAYMENTS AT COST $23,951,880 STORMONT VAIL ALSO PROVIDES OTHER HEALTH CARE SERVICES AND PROGRAMS FOR THE BENEFIT OF THE COMMUNITY, FREE OR AT REDUCED RATES EXAMPLES OF THESE INCLUDE - SUBSIDY OF NURSING EDUCATION, MEDICAL EDUCATION, AND ALLIED HEALTH EDUCATION- OPERATING THE REGIONS ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) SERVING A HIGH PERCENTAGE OF MEDICALLY INDIGENT PATIENTS- OPERATING A LEVEL II TRAUMA CENTER SERVING NORTHEAST KANSAS- PROVIDE SUPPORT TO LIFESTAR, THE AIR AMBULANCE SERVICE IN NORTHEAST KANSAS- ORGANIZED SUPPORT GROUPS FOR A VARIETY OF TOPICS- APPROXIMATELY 52,000 HOURS OF VOLUNTEER TIME WERE DONATED TO STORMONT VAIL HELPING TO REDUCE THE COST OF PROVIDING HEALTH CARE- MAINTAINING THE HEALTH SCIENCES LIBRARY THAT IS MADE AVAILABLE TO THE PUBLIC FREE OF CHARGE AS A MEDICAL RESOURCE - STORMONT VAIL EMPLOYEES SUPPORT THE CARE LINE, WHICH IS AN EMERGENCY FUND FOR PATIENTS IN FINANCIAL DISTRESS, PROVIDING SERVICES AND SUPPLIES ON A SHORT-TERM BASIS- USE OF POZEZ EDUCATION CENTER FACILITIES FOR A VARIETY OF COMMUNITY GROUPS AND PROGRAMS- PARTICIPATED IN NUMEROUS CLINICAL RESEARCH TRIALS THROUGH THE CLINICAL RESEARCH DEPARTMENT- STORMONT-VAIL WEST BEHAVIORAL HEALTH SERVICES OPERATES A SUBSTANCE ABUSE PROGRAM- OPERATED A PALLIATIVE CARE PROGRAM TO PROVIDE COMFORT CARE TO PATIENTS WITH CHRONIC CONDITIONS- PROVIDE SUPPORT AND EDUCATION FOR PATIENTS WITH DIABETES THROUGH THE DIABETES LEARNING CENTER - STORMONT-VAIL IS A REGIONAL NETWORK OF 32 LOCATIONS IN NORTHEAST KANSAS IMPROVING ACCESS TO MEDICAL CARE IN SEVERAL CITIES THAT OTHERWISE WOULD NOT HAVE ACCESS, PARTICULARLY ON WEEKENDS- MATERNAL FETAL MEDICINE PROGRAM PROVIDED CARE AND ACCESS TO SCREENINGS AND GENETIC COUNSELING FOR WOMEN WITH AT-RISK PREGNANCIES - OPERATED THE HEALTHWISE PROGRAM WHICH PROVIDED OUTREACH PROGRAMS TO INDEPENDENT LIVING FACILITIES IN TOPEKA- OFFERED BLOOD PRESSURE CLINICS AT WEST RIDGE MALL AS WELL AS OUTREACH BLOOD PRESSURE CLINICS AT SIX OTHER LOCATIONS- OFFERED ONLINE CHILDBIRTH CLASSES THROUGH STORMONT-VAIL'S WEB SITE- PARTNERED WITH THE MARCH OF DIMES FOR THE NICU FAMILY SUPPORT PROGRAM- THE HEALTH CONNECTION PROGRAM, WHICH PROVIDES PHYSICIAN REFERRAL AND AFTER-HOUR ACCESS TO A NURSE, RECEIVED 542,816 CALLS- PROVIDED HEALTH INFORMATION THROUGH THE TOPEKA & SHAWNEE COUNTY PUBLIC LIBRARY'S HEALTH INFORMATION NEIGHBORHOOD- PARTNERED WITH BUILDING BLOCKS TO PROVIDE CHILDCARE SERVICES TO STAFF AND THE COMMUNITY- STORMONT-VAIL CLINICAL EDUCATORS PARTICIPATED IN THE AMERICAN HEALTH ASSOCIATION'S CPR FOR FAMILY AND FRIENDS CLASS TO TEACH OTHERS CPR- THE TRAUMA SERVICES DEPARTMENT PROVIDED COMMUNITY EDUCATION PROGRAMS ON FALL PREVENTION- STORMONT-VAIL WEST BEHAVIORAL HEALTH SERVICES PARTICIPATED IN A DEPRESSION SCREENING FOR THE COMMUNITY- PARTNERED IN THE KANSAS RED RIBBON CAMPAIGN TO PROMOTE A HEALTHY, DRUG-FREE LIFESTYLE FOR YOUTH- A SKIN SCREENING CLINIC FOR THE COMMUNITY WAS HELD AT THE COTTON-O'NEIL CANCER CENTER- CONNECT WITH THE COMMUNITY THROUGH THE ORGANIZATION WEBSITE, STORMONT ORG- PARTNERED WITH HEALTH INNOVATION NETWORK OF KANSAS, A COALITION THAT GREW TO 21 HOSPITALS SHARING INFORMATION, EDUCATION AND OTHER NEEDED SERVICES- THE BOY TO MAN AND GIRL TO WOMAN COMMUNICATION EDUCATION PROGRAMS FACILITATE CONVERSATION BETWEEN ADULTS AND PRE-TEENS ABOUT FUTURE PHYSICAL AND EMOTIONAL CHANGES- STORMONT VAIL AND ITS EMPLOYEES DONATED FUNDS AND STAFF TIME TO THE MEALS ON WHEELS PROGRAM- STORMONT VAIL AND ITS EMPLOYEES DONATED FUNDS AND STAFF TIME TO THE UNITED WAY- DEVELOPING PATIENT CENTER MEDICAL HOME CONCEPT TO IMPROVE CARE WITH THE FOCUS ON PREVENTION AND WELLNESS- WORK WITH OTHERS IN THE COMMUNITY TO IMPROVE SAFETY NET SERVICES FOR UNDER INSURED AND UNINSURED- SERVED ON THE AMBULATORY ADVISORY BOARD DEALING WITH ISSUES RELATING TO AMBULANCE SERVICES- PRESENTED PERIPHERAL ARTERIAL DISEASE EDUCATION FOR NURSING HOMES AND EMPLOYERS- PRESENTED HEART HEALTH WEBINAR (EMPLOYERS AND NURSING HOMES)- PROVIDED THE PHARMACIST FOR A PHARMACOLOGY LECTURE FOR BAKER UNIVERSITY- PROVIDED STAFF TO SERVE ON THE UNITED WAY BOARD OF DIRECTORS- PROVIDED STAFF TO SERVE ON THE VNA BOARD OF DIRECTORS- PRESENTED THE HIGH FIVE EDUCATION PROGRAM- PROVIDED SERVER AT THE CELEBRITY SERVICER AT DOORSTEP- PARTICIPATED IN COMMUNITY EVENTS PROVIDING HEALTH AND WELLNESS INFORMATION, CONDUCTING BLOOD PRESSURE SCREENINGS AND HANDING OUT HEALTH RELATED ITEMS (SUNSCREEN, LIP BALM, HAND SANITIZER, ETC)

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** ▶ 469,888,064

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	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 . .	1a	197		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,999		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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	**1a**	14		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
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**			No
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**			No
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**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 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
b	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 ▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶KEVIN HAN

1500 SW 10TH STREET
TOPEKA,KS 66604 (785) 354-6000

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			

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			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	12,941,769	0	1,231,411

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶393

			Yes	No
3	Did 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*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
ANESTHESIA ASSOCIATES 823 MULVANE SUITE 2A TOPEKA, KS 66606	ANESTHESIA PHYSICIAN SERVICES	1,969,094
PROBASCO & ASSOCIATES PA 615 S TOPEKA BLVD TOPEKA, KS 66603	COLLECTION AGENCY	1,029,747
FOULSTON SIEFKIN LLP 1551 NORTH WATERFRONT PARK STE 100 WICHITA, KS 67202	LEGAL SERVICES	601,209
TOPEKA PATHOLOGY GROUP 1000 W 10TH ST TOPEKA, KS 66604	PATHOLOGY SERVICES	571,381
TOPEKA EAR NOSE & THROAT PA 920 SW LANE STREET STE 200 TOPEKA, KS 66606	PHYSICIAN SERVICES	534,359

