

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

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

% MICHAEL J KONGS

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 66604

F Name and address of principal officer

RANDALL PETERSON

1500 SW 10TH AVE

TOPEKA, KS 66604

D Employer identification number

48-0543789

E Telephone number

(785) 354-6000

G Gross receipts \$ 665,633,697

I Tax-exempt status

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

J Website: ▶ WWW.STORMONTVAIL.ORG

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

No ☐ Yes ☒

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile KS

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities WORKING TOGETHER TO IMPROVE THE HEALTH CARE OF OUR COMMUNITY BY PROVIDING QUALITY SERVICES 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			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	5,355	
	6 Total number of volunteers (estimate if necessary)	6	500	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	286,179	
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	90,951	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		1,092,470	1,358,132	
		579,320,638	656,068,382	
		10,329,419	7,178,523	
		776,633	868,503	
Expenses		591,519,160	665,473,540	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	702,327	748,361		
	0	0		
	356,672,655	384,617,373		
	0	0		
	Net Assets or Fund Balances		195,293,785	242,835,091
			552,668,767	628,200,825
			38,850,393	37,272,715
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year		
	664,265,931	697,638,624		
	366,780,151	370,450,020		
	297,485,780	327,188,604		

Part II Signature Block

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

Sign Here

Signature of officer

MICHAEL J KONGS INTERIM CFO

Type or print name and title

2017-08-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ BKD LLP

Firm's EIN ▶

Firm's address ▶ 1201 Walnut Suite 1700

Phone no (816) 221-6300

Kansas City, MO 641062246

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

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 CARE OF OUR COMMUNITY BY PROVIDING QUALITY SERVICES REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY

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 \$ 516,094,899 including grants of \$ 748,361) (Revenue \$ 656,068,382)
	See Additional Data

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 516,094,899
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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	
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	Yes	
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 ComplianceCheck 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13		
	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	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	Yes	
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		No

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 MICHAEL J KONGS 1500 SW 10TH AVENUE TOPEKA, KS 66604 (785) 354-6000	

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

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

[illegible]

[illegible]

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 ► 432

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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 SW MULVANE SUITE 2A TOPEKA, KS 66606	ANESTHESIA SERVICES	2,284,981
RADIOLOGY NUCLEAR MEDICINE, 1305 SW FIRST AMERICAN PLACE TOPEKA, KS 66604	RADIOLOGY SERVICES	1,016,537
PROBASCO ASSOCIATES PA, 615 S TOPEKA BLVD TOPEKA, KS 66603	COLLECTION ATTORNEY	800,182
PEDIATRIX MEDICAL GROUP OF KANSAS I, PO BOX 281034 ATLANTA, GA 30384	PHYSICIAN SERVICES	796,342
TOTAL RENAL CARE INC, PO BOX 781607 PHILADELPHIA, PA 19178	DIALYSIS SERVICES	791,445
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	1,048,198				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	309,934				
	g	Noncash contributions included in lines 1a-1f \$		348,168				
	h	Total. Add lines 1a-1f			1,358,132			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621300	646,729,767	646,729,767			
	b	PHARMACY	621300	1,903,477	1,614,944	288,533		
	c	NUTRITIONAL SERVICES	621300	2,245,160	2,245,160			
	d	EDUCATION SERVICES/SCHOOL OF NURSING	621300	2,262,081	2,262,081			
	e	MEANINGFUL USE/EHR	621300	1,346,721	1,346,721			
	f	All other program service revenue		1,581,176	1,581,176			
	g	Total. Add lines 2a-2f			656,068,382			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		171,487		-2,354	173,841
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real 704,742	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)	704,742	0				
d		Net rental income or (loss)		704,742			704,742	
7a		Gross amount from sales of assets other than inventory	(i) Securities 7,167,193	(ii) Other				
b		Less cost or other basis and sales expenses		160,157				
c		Gain or (loss)	7,167,193	-160,157				
d		Net gain or (loss)		7,007,036			7,007,036	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events		0				
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities		0				
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE	900099	393,286			393,286		
b	LOSS ON INV IN EQUITY INVESTEES	900099	-229,525			-229,525		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			163,761				
12	Total revenue. See Instructions			665,473,540	655,779,849	286,179	8,049,380	

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.	748,361	748,361		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	7,731,978	6,767,055	964,923	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	74,076		74,076	
7	Other salaries and wages.	304,962,312	266,904,131	38,058,181	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	17,477,753	13,333,778	4,143,975	
9	Other employee benefits.	35,205,398	26,502,998	8,702,400	
10	Payroll taxes.	19,165,856	14,525,131	4,640,725	
11	Fees for services (non-employees):				
a	Management.	735,780	561,327	174,453	
b	Legal.	719,024		719,024	
c	Accounting.	174,955		174,955	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	720,744		720,744	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,254,320	10,648,405	2,605,915	0
12	Advertising and promotion.	1,490,365	7,148	1,483,217	
13	Office expenses.	7,985,762	5,914,492	2,071,270	
14	Information technology.	10,826,788	7,963,952	2,862,836	
15	Royalties.	0			
16	Occupancy.	9,658,161	3,667,832	5,990,329	
17	Travel.	451,322	236,565	214,757	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	89,051	52,350	36,701	
20	Interest.	7,936,242		7,936,242	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	24,404,494	12,181,140	12,223,354	
23	Insurance.	4,426,926	1,596,897	2,830,029	
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.	102,980,350	100,725,969	2,254,381	
b	Repairs & Maintenance.	7,599,704	6,175,881	1,423,823	
c	Nutrition & Food Service.	2,305,220	1,758,652	546,568	
d	Bad Debt Expense.	24,713,020	24,713,020		
e	All other expenses.	22,362,863	11,109,815	11,253,048	
25	Total functional expenses. Add lines 1 through 24e.	628,200,825	516,094,899	112,105,926	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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		63,308,992	1	49,472,607	
	2	Savings and temporary cash investments		14,327,327	2	498,948	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		83,738,205	4	99,586,447	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		6,403,355	8	7,558,653	
	9	Prepaid expenses and deferred charges		4,671,503	9	4,740,242	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	477,002,936			
	b	Less: accumulated depreciation	10b	244,974,755	223,761,311	10c	232,028,181
	11	Investments—publicly traded securities		191,435,502	11	212,204,460	
	12	Investments—other securities. See Part IV, line 11		71,244,589	12	78,284,511	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		2,191,126	14	1,878,108	
	15	Other assets. See Part IV, line 11		3,184,021	15	11,386,467	
16	Total assets. Add lines 1 through 15 (must equal line 34)		664,265,931	16	697,638,624		
Liabilities	17	Accounts payable and accrued expenses		81,141,929	17	72,223,127	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		174,010,000	20	171,437,674	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		2,044,356	23	371,417	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		109,583,866	25	126,417,802	
	26	Total liabilities. Add lines 17 through 25		366,780,151	26	370,450,020	
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		296,539,689	27	326,210,943	
	28	Temporarily restricted net assets		813,232	28	844,802	
	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		297,485,780	33	327,188,604	
34	Total liabilities and net assets/fund balances		664,265,931	34	697,638,624		

