

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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 \$ 573,256,566	including grants of \$ 748,416)	(Revenue \$ 694,829,354)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	573,256,566
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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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	1a	196
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,488
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	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?	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?	Yes	

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.

► ROBERT LANGLAND 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 ☐

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

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[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	15,138,570	0	1,610,835

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 ▶ 479

		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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MURRAY COMPANY, 7300 COLLEGE BLVD SUITE 210 OVERLAND PARK, KS 66210	CONSTRUCTION	5,504,938
RADIOLOGY NUCLEAR MEDICINE LLC, BOX 2312 WICHITA, KS 67201	PHYSICIAN SERVICES	2,653,910
ANESTHESIA ASSOCIATES, 823 SW MULVANE SUITE 2A TOPEKA, KS 66606	PHYSICIAN SERVICES	2,302,500
SODEXO INC AFFILIATES, PO BOX 360170 PITTSBURGH, PA 15251	FOOD SERVICE SERVICE	1,668,645
LABORATORY CORP OF AMERICA, PO BOX 12140 BURLINGTON.NC 27216	LABORATORY SERVICES	1,442,546

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 ► 52	
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Part VIII Statement of RevenueCheck 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	870,930			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	241,453			
	g Noncash contributions included in lines 1a-1f \$ _____		201,963			
	h Total. Add lines 1a-1f		1,112,383			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621300	683,192,274	683,192,274		
	b PHARMACY	621300	2,395,247	2,127,305	267,942	
	c NUTRITIONAL SERVICES	621300	2,058,389	2,058,389		
	d EDUCATION SERVICES/SCHOOL OF NURS	621300	2,201,157	2,201,157		
	e MEANINGFUL USE/EHR	621300	621,701	621,701		
	f All other program service revenue		4,360,586	4,360,586		
	g Total. Add lines 2a-2f		694,829,354			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		221,099		-1,109	222,208
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		545,723				
	b Less rental expenses					
	c Rental income or (loss)	545,723 0				
	d Net rental income or (loss)		545,723			545,723
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		2,057,145				
	b Less cost or other basis and sales expenses		628,558			
	c Gain or (loss)	2,057,145 -628,558				
	d Net gain or (loss)		1,428,587			1,428,587
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	0			
	b Less cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a EARNINGS - EQUITY INVESTEES	900099	3,126,338			3,126,338	
b All Other Misc Revenue	900099	726,504			726,504	
c						
d All other revenue						
e Total. Add lines 11a-11d		3,852,842				
12 Total revenue. See Instructions		701,989,988	694,561,412	266,833	6,049,360	

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.	748,416	748,416		
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, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	15,226,865	13,064,650	2,162,215	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	63,615		63,615	
7 Other salaries and wages.	309,914,816	271,807,566	38,107,250	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	19,115,121	14,582,926	4,532,195	
9 Other employee benefits.	36,551,202	27,345,452	9,205,750	
10 Payroll taxes.	19,916,687	15,138,694	4,777,993	
11 Fees for services (non-employees):				
a Management.	767,647	585,638	182,009	
b Legal.	746,497		746,497	
c Accounting.	184,620		184,620	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	804,572		804,572	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	17,584,800	13,685,110	3,899,690	0
12 Advertising and promotion.	1,346,684	8,413	1,338,271	
13 Office expenses.	8,198,884	5,860,321	2,338,563	
14 Information technology.	11,770,741	8,567,654	3,203,087	
15 Royalties.	0			
16 Occupancy.	10,476,021	3,843,380	6,632,641	
17 Travel.	462,499	226,957	235,542	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	104,429	42,057	62,372	
20 Interest.	7,281,485		7,281,485	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	25,004,124	11,896,343	13,107,781	
23 Insurance.	4,817,692	1,516,551	3,301,141	
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.	119,489,561	117,253,528	2,236,033	
b Repairs & Maintenance.	7,778,209	6,036,260	1,741,949	
c Nutrition & Food Service.	2,199,303	1,677,848	521,455	
d Bad Debt Expense.	50,733,416	50,733,416		
e All other expenses.	23,320,444	8,635,386	14,685,058	
25 Total functional expenses. Add lines 1 through 24e.	694,608,350	573,256,566	121,351,784	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		49,472,607	1	56,975,104
	2	Savings and temporary cash investments		498,948	2	499,768
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		99,586,447	4	95,003,353
	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		7,558,653	8	8,364,019
	9	Prepaid expenses and deferred charges		4,740,242	9	6,139,859
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	483,034,888		
	b	Less: accumulated depreciation	10b	256,293,868		
				232,028,181	10c	226,741,020
	11	Investments—publicly traded securities		212,204,460	11	255,421,969
	12	Investments—other securities. See Part IV, line 11		78,284,510	12	89,022,316
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		1,878,108	14	1,565,090
15	Other assets. See Part IV, line 11		11,386,468	15	6,374,742	
16	Total assets. Add lines 1 through 15 (must equal line 34)		697,638,624	16	746,107,240	
Liabilities	17	Accounts payable and accrued expenses		72,223,127	17	64,539,302
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		171,437,674	20	188,456,694
	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		371,417	23	320,503
	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.		126,417,802	25	95,789,352
26	Total liabilities. Add lines 17 through 25		370,450,020	26	349,105,851	
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		326,210,945	27	395,962,228
	28	Temporarily restricted net assets		844,800	28	906,302
	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		327,188,604	33	397,001,389	
34	Total liabilities and net assets/fund balances		697,638,624	34	746,107,240	

Part XI Reconciliation of Net AssetsCheck 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	701,989,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	694,608,350
3	Revenue less expenses Subtract line 2 from line 1	3	7,381,638
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	327,188,604
5	Net unrealized gains (losses) on investments	5	35,197,889
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	27,233,258
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	397,001,389

Part XII Financial Statements and ReportingCheck 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
b 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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 48-0543789

Name: Stormont-Vail Healthcare Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