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶12

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	946,706			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	145,764			
	g	Noncash contributions included in lines 1a-1f $		342,797			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,092,470			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621300	568,197,728	568,197,728		
	b	PHARMACY	621300	2,399,275	2,399,275		
	c	NUTRITIONAL SERVICES	621300	2,158,909	2,158,909		
	d	EDUCATION SERVICES/SCHOOL OF NURS	611600	2,104,290	2,104,290		
	e	MEDICAL SURGICAL	621300	435,000	435,000		
	f	All other program service revenue		4,025,436	4,025,436		
	g	**Total.** Add lines 2a–2f . . . . . ▶		579,320,638			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,323,444			3,323,444
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	776,633				
	b	Less rental expenses	0				
	c	Rental income or (loss)	776,633				
	d	Net rental income or (loss) . . . . . ▶		776,633			776,633
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	68,330,178 / 13,188				
	b	Less cost or other basis and sales expenses	61,010,487 / 326,904				
	c	Gain or (loss)	7,319,691 / -313,716				
	d	Net gain or (loss) . . . . . ▶		7,005,975			7,005,975
	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 . . ▶					
	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 . . . ▶					
	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 . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		591,519,160	579,320,638	0	11,106,052

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,024,720	3,529,821	4,494,899	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	283,174,955	249,612,943	33,562,012	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,435,212	6,403,325	2,031,887	
9 Other employee benefits	39,395,937	29,265,499	10,130,438	
10 Payroll taxes	17,641,831	13,166,729	4,475,102	
11 Fees for services (non-employees)				
a Management				
b Legal	2,493,725	34	2,493,691	
c Accounting	166,990		166,990	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	603,223		603,223	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,615,786	13,198,480	3,417,306	
12 Advertising and promotion	1,025,992	4,118	1,021,874	
13 Office expenses	3,736,428	2,333,616	1,402,812	
14 Information technology	9,377,557	7,064,037	2,313,520	
15 Royalties				
16 Occupancy	7,152,658	2,912,283	4,240,375	
17 Travel	252,202	234,699	17,503	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,257,643	7,257,643		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,724,626	21,724,626		
23 Insurance	2,645,618	608,708	2,036,910	
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 SUPPLIES	99,725,971	96,629,982	3,095,989	
b REPAIR & MAINTENANCE	8,276,936	6,569,396	1,707,540	
c NUTRITION & FOOD SERVIC	2,214,867	708,757	1,506,110	
d CONTRIBUTION TO S-V FOU	702,327	702,327		
e All other expenses	12,023,563	7,961,041	4,062,522	
25 **Total functional expenses.** Add lines 1 through 24e	552,668,767	469,888,064	82,780,703	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		41,204,051	1	63,308,992
	2	Savings and temporary cash investments		34,693,537	2	14,327,327
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		80,713,069	4	83,738,205
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,139,112	8	6,403,355
	9	Prepaid expenses and deferred charges		5,097,129	9	4,671,503
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 468,136,703			
	b	Less accumulated depreciation	10b 244,375,392	192,277,456	10c	223,761,311
	11	Investments—publicly traded securities		219,082,537	11	191,435,502
	12	Investments—other securities See Part IV, line 11		55,744,677	12	71,244,589
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,118,982	15	5,375,147
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		640,070,550	16	664,265,931
Liabilities	17	Accounts payable and accrued expenses		67,387,215	17	81,141,929
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		177,820,000	20	174,010,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,616,133	23	2,044,356
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		84,996,633	25	109,583,866
	26	**Total liabilities.** Add lines 17 through 25		332,819,981	26	366,780,151
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		306,367,396	27	296,539,689
	28	Temporarily restricted net assets		750,314	28	813,232
	29	Permanently restricted net assets		132,859	29	132,859
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		307,250,569	33	297,485,780
	34	Total liabilities and net assets/fund balances		640,070,550	34	664,265,931

Part XI Reconcilliation 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	591,519,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,668,767
3	Revenue less expenses Subtract line 2 from line 1	3	38,850,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307,250,569
5	Net unrealized gains (losses) on investments	5	-17,087,537
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	-31,527,645
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	297,485,780

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 48-0543789
Name: STORMONT-VAIL HEALTHCARE INC

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

(A) Name and Title	(B) Average hours per week (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) S KENNETH ALEXANDERIII DIRECTOR	0 00	X						0	0	0
(1) PAMELA JOHNSON-BETTS DIRECTOR	0 00	X						0	0	0
(2) C RICHARD BONEBRAKEMD DIRECTOR	0 00	X						0	0	0
(3) JOHN B DICUS DIRECTOR	0 00	X						0	0	0
(4) RANDALL L PETERSON CHIEF EXECUTIVE OFFICER	50 00	X		X				900,336	0	193,526
(5) JAMES HAINES DIRECTOR	0 00	X						0	0	0
(6) DEBRA CLAYTON DIRECTOR	0 00	X						0	0	0
(7) SUEANN V SCHULTZ DIRECTOR	0 00	X						0	0	0
(8) JAMES SCHMANK CHAIRPERSON	0 00	X		X				0	0	0
(9) CLIF JONES MD OPERATING COMMITTEE	50 00	X						334,460	0	38,399
(10) ANDREW J JETTER DIRECTOR	0 00	X						0	0	0
(11) JAMES PARRISH SECRETARY	0 00	X		X				0	0	0
(12) RICHARD WIENCKOWSKI DIRECTOR	0 00	X						0	0	0
(13) BRENDA MILLS DIRECTOR	0 00	X						0	0	0
(14) ERIC VOTH MD OPERATING COMMITTEE	60 00			X				413,671	0	131,063
(15) DOUGLAS ROSE MD OPERATING COMMITTEE	50 00			X				455,031	0	129,728
(16) KEVIN DISHMAN MD OPERATING COMMITTEE	60 00			X				968,635	0	39,175
(17) LAMBERT WU MD OPERATING COMMITTEE	60 00			X				561,501	0	32,996
(18) DAVID CUNNINGHAM VICE-PRESIDENT	50 00			X				277,731	0	59,687
(19) CAROL WHEELER VICE-PRESIDENT	50 00			X				398,863	0	27,892
(20) BERNIE BECKER VICE-PRESIDENT	50 00			X				350,593	0	117,012
(21) KENT PALMBERG MD EXECUTIVE VICE-PRESIDENT	50 00			X				748,599	0	28,147
(22) DEBRA YOCUM VICE-PRESIDENT	50 00			X				352,435	0	53,937
(23) JANET STANEK VICE-PRESIDENT	50 00			X				515,127	0	85,133
(24) CAROL PERRY VICE-PRESIDENT	50 00			X				369,087	0	32,497

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KEVIN HAN CHIEF FINANCIAL OFFICER	50 00			X				409,390	0	118,975
(1) MICHAEL KONGS KEY EMPLOYEE	50 00				X			175,170	0	25,671
(2) ALAN WYNNE MD PHYSICIAN	60 00					X		875,494	0	30,939
(3) MATTHEW WILLS MD PHYSICIAN	60 00					X		1,832,494	0	25,939
(4) TEWODRO ADDISSE MD PHYSICIAN	60 00					X		970,699	0	19,410
(5) CHU CHI CHEN MD PHYSICIAN	60 00					X		1,083,412	0	16,872
(6) MICHAEL MCCOY MD PHYSICIAN	60 00					X		804,010	0	24,413
(7) MAYNARD OLIVERIUS FORMER CHIEF EXEC OFFICER	0 00						X	145,031	0	0

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493201003476

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
STORMONT-VAIL HEALTHCARE INC	48-0543789

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ 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		
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-		

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

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? ☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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) Yes	(a) No	(b) 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		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total Add lines 1c through 1i			0
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE HOSPITAL IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE KANSAS HOSPITAL ASSOCIATION THESE ORGANIZATIONS HAVE INFORMED THE TAXPAYER THAT A PORTION OF THEIR DUES ARE ATTRIBUTED TO LOBBYING AND ADVOCACY ACTIVITIES THE AHA PERCENTAGE FOR 2014 IS 22 80% OCCASIONALLY, THE CEO WILL SPEAK TO LEGISLATORS REGARDING BILLS THAT WOULD AFFECT THE ORGANIZATION OR HEALTHCARE INDUSTRY

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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) Revenue 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 Revenue 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	258,083	249,013	254,042	244,424	239,410
b	Contributions					
c	Net investment earnings, gains, and losses	8,231	9,070	-5,029	9,618	5,014
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	266,314	258,083	249,013	254,042	244,424