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	665,473,540
2	Total expenses (must equal Part IX, column (A), line 25)	2	628,200,825
3	Revenue less expenses Subtract line 2 from line 1	3	37,272,715
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	297,485,780
5	Net unrealized gains (losses) on investments	5	16,808,333
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	-24,378,224
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	327,188,604

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

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	516,094,899	including grants of \$	748,361) (Revenue \$	656,068,382)
	SEE SCHEDULE O					

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			
S KENNETH ALEXANDER III DIRECTOR	3 0 0 0	X						0	0	0
PAMELA JOHNSON-BETTS DIRECTOR	3 0 0 0	X						0	0	0
C RICHARD BONEBRAKE DIRECTOR	3 0 0 0	X						0	0	0
DEBRA CLAYTON DIRECTOR	3 0 0 0	X						0	0	0
JAMES S HAINES DIRECTOR	3 0 0 0	X						0	0	0
ANDREW J JETTER DIRECTOR	3 0 0 0	X						0	0	0
BRENDA SUE MILLS DIRECTOR	3 0 0 0	X						0	0	0
JAMES PARRISH DIRECTOR/TREASURER	3 0 1 0	X		X				0	0	0
JAMES R SCHMANK DIRECTOR/BOARD CHAIR	3 0 0 0	X		X				0	0	0
SUEANN V SCHULTZ DIRECTOR	3 0 0 0	X						0	0	0

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			
RICK WIENCKOWSKI DIRECTOR/VICE CHAIR	3 0 0 0	X		X				0	0	0
ROBERT KENAGY VICE PRESIDENT	50 0 0 0	X						0	0	0
KENT E PALMBERG MD VICE PRESIDENT	50 0 0 0	X						824,508	0	30,329
RANDALL PETERSON PRESIDENT CEO	50 0 1 0	X		X				1,072,302	0	195,085
KEVIN HAN VICE PRESIDENT/CFO	50 0 1 0			X				451,971	0	138,689
MICHAEL J KONGS INTERIM CFO	50 0 0 0			X				190,979	0	30,064
BERNARD H BECKER VICE PRESIDENT	50 0 0 0				X			384,019	0	134,917
DAVID J CUNNINGHAM VICE PRESIDENT	50 0 0 0				X			312,974	0	72,603
KEVIN DISHMAN MD OPERATING COMMITTEE	50 0 0 0				X			858,121	0	43,678
CLIFF JONES MD VICE PRESIDENT	50 0 0 0				X			361,200	0	39,793

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			
CAROL S PERRY VICE PRESIDENT	50 0 0 0				X			405,313	0	35,553
DOUGLAS ROSE MD VICE PRESIDENT	50 0 0 0				X			494,848	0	151,103
JANET K STANEK VICE PRESIDENT	50 0 3 0				X			571,929	0	104,693
ERIC VOTH MD VICE PRESIDENT	50 0 0 0				X			462,352	0	157,741
LAMBERT WU MD OPERATING COMMITTEE	50 0 0 0				X			553,126	0	38,227
DEBRA YOCUM VICE PRESIDENT	50 0 0 0				X			379,508	0	59,593
TEWODRO ADDISSE MD PHYSICIAN	50 0 0 0					X		975,404	0	21,013
CHU CHI CHEN MD PHYSICIAN	50 0 0 0					X		1,193,198	0	17,294
STEPHEN EICHERT MD PHYSICIAN	50 0 0 0					X		937,542	0	26,945
PETER TUTUSKA MD PHYSICIAN	50 0 0 0					X		936,682	0	27,502

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			
MATTHEW J WILLS PHYSICIAN	50 0 0 0					X		1,785,262	0	31,070
CAROL L WHEELER FORMER VICE PRESIDENT	0 0 0 0						X	485,290	0	27,500

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below. 2a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> 2b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below. 3a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> 3b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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). ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE 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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 STORMONT-VAIL HEALTHCARE INC	Employer identification number 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 fileForm 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-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **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)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		2,765
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,875
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			7,640
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
SCHEDULE C, PART II-B	THE GRANTS TO ORGANIZATIONS FOR LOBBYING REPRESENTS THAT A PORTION OF HOSPITAL ASSOCIATION DUES WHICH ARE ATTRIBUTED TO LOBBYING AND ADVOCACY ACTIVITIES. DIRECT ACTIVITIES ENTAIL THE CEO'S OCCASIONAL INTERACTION WITH LEGISLATORS REGARDING BILLS THAT WOULD AFFECT THE ORGANIZATION OR HEALTHCARE INDUSTRY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