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			
MR KENNETH ALEXANDER III DIRECTOR	3 0 0 0	X						0	0	0
MRS PAMELA JOHNSON-BETTS DIRECTOR	3 0 0 0	X						0	0	0
MR RICHARD BONEBRAKE DIRECTOR THRU 7-31-17	3 0 0 0	X						0	0	0
MRS DEBRA CLAYTON DIRECTOR	3 0 0 0	X						0	0	0
MR JAMES S HAINES DIRECTOR	3 0 0 0	X						0	0	0
MR ANDREW J JETTER DIRECTOR	3 0 0 0	X						0	0	0
MRS BRENDA SUE MILLS DIRECTOR	3 0 0 0	X						0	0	0
MR JAMES PARRISH DIRECTOR/TREASURER	3 0 1 0	X		X				0	0	0
MR JAMES R SCHMANK DIRECTOR/BOARD CHAIR	3 0 0 0	X		X				0	0	0
MRS 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						415,434	0	16,311
KEVIN HAN VICE PRES/CFO THRU 6-30-17	50 0 1 0	X		X				478,689	0	149,843
RANDALL PETERSON PRESIDENT CEO	50 0 1 0	X		X				1,112,220	0	202,910
MARK KNACKENDOFFEL DIRECTOR	3 0 0 0	X						0	0	0
ROBERT ST PETER DIRECTOR	3 0 0 0	X						0	0	0
BERNARD H BECKER VICE PRESIDENT THRU 9-15-17	50 0 0 0				X			393,888	0	142,656
DAVID J CUNNINGHAM VICE PRESIDENT	50 0 0 0				X			339,090	0	84,136
KEVIN DISHMAN MD OPERATING COMMITTEE	50 0 0 0				X			876,131	0	52,854
CLIFF JONES MD VICE PRESIDENT	50 0 0 0				X			407,326	0	48,039

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			418,553	0	43,284
DOUGLAS ROSE MD VICE PRESIDENT	50 0 0 0				X			519,168	0	156,688
JANET K STANEK VICE PRESIDENT	50 0 1 0				X			593,674	0	115,330
ERIC VOTH MD VICE PRESIDENT	50 0 0 0				X			471,404	0	168,632
DEBRA YOCUM VICE PRESIDENT	50 0 0 0				X			413,120	0	67,546
WILLIAM SACHS MD VICE PRESIDENT	50 0 0 0				X			558,714	0	34,650
MICHAEL KONGS DIRECTOR FINANCE	50 0 1 0				X			200,631	0	40,356
TRACY O'ROURKE VICE PRESIDENT	50 0 1 0				X			283,457	0	54,769
AMY KINCADE VICE PRESIDENT	50 0 3 0				X			170,020	0	21,302
TEWODRO ADDISSE MD PHYSICIAN	50 0 0 0					X		1,020,095	0	23,586

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			
CHU CHI CHEN MD PHYSICIAN	50 0 0 0					X		1,327,708	0	19,314
MATTHEW J WILLS MD PHYSICIAN	50 0 0 0					X		1,795,476	0	37,938
MARC BARABAN MD PHYSICIAN	50 0 0 0					X		1,053,934	0	33,450
JOSEPH MUMFORD MD PHYSICIAN	50 0 0 0					X		1,035,631	0	43,080
KENT PALMBERG MD FORMER VICE PRESIDENT	50 0 0 0						X	892,965	0	34,495
CAROL WHEELER FORMER VICE PRESIDENT	50 0 0 0						X	361,242	0	19,666

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b 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>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

2016

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
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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 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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		29,239
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,250
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			32,489
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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493227019868	
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 2016 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.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" 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) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	276,224	266,314	258,083	249,013	254,042
b Contributions					
c Net investment earnings, gains, and losses	697	9,910	8,231	9,070	-5,029
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	276,921	276,224	266,314	258,083	249,013

2

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

a

Board designated or quasi-endowment

48 100 %

b

Permanent endowment

51 900 %

c

Temporarily restricted endowment

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,149,238		21,149,238
b Buildings		294,662,602	120,767,121	173,895,481
c Leasehold improvements		0		
d Equipment		167,223,048	135,526,747	31,696,301
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				226,741,020

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENTS - GROSVENOR FUND	42,650,602	F
(B) INVESTMENTS - PRINCIPAL	28,974,237	F
(C) INVESTMENTS - MORGAN CREEK	647,862	F
(D) CLOSELY-HELD EQUITY INVESTMENT	16,749,615	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	89,022,316	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
1. Federal income taxes	0
Accrued Pension Obligation	91,705,637
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	95,789,352

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	694,865,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	35,197,889
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	9,215,333
e	Add lines 2a through 2d	2e	44,413,222
3	Subtract line 2e from line 1	3	650,452,000
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	804,572
b	Other (Describe in Part XIII)	4b	50,733,416
c	Add lines 4a and 4b	4c	51,537,988
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	701,989,988

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	646,569,062
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	3,498,700
e	Add lines 2a through 2d	2e	3,498,700
3	Subtract line 2e from line 1	3	643,070,362
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	804,572
b	Other (Describe in Part XIII)	4b	50,733,416
c	Add lines 4a and 4b	4c	51,537,988
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	694,608,350

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 INSTRUMENT 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 POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATION REVENUE \$ 13,106,643 ELIMINATIONS (3,891,310) ----- \$ 9,215,333

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE \$ 50,733,416

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATION EXPENSES \$ 4,342,461 ELIMINATIONS (843,761) ----- \$ 3,498,700

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE \$ 50,733,416

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Stormont-Vail Healthcare Inc

Employer identification number

48-0543789

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Investments		689,798
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			689,798
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			689,798

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 48-0543789

Name: Stormont-Vail Healthcare Inc

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

► 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.

Department of the Treasury

Internal Revenue Service

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	Yes	
1b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
	☐ Applied uniformly to all hospital facilities		
	☐ Applied uniformly to most hospital facilities		
	☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	☒ 100% ☐ 150% ☐ 200% ☐ Other %		
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %		
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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	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)			13,312,265		13,312,265	2 070 %
b Medicaid (from Worksheet 3, column a)			73,011,791	47,451,811	25,559,980	3 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			86,324,056	47,451,811	38,872,245	6 040 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,217,953	401,340	816,613	0 130 %
f Health professions education (from Worksheet 5)			3,782,345	2,224,885	1,557,460	0 240 %
g Subsidized health services (from Worksheet 6)			1,446,364	310,656	1,135,708	0 180 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			6,446,662	2,936,881	3,509,781	0 550 %
k Total. Add lines 7d and 7j			92,770,718	50,388,692	42,382,026	6 590 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with 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		
	50,733,416		
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	228,259,075
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	285,638,330
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-57,379,255
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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): _____

1

Community Health Needs Assessment

	Yes	No
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)	3	Yes
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 ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
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
6 a 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)	7	Yes
a ☒ Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b ☒ Other website (list url) <u>SEE PART V, SECTION C</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10	Yes
a		
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
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	Was widely publicized 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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

STORMONT VAIL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

STORMONT VAIL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 34

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	THE ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE, IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, INCLUDE ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS AND RESIDENCY
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	STORMONT VAIL PROVIDES INTERNAL FETAL MEDICINE SERVICES TO THE COMMUNITY THE ORGANIZATION CONTINUES TO PROVIDE THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT FINANCIAL SHORTFALLS WILL BE SUSTAINED
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 \$50,733,416