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 49 890 %
- c Temporarily restricted endowment ▶ 50 110 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part 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		18,475,105		18,475,105
b Buildings		280,601,458	116,854,095	163,747,363
c Leasehold improvements				
d Equipment		169,060,140	127,521,297	41,538,843
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				223,761,311

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	15,469,460	F
(3) Other		
(A) MORGAN CREEK FUND, LTD CLASS A	1,600,483	F
(B) INVESTMENT IN GROSVENOR	32,072,112	F
(C) INVESTMENT IN PRINCIPAL	22,102,534	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	71,244,589	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PENSION PAYABLE	109,583,866
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	109,583,866

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	541,871,685
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-17,087,537		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-31,956,715		
e	Add lines **2a** through **2d**			2e	-49,044,252
3	Subtract line **2e** from line **1**			3	590,915,937
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	603,223		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	603,223
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	591,519,160

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	551,636,474
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	91,420		
e	Add lines **2a** through **2d**			2e	91,420
3	Subtract line **2e** from line **1**			3	551,545,054
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	603,223		
b	Other (Describe in Part XIII)	4b	520,490		
c	Add lines **4a** and **4b**			4c	1,123,713
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	552,668,767

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
PART V, LINE 4	ENDOWMENT FUNDS ARE USED IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE GIFT IS ADDED TO THE FUND
PART X, LINE 2	AS OF SEPTEMBER 30, 2015 AND 2014 THERE WERE NO UNCERTAIN TAX BENEFITS INDENTIFIED AND RECORDED AS A LIABILITY
PART XI, LINE 2D - OTHER ADJUSTMENTS	CONSOLIDATED AFFILIATE NET INCOME 350,007 NET GAINS/(LOSS) OF UNCONSOLIDATED AFFILIATES 381,297 CHANGE IN ADDITIONAL MINIMUM LIABILITY FOR RETIREMENT BENEFITS -32,688,019
PART XII, LINE 2D - OTHER ADJUSTMENTS	BOOK AMORTIZATION GREATER THAN TAX 91,420
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES OF SINGLE MEMBER LLC, SEPARATELY STATED FOR AUDIT 520,490

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,055,911		11,055,911	2 000 %
b Medicaid (from Worksheet 3, column a)			62,785,871	38,833,991	23,951,880	4 330 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			73,841,782	38,833,991	35,007,791	6 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			948,833	190,865	757,968	0 140 %
f Health professions education (from Worksheet 5)			3,886,868	2,093,284	1,793,584	0 320 %
g Subsidized health services (from Worksheet 6)			2,616,358	919,389	1,696,969	0 310 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			7,452,059	3,203,538	4,248,521	0 770 %
k **Total.** Add lines 7d and 7j			81,293,841	42,037,529	39,256,312	7 100 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
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 11,191,344		
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 0		
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	201,110,220
6	Enter Medicare allowable costs of care relating to payments on line 5	6	250,496,198
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-49,385,978
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					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group STORMONT-VAIL HEALTHCARE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW STORMONTVAIL ORG			
b	☑ Other website (list url) HTTP //SHAWNEEHEALTH ORG/DOCUMENTCENTER/VIEW/160			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTPS //WWW STORMONTVAIL ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

STORMONT-VAIL HEALTHCARE

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
13	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 included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000% and FPG family income limit for eligibility for discounted care of 400.000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS //WWW STORMONTVAIL ORG			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

STORMONT-VAIL HEALTHCARE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? **32**

	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	
PART III, LINE 4	THE FILING ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT IT ALIGNS WITH THE GUIDELINES SET FORTH BY GAAP PATIENT RECEIVABLES DUE DIRECTLY FROM THE PATIENTS ARE CARRIED AT THE ORIGINAL CHARGE FOR THE SERVICE PROVIDED LESS AMOUNTS COVERED BY THIRD-PARTY PAYORS AND LESS AN ESTIMATED ALLOWANCE FOR DOUBTFUL RECEIVABLES BASED ON A REVIEW OF ALL OUTSTANDING AMOUNTS ON A MONTHLY BASIS MANAGEMENT DETERMINES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BY IDENTIFYING TROUBLED ACCOUNTS, BY HISTORICAL EXPERIENCE APPLIED TO AN AGING OF ACCOUNTS AND BY CONSIDERING THE PATIENT'S FINANCIAL HISTORY, CREDIT HISTORY AND CURRENT ECONOMIC CONDITIONS STORMONT-VAIL ONLY CHARGES INTEREST ON PATIENT ACCOUNTS THAT HAVE BEEN TURNED OVER TO COLLECTIONS PATIENT RECEIVABLES ARE WRITTEN OFF TO PROVISON FOR UNCOLLECTIBLE ACCOUNTS WHEN DEEMED UNCOLLECTIBLE RECOVERIES OF RECEIVABLES PREVIOUSLY WRITTEN OFF ARE RECORDED AS A REDUCTION OF THE PROVISON FOR UNCOLLECTIBLE ACCOUNTS WHEN RECEIVED
PART III, LINE 8	BOTH THE COST ACCOUNTING AND COST TO CHARGE RATIO METHOD ARE USED
PART III, LINE 9B	AN ESSENTIAL ELEMENT OF THE MISSION OF STORMONT VAIL HEALTHCARE IS TO BE GOOD FINANCIAL STEWARDS AS WE STRIVE TO IMPROVE THE HEALTHCARE OF OUR COMMUNITY AS PART OF THAT STEWARDSHIP, WE MUST DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH PATIENTS CAN AFFORD TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED WE WORK VERY HARD TO MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND TO ENSURE THAT WE MANAGE OUR RESOURCES SO THAT WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND IN COMMUNICATION REGARDING PATIENT BILLS PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION OUR REPRESENTATIVES WORK WITH PATIENTS TO TRY TO REACH THE MOST EQUITABLE SOLUTION IN ORDER TO RESOLVE A PATIENT BILL IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED