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" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
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	266,314	258,083	249,013	254,042	244,424
b Contributions					
c Net investment earnings, gains, and losses	9,910	8,231	9,070	-5,029	9,618
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	276,224	266,314	258,083	249,013	254,042

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 48 100 %

c Temporarily restricted endowment ▶ 51 900 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i) ☐ Yes ☐ No

3a(ii) ☐ Yes ☐ No

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

☐ Yes ☐ No

3b

☐ Yes ☐ No

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)	Accumulated (c)depreciation	(d)Book value
1a Land		20,181,853		20,181,853
b Buildings		290,573,650	118,575,000	171,998,650
c Leasehold improvements				
d Equipment		166,247,433	126,399,755	39,847,678
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				232,028,181

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	662,229,457			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
a	Net unrealized gains (losses) on investments				2a	16,808,333
b	Donated services and use of facilities				2b	
c	Recoveries of prior year grants				2c	
d	Other (Describe in Part XIII)				2d	6,129,709
e	Add lines 2a through 2d	2e	22,938,042			
3	Subtract line 2e from line 1	3	639,291,415			
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	720,744
b	Other (Describe in Part XIII)				4b	25,461,381
c	Add lines 4a and 4b				4c	26,182,125
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	665,473,540			

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	1	605,438,929			
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	3,420,229
e	Add lines 2a through 2d	2e	3,420,229			
3	Subtract line 2e from line 1	3	602,018,700			
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	720,744
b	Other (Describe in Part XIII)				4b	25,461,381
c	Add lines 4a and 4b				4c	26,182,125
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	628,200,825			

Part XIII Supplemental Information	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS ARE USED IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INS TRUMENT AT THE TIME THE GIFT IS ADDED TO THE FUND

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATION REVENUE \$ 6,637,418 ELIMINATIONS (507,709) ----- \$ 6,129,709

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE \$ 24,713,020 GRANT TO SV FOUNDATION 748,361 ----- \$ 25,461,381

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATION EXPENSE \$ 4,263,990 ELIMINATIONS (843,761) ----- \$ 3,420,229

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE \$ 24,713,020 GRANT TO SV FOUNDATION 748,361 ----- \$ 25,461,381

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on 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

2015

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
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)			11,458,010		11,458,010	1 900 %
b Medicaid (from Worksheet 3, column a)			65,231,383	40,550,784	24,680,599	4 100 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			76,689,393	40,550,784	36,138,609	6 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			729,713	194,982	534,731	0 090 %
f Health professions education (from Worksheet 5)			3,929,592	2,175,880	1,753,712	0 290 %
g Subsidized health services (from Worksheet 6)			2,780,210	1,962,765	817,445	0 140 %
h Research (from Worksheet 7)			3,442,906	3,292,080	150,826	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			10,882,421	7,625,707	3,256,714	0 550 %
k Total. Add lines 7d and 7j			87,571,814	48,176,491	39,395,323	6 550 %

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

1

Did the organization report bad debt expense in accordance with Healthcare 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

24,713,020

3

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

3

4

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

Section B. Medicare

5

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

5

208,119,042

6

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

6

266,256,332

7

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

7

-58,137,290

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				

Schedule H (Form 990) 2015

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)

		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)
STORMONT VAIL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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 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)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) SEE PART V, SECTION C b ☒ Other website (list url) SEE PART V, SECTION C c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
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 20 16		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) SEE PART V, SECTION C		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

STORMONT VAIL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 % and FPG family income limit for eligibility for discounted care of 400 %		
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? 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)	15 Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	☒ The FAP was widely available on a website (list url) SEE PART V, SECTION C		
b	☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C		
c	☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C		
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 INC

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ 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)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☒ 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? 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)	21	Yes	
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? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B.
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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

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)
1See 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
SCHEDULE H, PART I, LINE 3C	
SCHEDULE H, PART I, LINE 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART I, LINE 7, OF SCHEDULE H, IS A COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	
SCHEDULE H, PART I, LINE 7, COLUMN F	THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES FOR CALCULATING THE NET COMMUNITY BENEFIT EXPENSE PERCENTAGE WAS \$24,713,020

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	
SCHEDULE H, PART III, SECTION A, LINE 3	WE ARE NOT AWARE OF ANY PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THAT WERE CONSIDERED TO BE BAD DEBT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	PAGE 10 OF THE AUDIT REPORT
SCHEDULE H, PART III, SECTION B, LINE 8	STORMONT VAIL HEALTHCARE DOES BELIEVE THAT SOME PORTION OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED TO BE A COMMUNITY BENEFIT STORMONT VAIL PROVIDES MEDICAL CARE TO THE MEMBERS OF THE COMMUNITY, INCLUDING MEDICARE PATIENTS, EVEN IF THE COSTS OF THAT CARE ARE NOT COMPLETELY REIMBURSED THE HEALTH OF THE COMMUNITY WOULD SUFFER IF STORMONT VAIL DID NOT PROVIDE THE SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	
SCHEDULE H, PART VI, LINE 2	IN ADDITION TO THE CHNA, STORMONT VAIL AND STAFF ARE ACTIVE IN THE COMMUNITY BY DOING SO, STORMONT VAIL IS ABLE TO LEARN ABOUT ISSUES IMPACTING THE COMMUNITY AND CITIZENS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	
SCHEDULE H, PART VI, LINE 4	THE COMMUNITY OF TOPEKA, KANSAS CONTAINS A POPULATION OF APPROXIMATELY 125,000 PEOPLE AND IS THE STATE CAPITAL IT IS LOCATED IN SHAWNEE COUNTY IN NORTHEAST KANSAS THE POPULATION OF THE COUNTY IS ROUGHLY 175,000 AND IS THE THIRD LARGEST COUNTY IN KANSAS THE 2010 CENSUS INDICATED THAT 76 PERCENT OF THE POPULATION WAS WHITE, 13 PERCENT WERE HISPANIC OR LATIN AND 11 PERCENT WERE AFRICAN AMERICAN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	
SCHEDULE H, PART VI, LINE 6	NONE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	KS