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	THE BAD DEBT EXPENSE AMOUNT IS CALCULATED BY DETERMINING THE AMOUNT OF THE ACCOUNTS THAT WERE WRITTEN OFF AS BAD DEBT NET OF ANY RECOVERIES A COST TO CHARGE RATIO WAS APPLIED TO THE NET BAD DEBT AMOUNT IN ORDER TO DETERMINE COST THE AMOUNT WRITTEN OFF AS BAD DEBT HAS BEEN REDUCED BY ANY APPLICABLE DISCOUNTS
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	THE FINANCIAL STATEMENT FOOTNOTE ADDRESSING BAD DEBT EXPENSE IS ON PAGE 11 OF THE ATTACHED FINANCIAL STATEMENTS
SCHEDULE H, PART III, SECTION B, LINE 8	STORMONT VAIL HEALTHCARE BELIEVES 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 THESE SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	AN ESSENTIAL ELEMENT OF THE MISSION OF STORMONT VAIL HEALTHCARE IS TO BE GOOD FINANCIAL STEWARDS AS WE STRIVE TO IMPROVE THE HEALTHCARE OF OUR COMMUNITY AS PART OF THAT STEWARDSHIP, WE MUST DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH PATIENTS CAN AFFORD TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED WE WORK VERY HARD TO MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND TO ENSURE THAT WE MANAGE OUR RESOURCES SO THAT WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND IN COMMUNICATION REGARDING PATIENT BILLS PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION OUR REPRESENTATIVES WORK WITH PATIENTS TO TRY TO REACH THE MOST EQUITABLE SOLUTION IN ORDER TO RESOLVE A PATIENT BILL IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED
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	STORMONT VAIL WIDELY PUBLICIZES THE FINANCIAL ASSISTANCE PROGRAM BY POSTING INFORMATION ON THE STORMONT VAIL WEBSITE, NOTIFYING AND DISTRIBUTING INFORMATION TO PATIENTS AT ALL REGISTRATION AREAS WHEN THEY PRESENT FOR SERVICE, MAKING INFORMATION AVAILABLE IN REGISTRATION WAITING ROOMS, INCLUDING INFORMATION ON PATIENT BILLING STATEMENTS, MENTIONING THE FAP WHEN DISCUSSING AN INDIVIDUAL'S BILL OVER THE TELEPHONE AND BY PUBLICIZING THE FAP TO COMMUNITY HEALTH CENTERS AND SOCIAL SERVICE AGENCIES STORMONT VAIL ALSO ASSISTS PATIENTS IN OBTAINING COVERAGE THROUGH GOVERNMENTAL PROGRAMS
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 LATINO AND 11 PERCENT WERE AFRICAN AMERICAN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	STORMONT VAIL IS A NON-PROFIT CORPORATION SO ANY SURPLUS FUNDS ARE RE-INVESTED BACK INTO THE ORGANIZATION AND NOT PAID TO INVESTORS THE HEALTH SYSTEM IS MANAGED BY A LOCAL BOARD OF DIRECTORS WHO ARE COMMUNITY LEADERS STORMONT VAIL ACCEPTS ALL PATIENTS REGARDLESS OF INSURANCE COVERAGE SO THAT CARE IS PROVIDED TO ALL WHO NEED CARE
SCHEDULE H, PART VI, LINE 6	NONE

990 Schedule H, Supplemental Information

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

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		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								

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 3J	THE SHAWNEE COUNTY HEALTH NEEDS ASSESSMENT IDENTIFIED 14 HEALTH ISSUES THE HEALTHCARE COMMUNITY SHOULD ADDRESS THE FINAL REPORT HAS A DETAILED ANALYSIS OF EACH ISSUE THAT INCLUDES DATA SOURCES, SHAWNEE COUNTY'S CURRENT PERFORMANCE, DISCUSSION OF THE ISSUE AND BARRIERS TO OVERCOME AND HEALTHY PEOPLE 2020 TARGETS