Additional Data

Software ID:
Software Version:
EIN: 48-0543789
Name: STORMONT-VAIL HEALTHCARE INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 3J THE SHAWNEE COUNTY HEALTH NEEDS ASSESSMENT IDENTIFIED 14 HEALTH ISSUES THE HEALTHCARE COMMUNITY SHOULD ADDRESS THE FINAL REPORT HAS A DETAILED ANALYSIS OF EACH ISSUE THAT INCLUDES -DATA SOURCES-SHAWNEE COUNTY'S CURRENT PERFORMANCE-DISCUSSION OF THE ISSUE AND BARRIERS TO OVERCOME-HEALTHY PEOPLE 2020 NATIONAL TARGETS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 5 PURPOSE AND SCOPE OF THE CHNA- TO IDENTIFY AND PRIORITIZE TOP H EALTH NEEDS IN SHAWNEE COUNTY - COLLABORATE WITH LOCAL HEALTH CARE EXPERTS AND COMMUNITY S TAKEHOLDERS TO COLLECT AND ANALYZE DATA TO IDENTIFY THE TOP COMMUNITY HEALTH ISSUES IN SHA WNEE COUNTY HEALTHY SHAWNEE COUNTY TASK FORCETHE 2013 SHAWNEE COUNTY HEALTH NEEDS ASSESSME NT WAS A COLLABORATIVE EFFORT BETWEEN THE SHAWNEE COUNTY HEALTH DEPARTMENT, ST FRANCIS HE ALTH OF TOPEKA AND STORMONT-VAIL HEALTHCARE OF TOPEKA THESE THREE ENTITIES WERE DESIGNATE D THE HEALTHY SHAWNEE COUNTY TASK FORCE INPUT AND DATA SOURCES FOR THE CHNAQUANTITATIVE PU BLIC HEALTH DATA FOR SHAWNEE COUNTY ARE AVAILABLE THROUGH THE KANSAS HEALTH MATTERS WEBSIT E A COMMUNITY SURVEY, WIDELY DISSEMINATED VIA EMAIL, PROVIDED ADDITIONAL QUANTITATIVE DAT A QUALITATIVE DATA WERE OBTAINED FROM THREE FOCUS GROUPS AND A SURVEY OF LOCAL PUBLIC HEA LTH EXPERTS QUANTITATIVE DATA SOURCES- KANSAS HEALTH MATTERS IS A ONE STOP SOURCE OF NON-B IASED DATA AND INFORMATION ABOUT COMMUNITY HEALTH IN KANSAS IT IS INTENDED TO HELP HOSPIT ALS, HEALTH DEPARTMENTS, POLICY MAKERS AND COMMUNITY PLANNERS LEARN ABOUT ISSUES, IDENTIFY IMPROVEMENTS AND COLLABORATE FOR POSITIVE CHANGE THIS VALUABLE RESOURCE WAS DEVELOPED BY THE KANSAS PARTNERSHIP FOR IMPROVING COMMUNITY HEALTH USING KANSAS HEALTH MATTERS, THE TA SK FORCE WAS ABLE TO COMPARE SHAWNEE COUNTY TO THE STATEWIDE AVERAGE ON 103 HEALTH INDICAT ORS ALSO AVAILABLE ON THIS WEBSITE IS A 'COMMUNITY HEALTH NEEDS ASSESSMENT TOOLBOX AND HY PERLINKS TO PROMISING PRACTICES REGARDING COMMUNITY HEALTH - THE HEALTHY SHAWNEE COUNTY CO MMUNITY PERCEPTION SURVEY WAS AVAILABLE ON-LINE FROM JULY 16 THROUGH AUGUST 31, 2012 THIS SURVEY TOOK 48 HEALTH INDICATORS FROM THE KANSAS HEALTH MATTERS WEBSITE AND ASKED PARTICI PANTS TO IDENTIFY THE LEVEL OF ATTENTION NEEDED FOR THOSE INDICATORS ON A 1-5 LIKERT SCALE (1 = MUCH LESS ATTENTION, 5 = MUCH MORE ATTENTION 548 COMMUNITY AND 229 ORGANIZATION MEM BERS COMPLETED THE SURVEY THE SURVEY RESULTS WERE ANALYZED BY BIOSTATISTICS AND EVALUATIO N SERVICES AND TRAINING (BEST) CENTER, UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER, SC HOOL OF PUBLIC HEALTH QUALITATIVE DATA SOURCES- INSIGHT INTO SHAWNEE COUNTY'S HEALTH-RELAT ED NEEDS WAS ALSO PROVIDED BY THREE FOCUS GROUPS EACH GROUP HAD A DIFFERENT SET OF PARTIC IPANTS, HEALTH CARE PROFESSIONALS, SOCIAL SERVICE PROFESSIONALS AND NEIGHBORHOOD LEADERS THESE FOCUS GROUPS WERE FACILITATED BY VIRDEN AND ASSOCIATES OF KANSAS CITY AND CONDUCTED AUGUST 15 AND 16, 2012 AT THE TOPEKA-SHAWNEE COUNTY PUBLIC LIBRARY FOCUS GROUP PARTICIPAN TSHEALTHCARE PROFESSIONALS, AUGUST 15, 2012 AT 6 30 P M , REPRESENTATIVES FROM SELECT SPEC IALTY HOSPITALWASHBURN RURAL SCHOOL NURSECOTTON-O'NEIL EXPRESSCAREHEALTH CONNECTIONS (ASK- A-NURSE)KANSAS REHAB HOSPITALSTORMONT-VAIL BEHAVIORAL SERVICESALDERSGATE VILLAGEMARIAN CLI NIC, MEDICAL DIRECTORSTORMONT-VAIL EMERGENCY DEPARTMENTMARIAN CLINIC, PATIENT CARE DIRECTO RST FRANCIS EMERGENCY DEPARTMENTSHAWNEE COUNTY HEALTH AGENCY, MEDICAL DIRECTORBAKER SCHOO L OF NURSINGWASHBURN UNIVERSITY, DIRECTOR STUDENT HEALTHWASHBURN SCHOOL OF NURSING, COMMUN ITY HEALTH NURSESOCIAL SERVICE AGENCIES, AUGUST 16, 2012 AT NOON, REPRESENTATIVE FROM UNIT ED WAY OF GREATER TOPEKAHEALTH ACCESSAMERICAN RED CROSSHOUSING AND CREDIT COUNSELINGCATHOL IC CHARITIESBREAKTHROUGH HOUSEFAMILY SERVICE AND GUIDANCELET'S HELPTOPEKA COMMUNITY FOUNDA TIONSHAWNEE COUNTY DEPARTMENT OF CORRECTIONSDOORSTEPMIDLAND CAREMEALS ON WHEELSBREWSTER PL ACEVALEO BEHAVIORAL HEALTHSTORMONT-VAIL CASE MANAGERTOPEKA ASSOCIATION FOR RETARDED CITIZE NSTOPEKA NEIGHBORHOOD ASSOCIATIONS/COMMUNITY VOLUNTEERS, AUGUST 16, 2012 6 30 P M , REPRES ENTATIVES FROM COLLEGE HILL NEIGHBORHOODQUINTON HEIGHTS NEIGHBORHOODGREATER AUBURNDALE NEI GHBORHOODROLLING MEADOWS NEIGHBORHOODSOUTHERN HILLS NEIGHBORHOODOAKLAND NEIGHBORHOODELMHUR ST NEIGHBORHOODSTORMONT-VAIL COMMUNITY ADVISORY COUNCILCOMMUNITY VOLUNTEERS - 3-EIGHT COMM UNITY STAKEHOLDERS WITH PUBLIC HEALTH EXPERTISE WERE SENT AN E-MAIL SURVEY THE QUESTIONS WERE OPENED ENDED IN ORDER TO COLLECT A BROADER BASE OF ANALYSIS - BASED UPON THE INSIGHT OF THE PARTICIPANTS THE EXPERTS WERE DRAWN FROM A POOL OF COMMUNITY EXPERTISE THAT DEFINE S PUBLIC HEALTH BROADLY RESPONDING TO THE SURVEY WERE -DAVID BECK, BREWSTER PLACE RETIREM ENT COMMUNITY-DONA BOOE, KANSAS CHILDREN'S SERVICE LEAGUE-DEBBIE GUILBAULT, POSITIVE CONNE CTIONS, INC -CATHY HARDING, KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED-JOHN HOMLISH, COMMUNITY ACTION-MIRIAM KREHBIEL, UNITED WAY OF GREATER TOPEKA-LEE LEINWETTER, D O , SHAW NEE COUNTY HEALTH AGENCY-MAX WILSON, RETIRED NON-PROFIT EXECUTIVE DIRECTORADDITIONAL INPUT WAS ALSO PROVIDED BY THE ASSESSMENT ADVISORY COMMITTEE THE MEMBERS ARE LISTED -PAMELA BE TTS,501 FOUNDATION-KARILY TAYLOR, MARIAN CLINIC-DONA BOOE, KANSAS CHILDREN'S SERVICE LEAGU E-GARRY CUSHIONBERRY, COREFIRST BANK-JOHN HOMLISH, COMMUNITY ACTION-NANCY JOHNSON, COMMUNI TY RESOURCES COUNCIL-MAX WILSON, COMMUNITY VOLUNTE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	ER-JOCELYN LYONS, JAYHAWK AREA AGENCY ON AGING-MIRIAM KREHBIEL, UNITED WAY OF GREATER TOPE KA-REV T D HICKS, ANTIOCH BAPTIST CHURCH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 6A ST FRANCIS HEALTH CENTER WORKED WITH STORMONT-VAIL HEALTHCARE TO DEVELOP THE 2013 CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 6B THE SHAWNEE COUNTY HEALTH AGENCY WORKED WITH STORMONT-VAIL AND ST FRANCIS TO DEVELOP THE 2013 CHNA THESE THREE ORGANIZATIONS WERE THE HEALTHY SHAWNEE COUNTY TASK FORCE -HEALTHY SHAWNEE COUNTY HEALTH TASK FORCE -SHAWNEE COUNTY HEALTH AGENCY ALLISON ALEJOS, DIRECTOR BOB HEDBERG, GRANTS & SPECIAL PROJECTS OFFICER -ST FRANCIS HEALTH CENTER MARY HOMAN, DIRECTOR, MISSION & ETHICS PAULA ELLIS, DIRECTOR COMMUNITY BENEFIT, ACO AND PATIENT CENTERED MEDICAL HOME DEVELOPMENT -STORMONT-VAIL HEALTHCARE THOMAS LUELLEN, DIRECTOR OF PLANNING & DECISION SUPPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 7D WITH THE COMPLETION OF THE DATA COLLECTION/ANALYSIS AND SELECTION OF PRIORITIES, THE NEXT STEP IN THE PROCESS WAS DOCUMENTING AND COMMUNICATING THE RESULTS IN ADDITION TO MAKING THE CHNA AVAILABLE ON EACH ORGANIZATION'S WEBSITE, THE FINAL REPORT WAS ALSO COMMUNICATED VIA - DISTRIBUTE REPORT TO ASSESSMENT ADVISORY COUNCIL MEMBERS-DISTRIBUTE REPORT TO FOCUS GROUP PARTICIPANTS-PRESENTATIONS TO HOSPITAL LEADERSHIP AND BOARDS (LISTED BELOW)-PRESENT TO HEARTLAND HEALTHY NEIGHBORHOOD ADVISORY COUNCIL-MARCH 2013 COUNTY COMMISSION MEETING PRESENTATION STORMONT-VAIL PRESENTATIONS OF THE SHAWNEE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENTDATE GROUP NUMBER OF ATTENDEES12/18/12 STORMONT-VAIL OPERATING COMMITTEE 141/17/13 STORMONT-VAIL AUXILIARY 451/31/13 SAFETY NET CLINIC SUMMIT 252/19/13 STORMONT-VAIL COMMUNITY ADVISORY COUNCIL 223/5/13 SHAWNEE COUNTY HEALTH CLINIC BOARD OF DIRECTORS 253/21/13 SHAWNEE COUNTY COMMISSIONERS 253/21/13 STORMONT-VAIL ALL MANAGEMENT COUNCIL 1254/5/13 LEADERSHIP GREATER TOPEKA, CLASS OF 2013 654/8/13 HEARTLAND HEALTHY NEIGHBORHOOD 214/25/13 KANSAS HEALTH INSTITUTE CHNA WORKSHOP 287/24/13 TOPEKA BUSINESS LEADERS - FAT WEDNESDAY 159/9/13 HEARTLAND HEALTHY NEIGHBORHOOD 28