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVENUE TOPEKA, KS 66604 WWW.STORMONTVAIL.ORG	X	X							

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 ALMA CLINIC 701 MISSOURI ALMA,KS 66401	PHYSICIAN OFFICE
1 LYNDON CLINIC 715 WASHINGTON STREET LYNDON,KS 66451	PHYSICIAN OFFICE
2 LAWRENCE CLINIC 330 ARKANSAS LAWRENCE,KS 66044	PHYSICIAN OFFICE
3 ROSSVILLE CLINIC 423 MAIN ST ROSSVILLE,KS 66533	PHYSICIAN OFFICE
4 LEBO CLINIC 118 W 4TH ST LEBO,KS 66856	PHYSICIAN OFFICE
5 MERIDEN CLINIC 407 E WYANDOTTE MERIDEN,KS 66512	PHYSICIAN OFFICE
6 NOTO CLINIC 1130 N KANSAS AVE TOPEKA,KS 66608	PHYSICIAN OFFICE
7 OSKALOOSA CLINIC 209 W JEFFERSON OSKALOOSA,KS 66066	PHYSICIAN OFFICE
8 OCCUPATIONAL MEDICINE 1504 SW 8TH STREET TOPEKA,KS 66606	PHYSICIAN OFFICE
9 OSAGE CITY CLINIC 131 WEST MARKET ST OSAGE CITY,KS 66523	PHYSICIAN OFFICE
10 CARBONDALE CLINIC 211 EAST MAIN ST CARBONDALE,KS 66614	PHYSICIAN OFFICE
11 WAMEGO CLINIC 1704 COMMERCIAL CIRCLE WAMEGO,KS 66547	PHYSICIAN OFFICE
12 CARDIAC THORACIC SURGEONS 830 SW MULVANE TOPEKA,KS 66606	PHYSICIAN OFFICE
13 MRI OF KANSAS 631 SW MULVANE TOPEKA,KS 66606	IMAGING CENTER
14 NW 46TH ST CLINIC 4505 NW FIELDING ROAD TOPEKA,KS 66618	PHYSICIAN OFFICE

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)
16 DERMATOLOGY CLINIC 6650 SW MISSION VALLEY DRIVE TOPEKA,KS 66614	PHYSICIAN OFFICE
1 URISH CLINIC 6725 SW 29TH TOPEKA,KS 66614	PHYSICIAN OFFICE
2 STORMONT VAIL SLEEP CENTER 920 SW WASHBURN TOPEKA,KS 66610	SLEEP CENTER CLINIC
3 CROCO CLINIC 2909 SW WALNET DR TOPEKA,KS 66605	PHYSICIAN OFFICE
4 PEDIATRIC 4100 SW 15TH ST TOPEKA,KS 66604	PHYSICIAN OFFICE
5 DIABETES & ENDOCRINOLOGY CENTER 3520 SW 6TH AVE TOPEKA,KS 66606	PHYSICIAN OFFICE
6 CANCER CENTER 1414 SW 8TH ST TOPEKA,KS 66606	CANCER CENTER
7 EMPORIA CLINIC 1301 SW 12TH ST TOPEKA,KS 66801	PHYSICIAN OFFICE
8 MEDICAL ASSOCIATES OF MANHATTAN 1133 COLLEGE ST SUITE E-110 MANHATTAN,KS 66502	PHYSICIAN OFFICE
9 DIGESTIVE HEALTH CLINIC 720 LANE ST TOPEKA,KS 66606	PHYSICIAN OFFICE
10 STORMONT VAIL BEHAVIORAL HEALTH 3707 SW 6TH ST TOPEKA,KS 66606	PSYCHIATRIC SERVICES
11 CON PHYSICIAN CLINICS AT COTTON 901 SW GARFIELD TOPEKA,KS 66606	PHYSICIAN OFFICE
12 CON PHYSICIAN CLINICS AT O'NEIL 823 SW MULVANE TOPEKA,KS 66606	PHYSICIAN OFFICE
13 HEART CENTER 929 SW MULVANE ST TOPEKA,KS 66606	PHYSICIAN OFFICE
14 ORTHOPEDICS AND SPORTS MEDICINE 2660 SW 3RD ST TOPEKA,KS 66606	PHYSICIAN OFFICE

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

Employer identification number
48-0543789

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANTS ARE HISTORICALLY ONLY MADE TO THE STORMONT-VAIL FOUNDATION, A RELATED 501(C)(3) ORGANIZATION DUE TO OVERLAP OF OFFICERS/DIRECTORS BETWEEN THE ORGANIZATIONS, NO MONITORING OF THE USAGE OF FUNDS AFTER THE FACT IS DEEMED NECESSARY

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" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?	4a	Yes
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?	5a	Yes
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	CAROL WHEELER RECEIVED \$73,443 IN SEVERANCE PAY
SCHEDULE J, PART I, LINE 4B	ACCRUED AMOUNTS BERNARD BECKER 104,290 DAVID CUNNINGHAM 36,249 KEVIN DISHMAN, MD 4,060 KEVIN HAN 110,871 TRACY O'ROURKE 25,260 CAROL PERRY 4,896 RANDALL PETERSON 154,722 DOUGLAS ROSE, MD 124,654 JANET STANEK 63,975 ERIC VOTH, MD 118,900 DEBRA YOCUM 34,215
SCHEDULE J, PART I, LINE 5A	EMPLOYED PHYSICIANS MAY EARN ADDITIONAL COMPENSATION IF THE RELATIVE VALUE UNITS THAT ARE GENERATED FROM THEIR PRACTICE EXCEEDS CERTAIN LEVELS