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 5	FOCUS GROUPS - FOCUS GROUPS WERE COMPLETED WITH INDIVIDUALS REPRESENTING FRONTLINE HEALTHCARE PROFESSIONALS, PROFESSIONALS FROM SOCIAL SERVICE AGENCIES, AND MEMBERS OF TOPEKA NEIGHBORHOOD ASSOCIATIONS. THE INDIVIDUAL PARTICIPANTS WERE: KAREN CONLEY, SELECT SPECIALTY HOSPITAL ANNIE COLLINS, WASHBURN SON, COMMUNITY HEALTH NURSE SHIRLEY DINKEL, WASHBURN, DIRECTOR OF ST. UDENT HEALTH SERVICES TINA SEARCY LPN, COTTON-O'NEIL EXPRESS CARE LINDA BARBERY, HEALTH CONNECTIONS (ASK-A-NURSE) JULIE DEJEAN, DIRECTOR OF SV WEST BEVERLY ROGERS, WASHBURN RURAL SCHOOL NURSE DIANE BOTTORFF, BAKER SCHOOL OF NURSING CAROL TRAHAN, BAKER SCHOOL OF NURSING RENAE WRIGHT, ALDERSGATE VILLAGE, SNF DIRECTOR MARTY DERNIER, KANSAS REHAB HOSPITAL, CEO ANGE GAMBER, STORMONT-VAIL ED RUTH HUMBERT, MARIAN CLINIC SANDY SIEBERT, ST. FRANCIS EMERGENCY DEPARTMENT LEE LEINWETTER, DOW SHAWNEE COUNTY HEALTH CENTER DR. JULIE HARRIS, MARIAN CLINIC KIM RIBELIN, UNITED WAY DIRECTOR COMMUNITY IMPACT TIM STRATTON, UNITED WAY VOLUNTEER IM PACT KARLA HEDQUIST, DIRECTOR HEALTHACCESS SHARITA DAVIS, AMERICAN RED CROSS, HEALTH & SAFETY SERVICE BOB MACKEY, DIRECTOR HOUSING-CREDIT COUNSELING CATHY LYON, CATHOLIC CHARITIES CHRIS HARTMAN, FAMILY SERVICE AND GUIDANCE, CFO DANETTE TIPTON, BREAKTHROUGH HOUSE BRIAN COLE, SHAWNEE COUNTY DEPT. OF CORRECTIONS SHELLEY LOWERY, DIRECTOR LET'S HELP LISA CLARK, DOORSTEP ROGER V. IOLA, TOPEKA COMMUNITY FOUNDATION MARSHA KENT, MIDLAND CARE MARILYN RIVERA, MEALS ON WHEELS SOCIAL WORKER MIKE PURDON, TARC JAMI NICHOLS, VALEO, BEHAVIORAL HEALTH CATHY NYE, RN, SV CASE MANAGER THERESA VINCENT, SV SOCIAL WORKER CLAYTON HUNTER, RED CROSS KANSAS CITY ELEN MCGIVERN, BREWSTER PLACE FRANK MEADOWS, COLLEGE HILL BOB CLAWSON, QUININTON HEIGHTS CLAY LOYD, GREATER AUBURNDALE FRED MARTINEZ, ROLLING MEADOWS NANCY METZLER, SV COMMUNITY ADVISORY COMMITTEE BENNIE DAVIS, SOUTHERN HILLS TJ BROWN, OAKLAND MARK TYREE ELMHURST LOIS JONES, SV VOLUNTEER JUNE MITTS, SV VOLUNTEER RUTH LONG, SV VOLUNTEER COMMUNITY SURVEY IN AUGUST OF 2015, A COMMUNITY SURVEY WAS DISTRIBUTED VIA EMAIL (SURVEY MONKEY). THIS SURVEY WAS SENT TO HEARTLAND HEALTHY NEIGHBORHOODS MEMBERSHIP WITH INSTRUCTIONS TO FORWARD IT ON TO OTHER CONTACTS. THE SURVEY WAS ALSO AVAILABLE THROUGH THE COMMUNITY RESOURCE COUNCILS ELECTRONIC NEWSLETTER. EMPLOYEES OF THE HEALTHY SHAWNEE COUNTY TASK FORCE MEMBERS ALSO RECEIVED THE SURVEY. THIS SURVEY ASKED RESPONDENTS TO IDENTIFY THE GREATEST HEALTH CHALLENGES FACING THEM AND THEIR FAMILY. IT ALSO ASKED RESPONDENTS TO RATE THE AVAILABILITY OF VARIOUS HEALTHCARE SERVICES IN THE COMMUNITY. THE FINAL QUESTION WAS OPEN-ENDED AND ASKED WHAT DOES THE COMMUNITY NEED TO DO TO MAKE SHAWNEE COUNTY A HEALTHIER PLACE? 1362 RESPONSES WERE COLLECTED. THIS INCLUDES 748 RESPONSES TO THE OPEN-ENDED QUESTION. INTERVIEWS WITH COMMUNITY LEADERS/PROVIDERS. TWELVE KEY COMMUNITY PROVIDERS WERE INTERVIEWED. AMONG THOSE INTERVIEWED INCLUDED THE EMERGENCY DEPARTMENT DIRECTORS OF BOTH HOSPITALS, THE MEDICAL DIRECTORS OF BOTH HOSPITALIST PROGRAMS AND THE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 5	HE DIRECTORS OF BOTH COMMUNITY SAFETY NET CLINICS EACH PARTICIPANT WAS ASKED WHAT ARE THE MOST IMPORTANT ISSUES FACING SHAWNEE COUNTY, WHAT ARE THE BIGGEST CHALLENGES/BARRIERS IN ADDRESSING THESE ISSUES, WHAT ARE POTENTIAL SOLUTIONS COMMUNITY PROVIDERS/LEADERS INTERVIEWED GLENDA DUBOISE, INTERIM EXECUTIVE DIRECTOR MARIAN CLINIC THOMAS HAMILTON, M D CHIEF MEDICAL OFFICER, ST FRANCIS HEALTH JENNA HERRON, DIRECTOR OF MISSION AND ETHICS, ST FRANCIS HEALTH SAM HO, M D , MEDICAL DIRECTOR HOSPITALIST SERVICES, ST FRANCIS HEALTH JOHN HOMLISH, DIRECTOR OF COMMUNITY ACTION, INC AMY KINCADE, ADMINISTRATIVE DIRECTOR CONTINUUM OF CARE, STORMONT VAIL HEALTH PAUL LEAVENS, DIRECTOR OF EMERGENCY SERVICES, ST FRANCIS HEALTH SALLY ANNE SCHNEIDER, ADMINISTRATIVE DIRECTOR BEHAVIORAL HEALTH, STORMONT VAIL HEALTH CHRIS TUCK, HEALTH SERVICES DIRECTOR, TOPEKA USD 345 ERIC VOTH, M D , VICE PRESIDENT PRIMARY CARE, STORMONT VAIL HEALTH ALICE WEINGARTNER, DIRECTOR COMMUNITY HEALTH CENTER, SHAWNEE COUNTY HEALTH AGENCY BETH WILLIAMS, DIRECTOR OF NURSING SERVICES, ST FRANCIS HEALTH BETH WILLIAMS, DIRECTOR OF NURSING SERVICES, ST FRANCIS HEALTH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINES 6A & 6B	6A - OTHER HOSPITAL FACILITIES - ST FRANCIS HEALTH 6B - OTHER ORGANIZATIONS - SHAWNEE COUNTY HEALTH AGENCY HEARTLAND HEALTHY NEIGHBORHOODS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINES 7A & 7B	7A - HTTPS //WWW STORMONTVAIL ORG/ABOUT-US/ 7B - http //www kansashealthmatters org/resource/library/index/ view?id=128962649

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 10A	https://www.stormontvail.org/about-us/quality-safety/community-health-needs-assessment/