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 11 STORMONT-VAIL'S 2015 IMPLEMENTATION STRATEGY TO ADDRESS THE NE EDS IDENTIFIED IN THE CHNA HASTHREE MAJOR INITIATIVES 1 EXPAND THE CAPACITY OF CURRENT SA FETY NET PROVIDERS IN SHAWNEE COUNTY 2 PARTICIPATE IN THE DEVELOPMENT OF A COMMUNITY-WIDE PLAN 3 PARTICIPATE IN THE IMPLEMENTATION OF THE COMMUNITY-WIDE PLAN THESE STRATEGIES ARE INCORPORATED INTO STORMONT-VAIL'S FY2015 STRATEGIC PLAN STEPS TO ADDRESS THE IDENTIFIED H EALTH CARE NEEDSTHE 2013 SHAWNEE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED ISSUE S IN FOUR MAJORCATEGORIES -IMPROVED ACCESS TO CARE FOR UNDERSERVED POPULATIONS -IMPROVED TRANSPORTATION TO HEALTHCARE SERVICES AND IMPROVED KNOWLEDGE OF HEALTH SERVICES - OBESITY/O VERWEIGHT AND THEIR CONTRIBUTING FACTORS -INFANT MORTALITY AND THE CONTRIBUTING FACTORSTO IMPROVE ACCESS TO CARE FOR UNDERSERVED POPULATIONS, STORMONT-VAIL INITIATED THE SHAWNEE CO UNTY SAFETY NET SUMMIT TO ADDRESS THE OTHER THREE CATEGORIES, STORMONT-VAIL SOLICITED THE HEARTLAND HEALTHY NEIGHBORHOODS COALITION SHAWNEE COUNTY SAFETY NET SUMMITIN 2013, STORMO NT-VAIL HEALTHCARE AND ST FRANCIS HEALTH INVITED ORGANIZATIONS THAT PROVIDE HEALTH CARE S ERVICES PRIMARILY TO LOWER INCOME GROUPS TO JOIN THE SHAWNEE COUNTY SAFETY NETSUMMIT PART ICIPANTS IN THIS GROUP WERE STORMONT-VAIL HEALTHCARE ST FRANCIS HEALTH SHAWNEE COUNTY HE ALTH AGENCY (LOCAL FEDERALLY QUALIFIED HEALTH CLINIC, FQHC) VALEO (LOCAL COMMUNITY MENTAL HEALTH ORGANIZATION) MARIAN CLINIC (SAFETY NET CLINIC FOR THOSE WITHOUT HEALTH INSURANCE) FAMILY SERVICE AND GUIDANCE (MENTAL HEALTH PROVIDERS, PRIMARILY CHILDREN/ADOLESCENTS) HEAL TH ACCESS (PHYSICIAN LEAD ORGANIZATION PROVIDING CARE TO THE UNINSURED) SHAWNEE COUNTY MED ICAL SOCIETYFROM THIS MEETING A SUB-COMMITTEE WAS CREATED TO INVESTIGATE OPTIONS TO INCREA SE ACCESS TO PRIMARY CARE SERVICES FOR THE UNINSURED AND UNDERSERVED IN SHAWNEE THE SUB-C OMMITTEE SOLICITED MILLENNIA CONSULTING TO ASSIST IN THIS EFFORT FUNDING FOR THE CONSULTA NTS WAS PROVIDED BY A GRANT FROM THE SUNFLOWER FOUNDATION AND CONTRIBUTIONS FROM EACH ORGA NIZATION IN THE SHAWNEE COUNTY SAFETY NET SUMMIT IN JANUARY 2014 CONSULTANTS DELIVERED TH E SHAWNEE COUNTY SAFETY NET REPORT KEY RECOMMENDATIONS FROM SAFETY NET REPORT1 THE SHAWNE E COUNTY HEALTH AGENCY SHOULD SEPARATE THEIR FQHC FROM THE COUNTY GOVERNMENT AND BECOME A 501(C)(3) THIS SHOULD SIGNIFICANTLY INCREASE OPERATING EFFICIENCIES 2 THE MARIAN CLINIC SHOULD DIRECTLY LINK WITH THE NEW, PRIVATE FQHC BOTH RECOMMENDATIONS WERE ACCEPTED AND IMP LEMENTATION IS UNDERWAY THE COUNTY'S FQHC HAS APPLIED FOR 501(C)(3) STATUS AND THE MARIAN CLINIC WILL MERGE WITH THE NEW FQHC BOTH ORGANIZATIONS HAVE SIGNED AN AGREEMENT FOR THIS NEW ENTITY TO BE MANAGED BY GRACEMED OUT OF WICHITA DURING 2015 THERE WAS A SIGNIFICANT D ELAY IN THIS PROCESS THE "SUCCESSOR IN INTEREST APPLICATION" WAS NOT ACCEPTED A "FULL" A PPLICATION HAS BEEN SUBMITTED AND THIS TRANSITION WILL NOW OCCUR BY JULY 1, 2016 ALSO DUR ING THIS DELAY THE MARIAN CLINIC CLOSED ITS MEDICAL SERVICES AT THE END OF 2015 THEIR DEN TAL CLINIC WILL REMAIN OPEN MOST OF THE MEDICAL PATIENTS HAVE NOW BEEN ESTABLISHED WITH T HE SHAWNEE COUNTY HEALTH AGENCY CLINIC HEARTLAND HEALTHY NEIGHBORHOODS COALITIONFOR THE I MPLEMENTATION PHASE OF THE 3 OTHER MAJOR CATEGORIES IN THE CHNA, STORMONT-VAIL, ST FRANCIS AND THE SHAWNEE COUNTY HEALTH AGENCY SOLICITED THE ASSISTANCE OF HEARTLAND HEALTHY NEIGHB ORHOODS (HHN) COALITION HHN IS A GRASS ROOTS ORGANIZATION REPRESENTING OVER 40 LOCAL COMM UNITY AND SOCIAL SERVICE ORGANIZATIONS THAT DIRECTLY OR INDIRECTLY ADDRESS HEALTH CARE PRO BLEMS IN THE COMMUNITY THIS GROUP HAS REGULAR MONTHLY MEETINGS STARTING IN LATE 2013, HHN 'S MONTHLY MEETINGS WERE PRIMARILY DEVOTED TO DEVELOPING A COMMUNITY HEALTH IMPROVEMENT PL AN (CHIP) FOR SHAWNEE COUNTY THREE WORK GROUPS WERE THE CREATED TO ADDRESS THE REMAINING M AJOR CATEGORIES IN THE CHNA HEALTHY EATING/ACTIVE LIVING- OVERWEIGHT/OBESE ISSUES HEALTHY BABIES- INFANT MORTALITY TRANSPORTATION AND KNOWLEDGE OF HEALTH CARE SERVICES- OTHER ACCE SS ISSUESAFTER A YEAR OF WORK THE HHN GROUPS COMPLETED THE CHIP IT WAS PRESENTED TO THE S HAWNEE COUNTY BOARD OF HEALTH IN APRIL 2, 2015 BELOW IS A SUMMARY OF THE PLAN THE SHAWNEE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN SUMMARYHEALTHY BABIESGOAL REDUCE INFANT MORTALI TY IN SHAWNEE COUNTY FROM 8 3 INFANT DEATHS PER 1,000 LIVE BIRTHS TO THE STATE OF KANSAS L EVEL OF 7 0 BY 2017 AND TO THE HEALTHY PEOPLE 2020 GOAL OF 6 0 BY 2020 OBJECTIVE REDUCE T HE NUMBER OF INFANTS WHO DIE EACH YEAR IN SHAWNEE COUNTY DUE TO SUDDEN UNEXPLAINED INFANT DEATH (SUID) OVER A FIVE YEAR TIME PERIOD FROM 16 TO 14 BY 2017 OBJECTIVE INCREASE THE IN ITIATION RATE OF BREASTFEEDING WOMEN IN SHAWNEE COUNTY FROM 76 4% TO82 4% BY 2017 OBJECTIV E INCREASE THE DURATION RATE OF WIC PARTICIPANTS STILL BREASTFEEDING AT 6 MONTHS FROM18% TO 21% BY 2019 OBJECTIVE INCREASE THE PROPORTION OF PREGNANT WOMEN WHO RECEIVE EARLY PREN ATAL CARE BEGINNING IN THE FIRST TRIMESTER FROM 75