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TEWODRO ADDISSE MD PHYSICIAN	(i)	914,302	59,842	1,260	14,825	6,188	996,417	
	(ii)	0	0	0	0	-0	-0	
1CHU CHI CHEN MD PHYSICIAN	(i)	1,098,086	84,444	10,668	15,700	1,594	1,210,492	
	(ii)	0	0	0	0	-0	-0	
2STEPHEN EICHERT MD PHYSICIAN	(i)	931,998	0	5,544	15,143	11,802	964,487	
	(ii)	0	0	0	0	-0	-0	
3PETER TUTUSKA MD PHYSICIAN	(i)	884,206	48,864	3,612	15,700	11,802	964,184	
	(ii)	0	0	0	0	-0	-0	
4MATTHEW J WILLS PHYSICIAN	(i)	1,738,829	45,173	1,260	10,400	20,670	1,816,332	
	(ii)	0	0	0	0	-0	-0	
5BERNARD H BECKER VICE PRESIDENT	(i)	296,374	84,444	3,201	119,990	14,927	518,936	
	(ii)	0	0	0	0	-0	-0	
6DAVID J CUNNINGHAM VICE PRESIDENT	(i)	244,686	67,378	910	51,346	21,257	385,577	
	(ii)	0	0	0	0	-0	-0	
7KEVIN DISHMAN MD OPERATING COMMITTEE	(i)	759,063	97,798	1,260	19,506	24,172	901,799	
	(ii)	0	0	0	0	-0	-0	
8KEVIN HAN VICE PRESIDENT/CFO	(i)	356,831	91,326	3,814	126,571	12,118	590,660	
	(ii)	0	0	0	0	-0	-0	
9CLIFF JONES MD VICE PRESIDENT	(i)	321,961	35,746	3,493	15,700	24,093	400,993	
	(ii)	0	0	0	0	-0	-0	
10MICHAEL J KONGS INTERIM CFO	(i)	177,204	12,622	1,153	11,611	18,453	221,043	
	(ii)	0	0	0	0	-0	-0	
11KENT E PALMBERG MD VICE PRESIDENT	(i)	598,760	215,080	10,668	15,700	14,629	854,837	
	(ii)	0	0	0	0	-0	-0	
12RANDALL PETERSON PRESIDENT CEO	(i)	713,237	353,521	5,544	170,422	24,663	1,267,387	
	(ii)	0	0	0	0	-0	-0	
13CAROL S PERRY VICE PRESIDENT	(i)	313,337	89,756	2,220	20,596	14,957	440,866	
	(ii)	0	0	0	0	-0	-0	
14DOUGLAS ROSE MD VICE PRESIDENT	(i)	383,181	108,932	2,735	140,354	10,749	645,951	
	(ii)	0	0	0	0	-0	-0	
15JANET K STANEK VICE PRESIDENT	(i)	424,287	145,992	1,650	79,675	25,018	676,622	
	(ii)	0	0	0	0	-0	-0	
16ERIC VOTH MD VICE PRESIDENT	(i)	363,308	95,242	3,802	134,600	23,141	620,093	
	(ii)	0	0	0	0	-0	-0	
17CAROL L WHEELER FORMER VICE PRESIDENT	(i)	312,429	92,528	80,333	14,082	13,418	512,790	
	(ii)	0	0	0	0	-0	-0	
18LAMBERT WU MD OPERATING COMMITTEE	(i)	482,694	69,592	840	15,700	22,527	591,353	
	(ii)	0	0	0	0	-0	-0	
19DEBRA YOCUM VICE PRESIDENT	(i)	298,901	79,516	1,091	44,615	14,978	439,101	
	(ii)	0	0	0	0	-0	-0	

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

STORMONT-VAIL HEALTHCARE INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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	48-1066589	48543BJT6	08-27-2007	50,064,927	HEALTH FACILITIES		X		X		X
B KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	48543BPD4	11-15-2013	39,321,250	HEALTH FACILITIES		X		X		X
C KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	484538mc9	08-31-2011	61,193,487	HEALTH FACILITIES		X		X		X
D KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	48453BNS3	08-14-2012	8,750,000	HEALTH FACILITIES		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				0		185,000		8,415,000		1,550,000	
2	Amount of bonds legally defeased				0		0		0		0	
3	Total proceeds of issue				53,519,801		39,325,828		61,196,912		8,748,898	
4	Gross proceeds in reserve funds				0		0		0		0	
5	Capitalized interest from proceeds				0		0		0		0	
6	Proceeds in refunding escrows				18,107,157		0		50,325,531		0	
7	Issuance costs from proceeds				589,770		670,848		863,086		148,649	
8	Credit enhancement from proceeds				1,048,000		0		0		0	
9	Working capital expenditures from proceeds				0		0		0		0	
10	Capital expenditures from proceeds				30,220,000		30,726,310		10,008,295		8,600,249	
11	Other spent proceeds				0		0		0		0	
12	Other unspent proceeds				0		7,928,670		0		0	
13	Year of substantial completion				2009		2017		2013		2014	
					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	
			Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?			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 ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, 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?	X		X		X		X	
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	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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).

Schedule K
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

STORMONT-VAIL HEALTHCARE INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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	48-1066589	48543BLG1	03-31-2008	27,950,575	HEALTH FACILITIES		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	4,430,000							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	27,950,075							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	27,677,500							
7	Issuance costs from proceeds	272,575							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2008							
		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 ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, 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?	X							
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	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	LINE (1) A) KEVIN HAN II B) HAS A FAMILY RELATIONSHIP WITH KEVIN HAN, WHO IS AN OFFICER OF STORMONT VAIL HEALTHCARE, INC C) \$25,526 D) EMPLOYEE COMPENSATION E) NO LINE (2) A) KEEGAN J HAN B) HAS A FAMILY RELATIONSHIP WITH KEVIN HAN, WHO IS AN OFFICER OF STORMONT VAIL HEALTHCARE, INC C) \$48,550 D) EMPLOYEE COMPENSATION E) NO