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 11	STORMONT-VAIL'S 2016 IMPLEMENTATION STRATEGY TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA HAS THREE MAJOR INITIATIVES 1 ADDRESS ACCESS TO CARE AND CHRONIC CONDITIONS 2 ADDRESS THE HEALTH OF BABIES AND YOUTH 3 ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE THESE STRATEGIES ARE INCORPORATED INTO STORMONT-VAIL'S FY2016 STRATEGIC PLAN STEPS TO ADDRESS THE IDENTIFIED HEALTH CARE NEEDS ACCESS TO CARE AND CHRONIC CONDITIONS - A SUPER UTILIZER CLINIC HAS BEEN STARTED THIS CLINIC IS ESTABLISHED FOR PEOPLE WITHOUT A PCP AND WHO MAKE FREQUENT VISITS TO THE EMERGENCY DEPARTMENT IT IS RUN BY AN APP - STORMONT VAIL HAS ESTABLISHED A DIABETES FOLLOW-UP CLINIC, RUN BY AN APP THE PROVIDER COMPLETES THE 7 DAY POST DISCHARGE FOLLOW-UP APPOINTMENT FOR THOSE PATIENTS WITHOUT A PCP - COPD CLINIC WILL USE HEALTH CONNECTIONS STAFF TO PROACTIVELY CONTACT PATIENTS AND CHECK ON THEIR STATUS - A TRANSITION CLINIC WAS ESTABLISHED THIS CLINIC PROVIDES FOLLOWUP FROM INPATIENT STAYS ASSIGNED CITY CALL AND FOR PATIENTS WHO HAVE BEEN TERMINATED FROM CO CLINIC OFFICES IT IS STAFFED BY AN APP - AN ED ALTERNATIVE HAS BEEN DEVELOPED BY OPENING A EXPRESSCARE LOCATION IN CENTRAL TOPEKA NEAR THE STORMONT VAIL CAMPUS - TRANSITION OF THE COUNTY'S FQHC TO GRACEMED WAS COMPLETED BABIES AND YOUTH - STORMONT VAIL CLINICS ARE PROVIDING PRENATAL CARE, WELL WOMEN CHECKS, AND APPROPRIATE IMMUNIZATIONS - STAFF WORKS WITH NEW MOMS TO COMPLETE THE NECESSARY PAPERWORK TO RECEIVE A FREE BREAST PUMP - POST-PARTUM DEPRESSION ACTIVITIES HAVE BEEN STARTED AS WELL MENTAL HEALTH AND SUBSTANCE ABUSE - AN APP WAS ESTABLISHED TO COMPLETE IMMEDIATE TRIAGE AT THE EMERGENCY DEPARTMENT WHEN APPROPRIATE THE PATIENT IS SENT TO ZONE 3, THE BEHAVIORAL HEALTH AREA - CASE MANAGEMENT/SOCIAL WORK ARE NOW AVAILABLE 24/7 IN THE EMERGENCY DEPARTMENT - THE CENTRAL KANSAS FOUNDATION (CKF) WAS CONTRACTED TO DO SUBSTANCE ABUSE SCREENING AT THE EMERGENCY DEPARTMENT AND AT STORMONT VAIL WEST - BEHAVIORAL HEALTH HAS BEEN INCORPORATED INTO THE FOLLOWING PHYSICIAN OFFICES ONCOLOGY ENDOCRINOLOGY PEDIATRIC FAMILY PRACTICE 901, 823 AND NORTH CLINIC - ADULT OUTPATIENT AND PARTIAL HOSPITALIZATION PSYCHIATRIC SERVICES WERE EXPANDED WITH 2 APPS AND 2 PSYCHOLOGISTS - REGULAR MEETINGS BETWEEN STORMONT VAIL, VALEO AND FAMILY SERVICE AND GUIDANCE ARE OCCURRING THE GOAL IS TO DIRECT BEHAVIORAL HEALTH PATIENTS TO THE APPROPRIATE LEVEL OF CARE (CONTINUUM OF BEHAVIORAL HEALTH SERVICE OPTIONS) - MONTHLY MEETINGS ARE HELD WITH BEHAVIORAL HEALTH PROVIDERS AND LOCAL LAW ENFORCEMENT - STORMONT VAIL WEST PSYCHIATRIC FACILITY BEGAN PROMOTING CRISIS INTERVENTION TRAINING (CIT) - THE 5 LARGEST HEALTH PROVIDERS IN SHAWNEE COUNTY (FAMILY SERVICE AND GUIDANCE, ST FRANCIS, STORMONT VAIL, VALEO AND THE SHAWNEE COUNTY HEALTH AGENCY) FORMED A WORK GROUP TO DISCUSS THE TREATMENT OF CHRONIC PAIN IN OUR COMMUNITY IDENTIFIED HEALTH NEEDS NOT BEING DIRECTLY ADDRESSED BY THE HOSPITAL - TRANSPORTATION TO/KNOWLEDGE OF AVAILABLE SERVICES - OVERWEIGHT

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 11	T/OBESE - EAT FRUIT/VEGETABLES 5 TIMES DAILY - PARTICIPATE IN RECOMMENDED LEVEL OF PHYSICA L ACTIVITY - ADULT CIGARETTE SMOKING - CHILDREN WITHOUT ADEQUATE ORAL HEALTH THESE COMMUNI TY HEALTH PRIORITIES ARE BEING ADDRESSED BY THE SAFETY NET SUMMIT AND THE HHN GROUPS HEALT HY EATING/ACTIVE LIVING, HEALTHY BABIES, ACTIVE ENVIRONMENT, AND HEALTH EQUITY AREAS IDEN TIFIED, BUT NOT SPECIFICALLY ADDRESSED BY THE CHIP ARE - ADULT CIGARETTE SMOKING THIS ARE A IS IMPORTANT, BUT STORMONT VAIL'S HEALTH IMPROVEMENT EFFORTS DO NOT FOCUS DIRECTLY ON TH IS CONCERNING ADULT CIGARETTE SMOKING, STORMONT VAIL HAS SMOKING CESSATION PROGRAMS FOR E MPLOYEES, BUT NOT FOR THE PUBLIC THE SHAWNEE COUNTY HEALTH AGENCY PROVIDES SMOKING CESSAT ION PROGRAMS FOR THE PUBLIC THE MOST RECENT KANSAS HEALTH MATTERS DATA HAS SHAWNEE COUNTY 'S ADULT SMOKING POPULATION AT 21%, COMPARED TO THE STATEWIDE AVERAGE OF 17 7%

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 16A, 16B & 16C	THE FINANCIAL ASSISTANCE APPLICATION FORM, INSTRUCTIONS AND A PLAIN LANGUAGE SUMMARY CAN BE LOCATED AT https //www stormontvail org/financial-assistance