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	7% TO 77 9% BY 2020 OBJECTIVE INCREASE THE PROPORTION OF PREGNANT WOMEN WHO RECEIVE EARL Y AND ADEQUATE PRENATAL CARE FROM 83 5% TO 88 0% BY 2020 HEALTHY EATING/ACTIVE LIVINGGOAL TO CREATE AN ENVIRONMENT AND CULTURE, THROUGH POLICY AND SYSTEM CHANGE, THAT WILL PROVIDE SHAWNEE COUNTY RESIDENTS WITH THE INFORMATION, TOOLS AND RESOURCES TO PROMOTE HEALTHY EAT ING WHILE ENCOURAGING AND REINFORCING ACTIVE LIFESTYLES FOR ALL AGES AND ABILITIES OBJECTI VE DECREASE THE PERCENT OF ADULTS WHO ARE CONSIDERED OVERWEIGHT FROM 36 3% TO 34 3% BY201 8 OBJECTIVE DECREASE THE PERCENT OF ADULTS WHO ARE CONSIDERED OBESE FROM 31% TO 29% Y 201 8 OBJECTIVE DECREASE THE PERCENT OF ADULTS WHO REPORTED CONSUMING FRUITS LESS THAN 1 TIME PER DAYFROM 40 1% TO 38 1% BY 2018 OBJECTIVE DECREASE THE PERCENT OF ADULTS WHO REPORTED CONSUMING VEGETABLES LESS THAN 1 TIMEPER DAY FROM 21 3% TO 19 3% BY 2018 OBJECTIVE INCRE ASE THE PERCENT OF ADULTS DOING ENOUGH PHYSICAL ACTIVITY TO MEET BOTH THE AEROBIC AND STRE NGTHENING EXERCISE RECOMMENDATIONS FROM 19% TO 23% BY 2018 OBJECTIVE INCREASE THE NUMBER OF HOUSEHOLDS LISTED AS FOOD SECURE FROM 84 6% TO 86 6% BY2018 ACCESS- TRANSPORTATION AND KNOWLEDGE OF HEALTH CARE SERVICESGOAL PROMOTE AWARENESS AND CONNECTIVITY TO ALLOW INDIVID UALS TO ACCESS COMMUNITY HEALTH AND TRANSPORTATION RESOURCES OBJECTIVE REDUCE THE GAPS IN HEALTH AND TRANSPORTATION RESOURCES OBJECTIVE CENTRALIZE RESOURCE ACCESS FOR RELIABLE AN D TRANSPORTATION-RELATED INFORMATION THE COMPLETE CHIP LISTS STRATEGIES AND OPPORTUNITIES FOR COMMUNITY ACTION FOR EACH OF THESEGOALS THE FULL SHAWNEE COUNTY COMMUNITY HEALTH IMPR OVEMENT PLAN IS AVAILABLE AT HTTPS //WWW STORMONTVAIL ORGHTTP //HEALTH SNCO US/DOCUMENTCEN TER/VIEW/221AS PREVIOUSLY MENTIONED, STORMONT-VAIL'S IMPLEMENTATION STRATEGY TO ADDRESS EA CH OF THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA WAS INCORPORATED INTO THE FY1 5 STRATEGIC PLAN IDENTIFIED HEALTH NEEDS NOT BEING DIRECTLY ADDRESSED BY THE HOSPITAL THE SHAWNEE COUNTY CHNA IDENTIFIED 14 COMMUNITY HEALTH PRIORITIES O ACCESS FOR MEDICALLY UNDER SERVED POPULATIONSO TRANSPORTATION TO/KNOWLEDGE OF AVAILABLE SERVICESO POOR MENTAL HEALTHO DIABETES, HEART DISEASE/STROKEO OVERWEIGHT/OBESEO EAT FRUIT/VEGETABLES 5 TIMES DAILYO PAR TICIPATE IN RECOMMENDED LEVEL OF PHYSICAL ACTIVITYO INFANT MORTALITYO TEEN BIRTHSO IMMUNIZ ED INFANTSO ADULT CIGARETTE SMOKINGO CHILDREN WITHOUT ADEQUATE ORAL HEALTHTHE FIRST 12 COM MUNITY HEALTH PRIORITIES ARE BEING ADDRESSED BY THE SAFETY NET SUMMIT AND THE HHN GROUPS H EALTHY EATING/ACTIVE LIVING, HEALTHY BABIES, AND TRANSPORTATION/KNOWLEDGE OF HEALTHCARE SE RVICES AREAS IDENTIFIED, BUT NOT SPECIFICALLY ADDRESSED BY THE CHIP ARE -ADULT CIGARETTE SMOKING -CHILDREN WITHOUT ADEQUATE ORAL HEALTHBOTH AREAS ARE IMPORTANT, BUT STORMONT VAIL' S HEALTH IMPROVEMENT EFFORTS DO NOT FOCUS DIRECTLY ON EITHER AREA CONCERNING ADULT CIGARE TTE SMOKING, STORMONT VAIL HAS SMOKING CESSATION PROGRAMS FOR EMPLOYEES, BUT NOT FOR THE P UBLIC THE SHAWNEE COUNTY HEALTH AGENCY PROVIDES SMOKING CESSATION PROGRAMS FOR THE PUBLIC THE MOST RECENT KANSAS HEALTH MATTERS DATA HAS SHAWNEE COUNTY'S ADULT SMOKING POPULATION AT 19 8%, COMPARED TO THE STATEWIDE AVERAGE OF 20 0% CONCERNING CHILDREN WITHOUT ADEQUATE ORAL HEALTH, THE MARIAN CLINIC'S DENTAL SERVICES REMAIN OPEN THE MOST RECENT KANSAS HEAL TH MATTERS DATA HAS SHAWNEE COUNTY'S CHILDREN WITHOUT DENTAL SEALANTS IS 48 8%, COMPARED T O THE STATEWIDE AVERAGE OF 57 3% BECAUSE OF THESE TWO FACTORS, STORMONT VAIL HAS CHOSEN T O FOCUS RESOURCES ON INCREASING ACCESS TO MEDICAL CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 16I FOR PATIENTS EXPRESSING THE INABILITY TO PAY, THEY ARE PROVIDED WITH CUSTOMER SERVICE PHONE NUMBERS ON THE WEBSITE, PATIENT STATEMENTS, PATIENT HANDBOOKS, AND BROCHURES GIVEN TO ALL INPATIENTS AND OUTPATIENTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE	PART V, SECTION B, LINE 22D LOOKBACK METHOD- USED PRIOR YEAR MEDICARE AND PRIVATE HEALTH INSURANCE PAID CLAIMS ACCORDING TO 501(R)(5)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B	CHNA AVAILABLE AT THESE WEBSITES HTTPS //WWW STFRANCISTOPEKA ORGHTTP //SHAWNEEHEALTH ORG/DOCUMENTCENTER/VIEW/160

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
STORMONT-VAIL HEALTHCARE PART V, SECTION B, LINE 16A WEBSITE	HTTPS //WWW STORMONTVAIL ORG