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open to Public Inspection

▶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

Department of the Treasury
Internal Revenue Service

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 ▶ (<u>MEDICAL EQUIPMENT</u>)	X	8	185,084	FMV
26 Other ▶ (<u>COMPUTER EQUIPMENT</u>)	X	2	7,615	FMV
27 Other ▶ (<u>OTHER EQUIPMENT</u>)	X	6	155,469	FMV
28 Other ▶ (<u> </u>)				

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

290

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

Yes

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

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

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
SCHEDULE M, PART I, COLUMN B	THE NUMBER IN COLUMN B REFLECTS THE NUMBER OF CONTRIBUTIONS

**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.

2015**Open to Public
Inspection**

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number

48-0543789

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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, 2016, 21,625 INPATIENTS, 65,436 EMERGENCY ROOM PATIENTS, 1,868 NEWBORNS, AND 400 NEONATAL INTENSIVE CARE BABIES WERE SERVED ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF THE 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. FOLLOWING ARE SOME OF THE BENEFITS PROVIDED AT REDUCED RATES FOR THE FISCAL YEAR. IN ADDITION TO THE CHARITY CARE PROVIDED, THE STORMONT VAIL ALSO PROVIDED SERVICE TO PATIENTS THAT RESULTED IN UNCOLLECTIBLE AMOUNTS AS FOLLOWS: BAD DEBT EXPENSE AT COST \$10,446,827; SHORTFALL OF MEDICARE PAYMENTS AT COST \$58,137,290; SHORTFALL OF MEDICAID PAYMENTS AT COST \$24,680,606. 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: 1. SUBSIDY OF NURSING EDUCATION, MEDICAL EDUCATION, AND ALLIED HEALTH EDUCATION; 2. OPERATING THE REGION'S ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) SERVING A HIGH PERCENTAGE OF MEDICALLY INDIGENT PATIENTS; 3. OPERATING A LEVEL II TRAUMA CENTER SERVING NORTHEAST KANSAS; 4. PROVIDE SUPPORT TO LIFESTAR, THE AIR AMBULANCE SERVICE IN NORTHEAST KANSAS; 5. ORGANIZED SUPPORT GROUPS FOR A VARIETY OF TOPICS; 6. APPROXIMATELY 49,000 HOURS OF VOLUNTEER TIME WERE DONATED TO STORMONT VAIL HELPING TO REDUCE THE COST OF PROVIDING HEALTH CARE; 7. MAINTAINING THE HEALTH SCIENCES LIBRARY THAT IS MADE AVAILABLE TO THE PUBLIC FREE OF CHARGE AS A MEDICAL RESOURCE; 8. 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; 9. USE OF POZEZ EDUCATION CENTER FACILITIES FOR A VARIETY OF COMMUNITY GROUPS AND PROGRAMS; 10. PARTICIPATED IN NUMEROUS CLINICAL RESEARCH TRIALS THROUGH THE CLINICAL RESEARCH DEPARTMENT; 11. STORMONT-VAIL WEST BEHAVIORAL HEALTH SERVICES OPERATES A SUBSTANCE ABUSE PROGRAM; 12. OPERATED A PALLIATIVE CARE PROGRAM TO PROVIDE COMFORT CARE TO PATIENTS WITH CHRONIC CONDITIONS; 13. PROVIDE SUPPORT AND EDUCATION FOR PATIENTS WITH DIABETES THROUGH THE DIABETES LEARNING CENTER; 14. 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; 15. MATERNAL FETAL MEDICINE PROGRAM PROVIDED CARE AND ACCESS TO SCREENINGS AND GENETIC COUNSELING FOR WOMEN WITH AT-RISK PREGNANCIES; 16. OPERATED THE HEALTHWISE PROGRAM WHICH PROVIDED OUTREACH PROGRAMS TO INDEPENDENT LIVING FACILITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	IN TOPEKA 17 OFFERED ONLINE CHILDBIRTH CLASSES THROUGH STORMONT-VAILS WEBSITE 18 PARTNERED WITH THE MARCH OF DIMES FOR THE NICU FAMILY SUPPORT PROGRAM 19 THE HEALTH CONNECTION PROG RAM, WHICH PROVIDES PHYSICIAN REFERRAL AND AFTER-HOUR ACCESS TO A NURSE, RECEIVED 548,341 CALLS 20 PROVIDED HEALTH INFORMATION THROUGH THE TOPEKA & SHAWNEE COUNTY PUBLIC LIBRARY S H EALTH INFORMATION NEIGHBORHOOD 21 PARTNERED WITH BUILDING BLOCKS TO PROVIDE CHILDCARE SERV ICES TO STAFF AND THE COMMUNITY 22 STORMONT-VAIL CLINICAL EDUCATORS PARTICIPATED IN THE AMERICAN HEALTH ASSOCIATIONS CPR FOR FAMILY AND FRIENDS CLASS TO TEACH OTHERS CPR 23 STORMON T-VAIL WEST BEHAVIORAL HEALTH SERVICES PARTICIPATED IN A DEPRESSION SCREENING FOR THE COMMUNITY 24 A SKIN SCREENING CLINIC FOR THE COMMUNITY WAS HELD AT THE COTTON-ONEL CANCER CEN TER 25 CONNECT WITH THE COMMUNITY THROUGH THE ORGANIZATION WEBSITE, WWW.STORMONTVAIL.ORG 26 PARTNERED WITH HEALTH INNOVATION NETWORK OF KANSAS, A COALITION THAT GREW TO 21 HOSPITAL S SHARING INFORMATION, EDUCATION AND OTHER NEEDED SERVICES 27 THE BOY TO MAN AND GIRL TO WOMAN COMMUNICATION EDUCATION PROGRAMS FACILITATE CONVERSATION BETWEEN ADULTS AND PRE-TEENS ABOUT FUTURE PHYSICAL AND EMOTIONAL CHANGES 28 STORMONT VAIL AND ITS EMPLOYEES DONATED FUNDS AND STAFF TIME TO THE MEALS ON WHEELS PROGRAM 29 STORMONT VAIL AND ITS EMPLOYEES DONATED FUNDS AND STAFF TIME TO THE UNITED WAY 30 DEVELOPED THE PATIENT CENTER MEDICAL HOME CONCEPT TO IMPROVE CARE WITH THE FOCUS ON PREVENTION AND WELLNESS 31 WORK WITH OTHERS IN THE COMMUNITY TO IMPROVE SAFETY NET SERVICES FOR UNDER INSURED AND UNINSURED 32 PROVIDED STAFF TO SERVE ON THE UNITED WAY BOARD OF DIRECTORS 33 PROVIDED SERVER AT THE CELEBRITY SERVICE R AT DOORSTEP 34 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) IN ADDITION TO THESE COMMUNITY CONTRIBUTIONS, STORMONT-VAIL PROVIDED SUPERVISED CLINICAL EXPERIENCE FOR 1,217 STUDENTS AND 198,266 HOURS TO THE FOLLO WING ENTITIES TYPE