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)
COTTON O'NEIL LAWRENCE CLINIC 330 ARKANSAS LAWRENCE, KS 66044	PHYSICIAN OFFICE
COTTON O'NEIL ROSSVILLE CLINIC 423 MAIN ST ROSSVILLE, KS 66533	PHYSICIAN OFFICE
COTTON O'NEIL LEBO CLINIC 118 W 4TH ST LEBO, KS 66856	PHYSICIAN OFFICE
COTTON O'NEIL MERIDEN CLINIC 407 E WYANDOTTE MERIDEN, KS 66512	PHYSICIAN OFFICE
COTTON O'NEIL NOTO CLINIC 1130 N KANSAS AVE TOPEKA, KS 66608	PHYSICIAN OFFICE
COTTON O'NEIL OSKALOOSA CLINIC 209 W JEFFERSON OSKALOOSA, KS 66066	PHYSICIAN OFFICE
STORMONT VAIL WORK CARE 1504 SW 8TH STREET TOPEKA, KS 66606	PHYSICIAN OFFICE
COTTON O'NEIL OSAGE CITY CLINIC 131 WEST MARKET ST OSAGE CITY, KS 66523	PHYSICIAN OFFICE
COTTON O'NEIL CARBONDALE CLINIC 211 EAST MAIN ST CARBONDALE, KS 66614	PHYSICIAN OFFICE
COTTON O'NEIL WAMEGO CLINIC 1704 COMMERCIAL CIRCLE WAMEGO, KS 66547	PHYSICIAN OFFICE
COTTON O'NEIL CARDIAC THORACIC SURGEONS 830 SW MULVANE TOPEKA, KS 66606	PHYSICIAN OFFICE
STORMONT VAIL MRI CENTER 631 SW MULVANE TOPEKA, KS 66606	IMAGING CENTER
COTTON O'NEIL NORTH 4505 NW FIELDING ROAD TOPEKA, KS 66618	PHYSICIAN OFFICE
COTTON O'NEIL DERMATOLOGY CLINIC 6650 SW MISSION VALLEY DRIVE TOPEKA, KS 66614	PHYSICIAN OFFICE
COTTON O'NEIL URISH CLINIC 6725 SW 29TH TOPEKA, KS 66614	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)
STORMONT VAIL SLEEP CENTER 920 SW WASHBURN TOPEKA, KS 66610	SLEEP CENTER CLINIC
COTTON O'NEIL CROCO CLINIC 2909 SW WALNET DR TOPEKA, KS 66605	PHYSICIAN OFFICE
COTTON O'NEIL PEDIATRIC 4100 SW 15TH ST TOPEKA, KS 66604	PHYSICIAN OFFICE
COTTON O'NEIL DIABETESENDOCRINOLOGY CTR 3520 SW 6TH AVE TOPEKA, KS 66606	PHYSICIAN OFFICE
COTTON O'NEIL CANCER CENTER 1414 SW 8TH ST TOPEKA, KS 66606	CANCER CENTER
COTTON O'NEIL EMPORIA CLINIC 1301 SW 12TH ST TOPEKA, KS 66801	PHYSICIAN OFFICE
COTTON O'NEIL MANHATTAN 1133 COLLEGE ST SUITE E-110 MANHATTAN, KS 66502	PHYSICIAN OFFICE
COTTON O'NEIL DIGESTIVE HEALTH CLINIC 720 LANE ST TOPEKA, KS 66606	PHYSICIAN OFFICE
STORMONT VAIL BEHAVIORAL HEALTH 3707 SW 6TH ST TOPEKA, KS 66606	PSYCHIATRIC SERVICES
COTTON O'NEIL GARFIELD 901 SW GARFIELD TOPEKA, KS 66606	PHYSICIAN OFFICE
COTTON O'NEIL MULVANE 823 SW MULVANE TOPEKA, KS 66606	PHYSICIAN OFFICE
COTTON O'NEIL HEART CENTER 929 SW MULVANE ST TOPEKA, KS 66606	PHYSICIAN OFFICE
COTTON O'NEIL KANZA PARK 2660 SW 3RD ST TOPEKA, KS 66606	PHYSICIAN OFFICE
STORMONT VAIL SURGERY CENTER 920 SW LANE TOPEKA, KS 66606	SURGERY CENTER
COTTON O'NEIL CORPORATE VIEW CLINIC 601 CORPORATE VIEW ROAD TOPEKA, KS 66615	PHYSICIAN CLINIC

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)
COTTON O'NEIL EXPRESS CARE MIDTOWN 909 SW MULVANE STREET TOPEKA, KS 66604	PHYSICIAN CLINIC
COTTON O'NEIL NEUROSPINE 2660 SW 3RD STREET TOPEKA, KS 66606	PHYSICIAN CLINIC
STORMONT VAIL OP SURGERY CENTER 2660 SW 3RD STREET TOPEKA, KS 66606	SURGERY CENTER
COTTON O'NEIL GENERAL SURGERY 1516 SW 6TH AVENUE TOPEKA, KS 66606	PHYSICIAN CLINIC

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Stormont-Vail Healthcare Inc

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
48-0543789

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) STORMONT VAIL FOUNDATION 1500 SW 10TH AVENUE TOPEKA, KS 66604	48-0980926	501 (C) (3)	748,416				SUPPORT

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

1
- 3

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

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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 \$ 264,138
SCHEDULE J, PART I, LINE 4B	ACCRUED KEVIN HAN \$ 110,871 RANDALL PETERSON \$ 154,722 BERNARD BECKER \$ 104,290 CAROL PERRY \$ 4,896 DAVID CUNNINGHAM \$ 36,249 DEBRA YOCUM \$ 34,215 DOUGLAS ROSE MD \$ 124,654 ERIC VOTH MD \$ 118,900 JANET STANEK \$ 63,975 KEVIN DISHMAN MD \$ 4,060 TRACY O'ROURKE \$ 25,260
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				
1ROBERT KENAGY VICE PRESIDENT	(i)	365,727	36,182	13,525	0	16,311	431,745	
	(ii)	0	0	0	0	0	0	
1KEVIN HAN VICE PRES/CFO THRU 6-30-17	(i)	372,863	101,919	3,907	126,771	23,072	628,532	
	(ii)	0	0	0	0	0	0	
2RANDALL PETERSON PRESIDENT CEO	(i)	742,971	363,705	5,544	170,622	32,288	1,315,130	
	(ii)	0	0	0	0	0	0	
3KENT PALMBERG MD FORMER VICE PRESIDENT	(i)	683,688	201,071	8,206	15,900	18,595	927,460	
	(ii)	0	0	0	0	0	0	
4TEWODRO ADDISSE MD PHYSICIAN	(i)	940,343	78,492	1,260	15,025	8,561	1,043,681	
	(ii)	0	0	0	0	0	0	
5CHU CHI CHEN MD PHYSICIAN	(i)	1,226,693	90,347	10,668	15,900	3,414	1,347,022	
	(ii)	0	0	0	0	0	0	
6MATTHEW J WILLS MD PHYSICIAN	(i)	1,737,488	56,728	1,260	10,600	27,338	1,833,414	
	(ii)	0	0	0	0	0	0	
7MARC BARABAN MD PHYSICIAN	(i)	1,012,463	30,803	10,668	15,900	17,550	1,087,384	
	(ii)	0	0	0	0	0	0	
8JOSEPH MUMFORD MD PHYSICIAN	(i)	918,511	113,508	3,612	15,900	27,180	1,078,711	
	(ii)	0	0	0	0	0	0	
9BERNARD H BECKER VICE PRESIDENT THRU 9-15-17	(i)	303,670	86,929	3,289	120,190	22,466	536,544	
	(ii)	0	0	0	0	0	0	
10DAVID J CUNNINGHAM VICE PRESIDENT	(i)	265,399	72,726	965	52,149	31,987	423,226	
	(ii)	0	0	0	0	0	0	
11KEVIN DISHMAN MD OPERATING COMMITTEE	(i)	777,543	97,328	1,260	19,692	33,162	928,985	
	(ii)	0	0	0	0	0	0	
12CLIFF JONES MD VICE PRESIDENT	(i)	331,977	71,856	3,493	15,900	32,139	455,365	
	(ii)	0	0	0	0	0	0	
13CAROL S PERRY VICE PRESIDENT	(i)	324,447	91,810	2,296	20,796	22,488	461,837	
	(ii)	0	0	0	0	0	0	
14DOUGLAS ROSE MD VICE PRESIDENT	(i)	405,227	111,032	2,909	140,554	16,134	675,856	
	(ii)	0	0	0	0	0	0	
15JANET K STANEK VICE PRESIDENT	(i)	444,504	145,925	3,245	79,875	35,455	709,004	
	(ii)	0	0	0	0	0	0	
16ERIC VOTH MD VICE PRESIDENT	(i)	365,765	101,585	4,054	134,800	33,832	640,036	
	(ii)	0	0	0	0	0	0	
17DEBRA YOCUM VICE PRESIDENT	(i)	325,732	85,210	2,178	44,815	22,731	480,666	
	(ii)	0	0	0	0	0	0	
18WILLIAM SACHS MD VICE PRESIDENT	(i)	515,007	42,867	840	15,900	18,750	593,364	
	(ii)	0	0	0	0	0	0	
19MICHAEL KONGS DIRECTOR FINANCE	(i)	182,404	17,033	1,194	11,974	28,382	240,987	
	(ii)	0	0	0	0	0	0	