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)
CANCER CENTER 1414 SW 8TH AVENUE TOPEKA,KS 66606	CANCER CENTER
HEART CENTER 929 MULVANE TOPEKA,KS 66606	CANCER CENTER
FAMILY PRACTICE 901 GARFIELD TOPEKA,KS 66606	CANCER CENTER
COTTON O'NEIL PHYSICIAN CLINICS 823 MULVANE TOPEKA,KS 66606	CANCER CENTER
STORMONT VAIL WEST 3707 SW 6TH STREET TOPEKA,KS 66606	CANCER CENTER
COTTON O'NEIL GI CENTER 720 LANE TOPEKA,KS 66606	CANCER CENTER
ORTHOPEDICS KOSM 909 SW MULVANE TOPEKA,KS 66604	CANCER CENTER
EMPORIA CLINIC 1301 SW 12TH STREET EMPORIA,KS 66801	CANCER CENTER
6TH & FRAZIER 3520 SW 6TH STREET TOPEKA,KS 66606	CANCER CENTER
REHABILTATION SERVICES 4019 SW 10TH AVE TOPEKA,KS 66606	CANCER CENTER
CROCO CLINIC 2909 SE WALNUT DR TOPEKA,KS 66605	CANCER CENTER
PEDIATRICARE 4100 SW 15TH STREET TOPEKA,KS 66604	CANCER CENTER
STORMONT VAIL SLEEP CENTER 920 SW WASHBURN TOPEKA,KS 66606	CANCER CENTER
URISH CLINIC 6725 SW 29TH STREET TOPEKA,KS 66614	CANCER CENTER
DERMATOLOGY CLINIC 6650 MISSION VALLEY DRIVE TOPEKA,KS 66614	CANCER CENTER

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)
WAMEGO CLINIC 1704 COMMERCIAL CIRCLE WAMEGO,KS 66547	CANCER CENTER
CARBONDALE CLINIC 211 EAST MAIN CARBONDALE,KS 66614	CANCER CENTER
OSAGE CITY CLINIC 131 WEST MARKET OSAGE CITY,KS 66523	CANCER CENTER
OSKALOOSA CLINIC 209 W JEFFERSON OSKALOOSA,KS 66066	CANCER CENTER
NORTH TOPEKA CLINIC 1130 N KANSAS AVENUE TOPEKA,KS 66608	CANCER CENTER
LAWRENCE CLINIC 330 ARKANSAS LAWRENCE,KS 66044	CANCER CENTER
ROSSVILLE CLINIC 423 MAIN ROSSVILLE,KS 66533	CANCER CENTER
MERIDEN CLINIC 407 E WYANDOTTE MERIDEN,KS 66512	CANCER CENTER
OCCUPATIONAL MEDICINE 1504 SW 8TH STREET TOPEKA,KS 66606	CANCER CENTER
LEBO CLINIC 118 W 4TH LEBO,KS 66856	CANCER CENTER
ALMA CLINIC 701 MISSOURI ALMA,KS 66401	CANCER CENTER
CARDIAC THORACIC SURGEONS 830 MULVANE TOPEKA,KS 66606	CANCER CENTER
MEDICAL ASSOCIATES OF MANHATTAN 1133 COLLEGE AVE STE E-110 MANHATTAN,KS 66502	CANCER CENTER
MRI OF KANSAS 631 SW MULVANE TOPEKA,KS 66606	CANCER CENTER
LYNDON CLINIC 715 WASHINGTON ST STE B LYNDON,KS 66451	CANCER CENTER

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)
EXCELLENT SURGERY CENTER 920 SW LANE TOPEKA,KS 66606	CANCER CENTER
STORMONT VAIL SINGLE DAY SURGERY 823 MULVANE TOPEKA,KS 66606	CANCER CENTER

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 in column(B) 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
PART I, LINE 4B	RANDALL PETERSON $ 155,442 DAVID CUNNINGHAM $ 27,249 BERNARD BECKER $ 88,702 DEBRA YOCUM $ 30,918 JANET STANEK $ 48,182 CAROL PERRY $ 4,237 KEVIN HAN $ 97,985 ERIC VOTH, M D $ 95,904 DOUGLAS ROSE, M D $ 104,568 KEVIN DISHMAN, M D $ 4,700 CLIF JONES, M D $ 3,809
PART I, LINE 6	CERTAIN EMPLOYEES OF THE ORGANIZATION ARE ELIGIBLE FOR BONUSES UPON ACHIEVEMENT OF VARIOUS PERFORMANCE MEASURES AS OUTLINED IN THE ANNUAL INCENTIVE PLAN

Additional Data

Software ID:
Software Version:
EIN: 48-0543789
Name: STORMONT-VAIL HEALTHCARE INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RANDALL L PETERSON, CHIEF EXECUTIVE OFFICER	(I)	713,039	181,753	5,544	170,842	22,684	1,093,862	0
	(II)	0	0	0	0	0	0	0
CLIF JONES MD, OPERATING COMMITTEE	(I)	321,803	10,381	2,276	19,209	19,190	372,859	0
	(II)	0	0	0	0	0	0	0
ERIC VOTH MD, OPERATING COMMITTEE	(I)	354,748	56,596	2,327	111,304	19,759	544,734	0
	(II)	0	0	0	0	0	0	0
DOUGLAS ROSE MD, OPERATING COMMITTEE	(I)	376,397	75,985	2,649	119,968	9,760	584,759	0
	(II)	0	0	0	0	0	0	0
KEVIN DISHMAN MD, OPERATING COMMITTEE	(I)	905,548	61,827	1,260	19,934	19,241	1,007,810	0
	(II)	0	0	0	0	0	0	0
LAMBERT WU MD, OPERATING COMMITTEE	(I)	540,729	19,932	840	15,400	17,596	594,497	0
	(II)	0	0	0	0	0	0	0
DAVID CUNNINGHAM, VICE-PRESIDENT	(I)	230,466	46,415	850	42,245	17,442	337,418	0
	(II)	0	0	0	0	0	0	0
CAROL WHEELER, VICE-PRESIDENT	(I)	326,151	66,037	6,675	15,400	12,492	426,755	0
	(II)	0	0	0	0	0	0	0
BERNIE BECKER, VICE-PRESIDENT	(I)	287,968	59,520	3,105	104,102	12,910	467,605	0
	(II)	0	0	0	0	0	0	0
KENT PALMBERG MD, EXECUTIVE VICE-PRESIDENT	(I)	571,450	166,481	10,668	15,400	12,747	776,746	0
	(II)	0	0	0	0	0	0	0
DEBRA YOCUM, VICE-PRESIDENT	(I)	295,689	55,689	1,057	41,118	12,819	406,372	0
	(II)	0	0	0	0	0	0	0
JANET STANEK, VICE-PRESIDENT	(I)	403,054	110,516	1,557	63,582	21,551	600,260	0
	(II)	0	0	0	0	0	0	0
CAROL PERRY, VICE-PRESIDENT	(I)	304,603	63,333	1,151	19,637	12,860	401,584	0
	(II)	0	0	0	0	0	0	0
KEVIN HAN, CHIEF FINANCIAL OFFICER	(I)	343,004	62,745	3,641	113,385	5,590	528,365	0
	(II)	0	0	0	0	0	0	0
MICHAEL KONGS, KEY EMPLOYEE	(I)	169,234	4,826	1,110	10,570	15,101	200,841	0
	(II)	0	0	0	0	0	0	0
ALAN WYNNE MD, PHYSICIAN	(I)	856,642	15,240	3,612	15,200	15,739	906,433	0
	(II)	0	0	0	0	0	0	0
MATTHEW WILLS MD, PHYSICIAN	(I)	1,813,490	17,744	1,260	10,200	15,739	1,858,433	0
	(II)	0	0	0	0	0	0	0
TEWODRO ADDISSE MD, PHYSICIAN	(I)	943,370	26,069	1,260	14,625	4,785	990,109	0
	(II)	0	0	0	0	0	0	0
CHU CHI CHEN MD, PHYSICIAN	(I)	1,044,715	28,029	10,668	15,400	1,472	1,100,284	0
	(II)	0	0	0	0	0	0	0
MICHAEL MCCOY MD, PHYSICIAN	(I)	776,193	17,149	10,668	15,400	9,013	828,423	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MAYNARD OLIVERIUS, FORMER CHIEF EXEC OFFICER	(I)	0	145,031	0	0	0	145,031	0
	(II)	0	0	0	0	0	0	0