OF NAME/LOCATION STUDENTS DEPT/DIVISION ----- ----- ADVENTIST UNIV OF HEALTH SCIENCES OT OCCUPATIONAL THERAPY BAKER UNIVERSITY NURSING MULTIPLE BENEDICTINE COLLEGE NURSING MULTIPLE UNIVERSITY OF CINCINNATI NURSING MULTIPLE CLARKSON UNIVERSITY PHYSASST MULTIPLE CLAY CENTER MEDICAL CENTER ULTRASOUND HEART CENTER COLBY COMMUNITY COLLEGE PT REHABILITATION SVCS CREIGHTON UNIVERSITY PHARMACY PHARMACY CREIGHTON UNIVERSITY OT OCCUPATIONAL THERAPY DES MOINES UNIVERSITY SVCS PHYSASST PATIENT CARE EMPORIA STATE UNIVERSITY ART THERAPY BEHAVIORAL HEALTH EMPORIA STATE UNIVERSITY NURSING MEDICAL ARTS CLINIC FLINT HILLS TECHNICAL COLL LPN MEDICAL ARTS CLINIC FORT HAYS NURSING NURSING MULTIPLE FRONTIER SCHOOL OF MIDWIF NURSING THE BIRTHPLACE GEARY COMMUNITY NURSING MULTIPLE GRACELAND UNIVERSITY NURSING PATIENT CARE SERVICES HIAWATHA COMMUNITY HOSP NURSING PATIENT CAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	E SERVICES HIGHLAND COMMUNITY COLLEGE NURSING PATIENT CARE SERVICES HUTCHINSON COMMUNITY C OLL HIM HEALTH INFORMATION MGT INDIANA STATE UNIVERSITY NURSING PATIENT CARE SERVICES INS TITUTE OF MIDWIFERY - PHILADELPHIA MIDWIFERY THE BIRTHPLACE KANSAS STATE UNIVERSITY DIETICI ANS NUTRITIONAL SERVICES UNIVERSITY OF KANSAS NURSING PATIENT CARE SERVICES UNIVERSITY OF KANSAS OT PATIENT CARE SERVICES UNIVERSITY OF KANSAS PHARMACY PHARMACY UNIVERSITY OF KANSAS PT ASST REHABILITATION SERVICES UNIVERSITY OF KANSAS SOCIAL WORK BEHAVIORAL HEALTH UNIVE RSITY OF KANSAS SPEECH THER REHABILITATION SERVICES KANSAS UNIVERSITY MED CTR MEDICAL CLIN IC KICKAPOO NATION HEALTH CTR NURSING PATIENT CARE SERVICES LIBERTY SCHOOL OF NURSING NURS ING PATIENT CARE SERVICES MARYVILLE UNIVERSITY NURSING PATIENT CARE SERVICES MIDAMERICA NA ZARENE UNIV NURSING PATIENT CARE SERVICES UNIVERSITY OF MISSOURI NURSING COTTON ONEIL CLIN ICS UNIVERSITY OF MISSOURI PA COTTON ONEIL CLINICS MORRIS COUNTY EMS EMT/NURSING ED/PCS/PH ARMACY NEBRASKA MEDICAL CENTER/WU MEDICAL TECH LABORATORY NEBRASKA MEDICAL CENTER MEDICAL CLINIC NEOSHO COMMUNITY COLLEGE NURSING PATIENT CARE SERVICES NEWMAN UNIVERSITY OTA REHABI LITATION SERVICES ROCKHURST UNIVERSITY PT/OT REHABILITATION SERVICES SABETHA HOSPITAL NURS ING PATIENT CARE SERVICES UNIVERSITY OF SAINT MARY PT REHABILITATION SHENANDOAH UNIVERSITY MIDWIFERY THE BIRTHPLACE UNIVERSITY OF S INDIANA NURSING PATIENT CARE SERVICES TEXAS WES LEY AN UNIVERSITY CRNA SURGICAL SERVICES USD #501 HIGH SCHOOL MULTIPLE WASHBURN UNIVERSITY KINESIOLOGY HEART CENTER WASHBURN UNIVERSITY HEALTH INFOR HEALTH INFORMATION MGT WASHBURN UNIVERSITY NURSING MULTIPLE WASHBURN UNIVERSITY OT REHABILITATION SERVICES WASHBURN UNIVER SITY PT ASST REHABILITATION SERVICES WASHBURN UNIVERSITY IMAGING MEDICAL IMAGING WASHBURN UNIVERSITY PHLEBOTOMY LABORATORY WASHBURN UNIVERSITY PSYCHOLOGY BEHAVIORAL HEALTH WASHBURN UNIVERSITY RADIATION CANCER CENTER WASHBURN UNIVERSITY RESP THERAPY PULMONARY CARE WASHBU RN UNIVERSITY SOCIAL WORK SV BEHAVIORAL HEALTH WASHBURN UNIVERSITY ULTRASOUND MEDICAL SERV ICES DIVISION WASHBURN UNIVERSITY ULTRASOUND RADIOLOGY/ULTRASOUND WASHBURN INSTITUTE OF TE CH LPNS MULTIPLE WASHBURN INSTITUTE OF TECH SURG TECHS SURGICAL SERVICES/TSDS WASHBURN INS TITUTE OF TECH EMT PATIENT CARE SERVICES WASHINGTON UNIVERSITY PT ASST REHABILITATION SERV ICES WICHITA STATE UNIVERSITY NURSING MULTIPLE WICHITA STATE UNIVERSITY PHY S ASST MULTIPLE WICHITA STATE UNIVERSITY PT ASST REHABILITATION SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S STRATEGY AND FINANCE COMMITTEE ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S STRATEGY AND FINANCE COMMITTEE HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SUBMIT CONFLICT OF INTEREST STATEMENTS TO THE CHAIRMAN OF THE AUDIT COMMITTEE OF STORMONT VAIL HEALTHCARE EACH YEAR. THE CHAIRMAN REVIEWS THE RESPONSES AND REPORTS TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND DETERMINATION OF ANY APPROPRIATE ACTION TO BE TAKEN. THE CHAIRMAN ALSO THEN REPORTS THE RESULTS TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	THE PERFORMANCE COMMITTEE OF THE STORMONT VAIL HEALTHCARE (SVHC) BOARD OF DIRECTORS ENGAGED INTEGRATED HEALTH STRATEGIES, AN EXECUTIVE COMPENSATION CONSULTING FIRM, TO PROVIDE RECOMMENDATIONS REGARDING ALL ASPECTS OF COMPENSATION OF THE ORGANIZATION'S SENIOR LEADERSHIP GROUP, INCLUDING THE PRESIDENT & CEO THE ENGAGEMENT INCLUDED THE FOLLOWING COMPONENTS -REVIEW OF BACKGROUND DATA, INCLUDING INFORMATION ON CURRENT PROGRAM -COMPILATION OF DATA ON COMPENSATION AND BENEFIT PRACTICES OF COMPARABLE ORGANIZATIONS -COMPARISON OF BASE SALARIES AT SVHC TO BASE SALARY LEVELS IN THE MARKET -COMPARISON OF ANNUAL AND LONG-TERM INCENTIVES AT SVHC TO INCENTIVE LEVELS IN THE MARKET - ANALYSIS OF BENEFITS ON BOTH A QUANTITATIVE AND QUALITATIVE BASIS -COMPARISON OF SVHC TOTAL COMPENSATION (BASE, INCENTIVE, BENEFITS) TO PEER GROUP TOTAL COMPENSATION -PREPARATION OF REPORT TO FACILITATE SVHC BOARD DISCUSSION OF THE TOTAL COMPENSATION -RECOMMENDATIONS REGARDING ESTABLISHMENT OF SALARY RANGES FOR SENIOR LEADERSHIP POSITIONS THE DELIBERATIONS AND DECISION OF THE PERFORMANCE COMMITTEE AND THE BOARD OF DIRECTORS ARE DOCUMENTED IN MEETING MINUTES MAINTAINED BY SVHC INTEGRATED HEALTH STRATEGIES PERFORMED THEIR REVIEW IN 2015