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21TRACY O'ROURKE VICE PRESIDENT	(i)282,994	0	463	25,260	29,509	338,226	
	(ii)0	0	0	0	-0	-0	
1CAROL WHEELER FORMER VICE PRESIDENT	(i)-4,320	96,113	269,449	6,762	12,904	380,908	
	(ii)0	0	0	0	-0	-0	
2AMY KINCADE VICE PRESIDENT	(i)156,290	13,391	339	10,151	11,151	191,322	
	(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

2016

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	48543BMW5	08-31-2007	61,193,487	HEALTH FACILITIES		X		X		X
B	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	485438PD4	11-21-2013	39,321,250	HEALTH FACILITIES		X		X		X
C	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589		12-15-2016	70,350,000	HEALTH FACILITIES		X		X		X
D	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589		08-21-2017	31,870,000	REFUND 2016O TAXABLE NOTE		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	10,440,000		290,000		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	61,196,914		39,327,332		70,419,031		31,870,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	32,263		0		11		0	
6	Proceeds in refunding escrows	0		0		42,316,090		0	
7	Issuance costs from proceeds	830,826		670,848		684,718		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	10,008,295		38,656,483		6,760,526		0	
11	Other spent proceeds	50,325,531		0		7,528,754		31,870,000	
12	Other unspent proceeds	0		0		13,128,932		0	
13	Year of substantial completion	2013		2017				2001	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

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			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		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?					X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		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					0 %			
6 Total of lines 4 and 5					0 %			
7 Does the bond issue meet the private security or payment test? . . .		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		
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		
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			

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	
b Exception to rebate?				X		X		
c No rebate due?	X			X		X		
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		
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			
7 Has the organization established written procedures to monitor the requirements of section 148?	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			

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13, COLUMN D	The Series 2017 Bonds refunded bonds where the original project completion date occurred in 2001

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2A, COLUMN A	THE REBATE CALCULATION WAS PERFORMED ON 8/1/2013

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Stormont-Vail Healthcare Inc

Employer identification number
48-0543789

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

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

► \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part II

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

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

Total

► \$

Part III

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE PART V					
(2) 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) \$10,591 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) \$53,024 D) EMPLOYEE COMPENSATION E) NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Stormont-Vail Healthcare Inc

Employer identification number
48-0543789

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MEDICAL EQUIPMENT)	X	1	201,963	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that
it must hold for at least three years from the date of the initial contribution, and which is not required to be used
for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

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

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

Part II**Supplemental Information.**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493227019868
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016
Department of the Treasury Internal Revenue Service Name of the organization Stormont-Vail Healthcare Inc			Open to Public Inspection
		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, color, sex, national origin, handicap, age, or ability to pay For the year ended September 30, 2017, 23,827 inpatients, 66,143 emergency room patients, 1,812 newborns, and 434 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 Vails 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, the Stormont Vail provides care to persons covered by Medicare and Medicaid patients Following are some of the benefits provided at reduced rates for the fiscal year In addition to the charity care provided, the Stormont Vail also provided service to patients that resulted in uncollectible amounts as follows Bad Debt Expense at Cost \$ 10,852,000 Shortfall of Medicare Payments at Cost \$ 57,379,256 Shortfall of Medicaid Payments at Cost \$ 25,559,979 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 regions 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 the 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 Pozz 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 34 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 ind