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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	KANSAS DEVELOPMENT FINANCE AUTHORITY		48543BJT6	08-27-2007	50,064,927	HEALTH FACILITIES		X		X		X
B	KANSAS DEVELOPMENT FINANCE AUTHORITY		48543BLG1	03-31-2008	27,950,075	HEALTH FACILITIES		X		X		X
C	KANSAS DEVELOPMENT FINANCE AUTHORITY		484538MC9	08-31-2011	61,193,487	HEALTH FACILITIES		X		X		X
D	KANSAS DEVELOPMENT FINANCE AUTHORITY		48453BNS3	08-14-2012	8,750,000	HEALTH FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,519,801	27,950,075	61,196,912	8,748,898
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	18,107,157	27,677,500	50,325,531	
7	Issuance costs from proceeds	689,770	272,575	863,086	148,649
8	Credit enhancement from proceeds	1,048,000			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	30,220,000		10,008,295	8,600,249
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2008	2013	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	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?								
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 ▶								
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?								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X		X		X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		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								
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		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
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		X		X		X	

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

Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	THE PROJECT FOR THE 2013 BOND ISSUE WAS NOT COMPLETED AS OF SEPTEMBER 30, 2015

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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	KANSAS DEVELOPMENT FINANCE AUTHORITY		48543BPD4	11-15-2013	39,321,250	HEALTH FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	39,325,828			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	670,848			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	30,726,310			
11	Other spent proceeds				
12	Other unspent proceeds	7,928,670			
13	Year of substantial completion				

		A		B		C		D	
		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?								
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 ▶								
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?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	2	246,472	FMV
26 Other ▶ (OTHER EQUIPMENT)	X	4	66,918	FMV
27 Other ▶ (COMPUTER EQUIPMENT)	X	3	29,407	FMV
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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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 990-EZ 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
STORMONT-VAIL HEALTHCARE INC	48-0543789

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE RETURN IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW ANY CHANGES ARE COM MUNICATED TO THE PAID PREPARER A COPY OF THE RETURN IS PROVIDED TO THE ENTIRE BOARD OF DI RECTORS FOR DISCUSSION AND APPROVAL WITH THE BOARD'S APPROVAL, THE PAID PREPARER THEN FIL ES THE RETURN ELECTRONICALLY
FORM 990, PART VI, SECTION B, LINE 12C	THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SUBMIT CONFLICT OF INTEREST STATEMENTS TO THE CH AIRMAN OF THE AUDIT COMMITTEE OF STORMONT-VAIL HEALTHCARE EACH YEAR THE CHAIRMAN REVIEWS THE RESPONSES AND REPORTS TO THE AUDIT COMMITTEE FOR THEIR REVIEW, ANY APPROPRIATE ACTION IF REQUIRED AND APPROVAL THE CHAIRMAN ALSO THEN REPORTS THE RESULTS TO THE FULL BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 15	THE PERFORMANCE COMMITTEE OF THE STORMONT-VAIL HEALTHCARE BOARD OF DIRECTORS ENGAGED INTEG RATED HEALTHCARE STRATEGIES, AN EXECUTIVE COMPENSATION CONSULTING FIRM, TO PROVIDE RECOMME NDATIONS REGARDING ALL ASPECTS OF COMPENSATION OF THE ORGANIZATION'S SENIOR LEADERSHIP GRO UP, INCLUDING THE PRESIDENT & CEO THAT ENGAGEMENT INCLUDED THE FOLLOWING COMPONENTS -REV IEW OF BACKGROUND DATA, INCLUDING INFORMATION ON CURRENT PROGRAM, -COMPILATION OF DATA ON COMPENSATION AND BENEFIT PRACTICES OF COMPARABLE ORGANIZATIONS, -COMPARISON OF BASE SALARI ES AT SVHC TO BASE SALARY LEVELS IN THE MARKET, -COMPARISON OF ANNUAL AND LONG-TERM INCENT IVES AT SVHC TO INCENTIVE LEVELS IN THE MARKET, -ANALYSIS OF BENEFITS ON BOTH A QUANTITATI VE AND QUALITATIVE BASIS, -COMPARISON OF SVHC TOTAL COMPENSATION (BASE, INCENTIVE, BENEFIT S) TO PEER GROUP TOTAL COMPENSATION, -PREPARATION OF REPORT TO FACILITATE SVHC BOARD DISCU SSION OF THE TOTAL COMPENSATION, AND -RECOMMENDATIONS REGARDING ESTABLISHMENT OF SALARY RA NGES FOR SENIOR LEADERSHIP POSITIONS THE DELIBERATIONS AND DECISIONS OF THE PERFORMANCE C OMMITTEE AND THE BOARD OF DIRECTORS ARE DOCUMENTED IN MEETING MINUTES MAINTAINED BY SVHC
FORM 990, PART VI, SECTION C, LINE 19	STORMONT-VAIL HEALTHCARE, INC MAKES THEIR FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPE CTION AS PART OF THE 990 INFORMATION RETURN ANY CHANGES TO THE GOVERNING DOCUMENTS ARE IN CLUDED WITH THE 990 RETURN AT THIS TIME, THE HEALTH CENTER DOES NOT MAKE THEIR CONFLICT O F INTEREST POLICY AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9	EQUITY IN NET INCOME OF CONSOLIDATED AFFILIATES, WITHOUT SINGLE MEMBER LLC 870,497 CHANGE IN UNRECOGNIZED FUNDED STATUS OF PENSION PLAN -32,688,019 NET GAINS/(LOSS) OF UNCONSOLID ATED AFFILIATES 381,297 BOOK AMORTIZATION GREATER THAN TAX -91,420
PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COTTON-O'NEIL ACO LLC 1500 SW 10TH AVE TOPEKA, KS 66604	SHARED SAVINGS PROGRAM	KS		947	STORMONT-VAIL HEALTHCARE

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	(g) Section 512(b)(13) controlled entity? No
(1) STORMONT-VAIL FOUNDATION 1500 SW 10TH AVE TOPEKA, KS 66604 48-0980926	GENERATE VOLUNTARY GIFTS TO SUPPORT STORMONT-VAIL HEALTHCARE	KS	501(C)(3)	LINE 7	STORMONT-VAIL HEALTHCARE		No
(2) STORMONT-VAIL HEALTHCARE AUXILARY 1500 SW 10TH AVE TOPEKA, KS 66604 48-6140517	PROVIDE GIFT SHOP, RESTAURANT AND PROJECTS FOR THE CONVENIENCE OF PATIENTS	KS	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) URISH MEDICAL PLAZA LLC 1500 SW 10TH TOPEKA, KS 66604 48-0782848	REAL ESTATE	KS	STORMONT-VAIL INC	RELATED	71,354	778,735		No		Yes		71 670 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) STORMONT-VAIL INC 901 GARFIELD TOPEKA, KS 66606 48-0782848	RETAIL PHARMACY	KS	STORMONT-VAIL HEALTHCARE INC	C	199,921	13,606,412	100 000 %		No
(2) TENTH STREET PROPERTY INC 1500 SW 10TH ST TOPEKA, KS 66604 48-0788844	REAL ESTATE	KS	STORMONT-VAIL INC	C	8,379	285,675	100 000 %		No
(3) CENTURY HEALTH SOLUTIONS INC 2951 SW WOODSIDE DR TOPEKA, KS 66614 48-1206397	INSURANCE MANAGEMENT OPERATIONS	KS	STORMONT-VAIL INC	C	-640,649	206,044	100 000 %		No
(4) UAT INC 1500 SW 10TH ST TOPEKA, KS 66604 48-0907989	MEDICAL BILLINGS PRACTICE	KS	STORMONT-VAIL HEALTHCARE INC	C	23,933	131,513	100 000 %		No
(5) KOSM INC 1500 SW 10TH ST TOPEKA, KS 66604 48-0807000	MEDICAL BILLINGS PRACTICE	KS	STORMONT-VAIL HEALTHCARE INC	C	9,720	276,897	100 000 %		No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
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	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
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		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STORMONT-VAIL FOUNDATION	B	702,327	
(2) STORMONT-VAIL FOUNDATION	S	757,559	
(3) STORMONT-VAIL HEALTHCARE AUXILIARY	C	265,925	
(4) STORMONT-VAIL HEALTHCARE AUXILIARY	Q	270,673	
(5) STORMONT-VAIL INC	O	1,176,734	
(6) STORMONT-VAIL FOUNDATION	O	435,270	

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 48-0543789
Name: STORMONT-VAIL HEALTHCARE INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
STORMONT-VAIL FOUNDATION	B	702,327	
STORMONT-VAIL FOUNDATION	S	757,559	
STORMONT-VAIL HEALTHCARE AUXILIARY	C	265,925	
STORMONT-VAIL HEALTHCARE AUXILIARY	Q	270,673	
STORMONT-VAIL INC	O	1,176,734	
STORMONT-VAIL FOUNDATION	O	435,270	