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	STORMONT VAIL HEALTHCARE MAKES THEIR FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AS PART OF THE FORM 990 INFORMATION RETURN ANY CHANGES TO THE GOVERNING DOCUMENTS ARE INCLUDED WITH THE FORM 990 RETURN AT THIS TIME, THE HEALTH CENTER DOES NOT MAKE THEIR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN UNRECOGNIZED FUNDED STATUS OF PENSION PLAN \$(25,564,693) NET ASSET TRANSFER RECEIVED 1,186,469 ----- (24,378,224)

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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) Pnmary 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 AVENUE TOPEKA, KS 66604 46-5542929	SHARED SAVING	KS	-1,175,444	17,053	SVHC

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) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) STORMONT-VAIL FOUNDATION 1500 SW 10TH ST TOPEKA, KS 66604 48-0980926	FUNDRAISING	KS	501(C)(3)	7	SVHC	Yes	
(2) STORMONT-VAIL HEALTHCARE AUXILIARY 1500 SW 10TH ST TOPEKA, KS 66604 48-6140517	FUNDRAISING	KS	501(C)(3)	11A	SVHC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) URISH MEDICAL PLAZA LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 48-0782848	REAL ESTATE	KS	SVHC	RELATED	77,947	758,658		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) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)STORMONT VAIL INC 901 GARFIELD TOPEKA, KS 66606 48-0782848	RETAIL PHARMACY	KS	SVHC	C-CORP	556,766	12,118,773	100 000 %	Yes	
TENTH STREET PROPERTY (2)INC 1500 SW 10TH ST TOPEKA, KS 66604 48-0788844	REAL ESTATE	KS	SVHC	C-CORP		296,096	100 000 %	Yes	
CENTURY HEALTH (3)SOLUTIONS INC 2951 SW WOODSIDE DR TOPEKA, KS 66614 48-1206397	INSURANCE ADMIN	KS	SVHC	C-CORP	- 309,968	121,092	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

O ther transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

Yes

Yes

Yes

Yes

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
See Additional Data Table			

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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
(1) STORMONT VAIL FOUNDATION	B	748,361	FMV
(1) STORMONT VAIL FOUNDATION	C	891,459	FMV
(2) STORMONT VAIL AUXILIARY	C	156,619	FMV
(3) STORMONT VAIL INC	O	1,210,841	FMV
(4) STORMONT VAIL FOUNDATION	O	488,077	FMV
(5) STORMONT VAIL AUXILIARY	P	289,999	fmv
(6) STORMONT VAIL FOUNDATION	R	929,227	FMV