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ependent living facilities in Topeka 17 Offered online childbirth classes through Stormon t-Vails web site 18 Partnered with the March of Dimes for the NICU Family Support Program 19 The Health Connection program, which provides physician referral and after-hour acces s to a nurse, received 575,686 calls 20 Provided health information through the Topeka & Shawnee County Public Librarys Health Information Neighborhood 21 Partnered with Building Blocks to provide childcare services to staff and the community 22 Stormont-Vail clinica l educators participated in the American Health Associations CPR for Family and Friends cl ass to teach others CPR 23 A skin screening clinic for the community was held at the Cott on-ONeil Cancer Center 24 Connect with the community through the organization website, ww w stormontvail org 25 Partnered with Health Innovation Network of Kansas, a coalition tha t now has 20 hospitals sharing information, education and other needed services 26 The Bo y to Man and Girl to Woman communication education programs facilitate conversation betwee n adults and pre-teens about future physical and emotional changes 27 Stormont Vail and i ts employees donated funds and staff time to the Meals on Wheels program 28 Stormont Vail and its employees donated funds and staff time to the United Way 29 Implemented the Pati ent Center Medical Home concept to improve care with the focus on prevention and wellness 30 Work with others in the community to improve safety net services for under insured and uninsured 31 Provided staff to serve on the Board of Directors for the United Way of Top eka, Topeka Community Foundation Go Topeka, Harvesters and others 32 Provided server at the celebrity servicer at Doorstep 33 Participated in community events providing health a nd wellness information, conducting blood pressure screenings and handing out health relat ed items (sunscreen, lip balm, hand sanitizer, etc) 34 Provided transportation to patien ts who are unable to get to their me 35 Provide screening and coordination for participa nts for a drug program benefit to help patients obtain needed medication 36 Stormont Vail and its employees sponsor a Meals on Wheels route 3 times a week CONTINUED IN THE NEXT S ECTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONT'D	In addition to these community contributions, Stormont-Vail provided supervised clinical experience for 1,197 students and 208,878 hours to the following entities Type of Name/Location Students Dept/Division ----- -- Abilene Memorial Hospital Nursing Staff Patient Care Services Baker University Nursing Multiple Barton Co Community College Phlebotomy Laboratory Benedictine College Nursing Multiple Bradley University Nursing Multiple University of Cincinnati Nursing Multiple Coffey Health System Nursing Multiple Colby Community College PT Rehabilitation Services Creighton University Pharmacy Pharmacy Creighton University OT Occupational Therapy Des Moines University Phys Asst Patient Care Services Emporia State University Art Therapy Behavioral Health Emporia State University Psychology Behavioral Health Emporia State University Nursing Medical Arts Clinic-Emporia Flint Hills Technical College LPN Medical Arts Clinic-Emporia Fort Hays MRI Imaging Services Fort Hays Nursing Nursing Multiple Frontier School of Midwifery Nursing The Birthplace Georgetown University Midwifery Students The Birthplace Graceland University Nursing Patient Care Services Hiawatha Community Hospital Nursing Patient Care Services Highland Community College Nursing Patient Care Services Hutchinson Community College HIM Health Information Mgt Hutchinson Community College Nursing Patient Care Services Indiana State University Nursing Patient Care Services Institute of Midwifery-Phil Midwifery The Birthplace Kansas State University Dietitians Nutritional Services University of Kansas Nursing Patient Care Services University of Kansas Pharmacy Pharmacy University of Kansas PT Asst Rehabilitation Services University of Kansas Social Work Behavioral Health University of Kansas Speech Ther Rehabilitation Services Kansas University Medical Ctr Medical Students Clinic Maryville University Nursing Patient Care Services MidAmerica Nazarene University Nursing Patient Care Services University of Massachusetts Nursing Patient Care Services University of Missouri KC Nursing Cotton O'Neil Clinics University of Missouri KC PA Students Cotton O'Neil Clinics Nebraska Medical Center/WU Medical Tech Laboratory Nebraska Medical Center Medical Students Clinic Neosho Community College Nursing Patient Care Services University of Saint Mary PT Students Rehabilitation Seward County Community Coll PT Students Rehabilitation South University Nursing Patient Care Services University of Southern Indiana Nursing Patient Care Services Texas Wesleyan University CRNA Surgical Services USD #501 High School Multiple Walden University Nursing Patient Care Services Washburn University Kinesiology Heart Center Washburn University Health Info Health Information Mgmt Washburn University Nursing Multiple Washburn University OT Rehabilitation Services Washburn University PT Asst Rehabilitation Services Washburn University Imaging Medical Imaging Washburn University

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONT'D	ity Phlebotomy Laboratory Washburn University Psychology Behavioral Health Washburn Univer sity Radiation Cancer Center Washburn University Resp Therapy Pulmonary Care Washburn Univ ersity Social Work SV Behavioral Health Washburn University Ultrasound Medical Services Di vision Washburn University Ultrasound Radiology/Ultrasound Washburn Institute of Tech LPN s Multiple Washburn Institute of Tech Surg Techs Surgical Services/TSDS Washburn Institut e of Tech EMT Patient Care Services Wichita State University Nursing Multiple Wichita Sta te University Medical Technology Laboratory Wichita State University Phys Asst Multiple U niversity Phys Asst Multiple

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 BOARD OF DIRECTORS HAS ESTABLISHED AN EXECUTIVE COMPENSATION COMMITTEE THAT IS CHARGED WITH THE OVERSIGHT AND REVIEW OF ALL EXECUTIVE COMPENSATION AND BENEFITS FOR THE CEO, SENIOR VICE PRESIDENTS AND VICE PRESIDENTS OF THE HEALTH SYSTEM THE COMPENSATION IS REVIEWED ANNUALLY BY AN EXTERNAL INDEPENDENT CONSULTANT, INTEGRATED HEALTH STRATEGIES (IHS) IHS REVIEWS BASE COMPENSATION, INCENTIVE PROGRAMS AND TOTAL CASH COMPENSATION THAT ARE OFFERED ON AN ANNUAL BASIS TO ENSURE IT ALIGNS WITH FAIR MARKET VALUE AND COMPLIES WITH OUR ESTABLISHED COMPENSATION PHILOSOPHY IN ADDITION, IHS ON A REGULAR BASIS REVIEWS THE EXECUTIVE BENEFIT PROGRAM TO ALSO ENSURE IT IS APPROPRIATE AND REASONABLE

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 \$ 25,544,415 NET ASSET TRANSFER RECEIVED 1,688,843 ----- \$ 27,233,258

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Stormont-Vail Healthcare Inc

Employer identification number
48-0543789

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COTTON-O'NEIL ACO LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 46-5542929	SHARED SAVING	KS	-1,694,910	16,507	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1)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)	12A	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	79,592	755,933		No		Yes		71 670 %
(2) SVHC RADIATION ONCOLOGY LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 81-4646356	ONCOLOGY SVC S	KS	SVHC	RELATED	3,777,566	4,602,666		No		Yes		74 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) STORMONT VAIL INC 901 GARFIELD TOPEKA, KS 66606 48-0782848	RETAIL PHARMACY	KS	SVHC	C-CORP	2,597,570	9,857,891	100 000 %	Yes	
(2) TENTH STREET PROPERTY INC 1500 SW 10TH ST TOPEKA, KS 66604 48-0788844	REAL ESTATE	KS	SVHC	C-CORP	41,040	290,309	100 000 %	Yes	
(3) CENTURY HEALTH SOLUTIONS INC 2951 SW WOODSIDE DR TOPEKA, KS 66614 48-1206397	INSURANCE ADMIN	KS	SVHC	C-CORP	534,417	124,586	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 Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

See Additional Data Table

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

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)

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	748,416	FMV
(1)	STORMONT VAIL FOUNDATION	C	668,967	FMV
(2)	STORMONT VAIL AUXILIARY	C	201,957	FMV
(3)	STORMONT VAIL INC	O	1,494,206	FMV
(4)	STORMONT VAIL FOUNDATION	O	494,661	FMV
(5)	STORMONT VAIL AUXILIARY	O	308,000	FMV
(6)	SVHC RADIATION ONCOLOGY LLC	O	484,669	FMV