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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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

C Name of organization
SALINA REGIONAL HEALTH CENTER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 400 SOUTH SANTA FE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SALINA, KS 67401

D Employer identification number
48-1169103

E Telephone number
(785) 452-7145

G Gross receipts $ 269,305,675

F Name and address of principal officer
JOE TALLON

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SRHC COM

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

L Year of formation 1995

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH QUALITY ACUTE MEDICAL CARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	2,324
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,273,904
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,208,280

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	830,810	931,213
9	Program service revenue (Part VIII, line 2g)	245,658,825	262,085,017
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,644,420	5,070,771
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,416	61,498
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	261,231,471	268,148,499
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	657,844	767,139
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	109,314,173	114,705,284
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	128,296,165	139,160,186
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	238,268,182	254,632,609
19	Revenue less expenses Subtract line 18 from line 12	22,963,289	13,515,890

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	427,738,336	462,759,612
21	Total liabilities (Part X, line 26)	25,126,561	25,708,154
22	Net assets or fund balances Subtract line 21 from line 20	402,611,775	437,051,458

Part II Signature Block

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

Sign Here

****** 2018-08-06
Signature of officer Date

JOE TALLON VP FINANCE/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIM HUNWARDSEN CPA	KIM HUNWARDSEN CPA	2018-08-06		P00484560

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶ 45-0250958

Firm's address ▶ 800 NICOLLET MALL STE 1300
MINNEAPOLIS, MN 554027033 — Phone no (612) 253-6500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE QUALITY HEALTH CARE SERVICES IN A HEALING AND SPIRITUAL ENVIRONMENT

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 $ 232,611,812 including grants of $) (Revenue $ 259,164,663)
See Additional Data

4b (Code) (Expenses $ 729,839 including grants of $ 729,839) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 37,300 including grants of $ 37,300) (Revenue $)
See Additional Data

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

4e **Total program service expenses** ▶ 233,378,951

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	94		
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**	2,324		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOE TALLON VP FINANCECFO 400 SOUTH SANTA FE SALINA, KS 67401 (785) 452-7145

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MORRIE SODERBERG CHAIR	2 00 1 00	X		X				0	0	0
(2) JIM MAES CHAIR ELECT	2 00 1 00	X		X				0	0	0
(3) ROBERT FREELOVE FAMILY PRACTICE MD SECRETARY	2 00 1 00	X		X				0	0	0
(4) ROBERT HEATH TREASURER	2 00 1 00	X		X				0	0	0
(5) LARRY BRITEGAM TRUSTEE	2 00 0 00	X						0	0	0
(6) BRIAN BOYER TRUSTEE	2 00 0 00	X						0	0	0
(7) KENT BUER TRUSTEE	2 00 0 00	X						0	0	0
(8) SUZANNE DEXTRAS TRUSTEE	2 00 0 00	X						0	0	0
(9) PEG TICHACEK TRUSTEE	2 00 0 00	X						0	0	0
(10) SEAN HERRINGTON ER MD TRUSTEE	40 00 1 00	X						443,724	0	26,835
(11) REX ROMEISER MD TRUSTEE	2 00 0 00	X						0	0	0
(12) KATIE PLATTEN TRUSTEE	2 00 0 00	X						0	0	0
(13) CHUCK OLEEN TRUSTEE	2 00 0 00	X						0	0	0
(14) MICHEAL TERRY PRESIDENT/CEO	40 00 2 00	X		X				793,507	0	31,024
(15) JOE TALLON VP FINANCE/CFO	40 00 3 00			X				338,631	0	28,290
(16) LARRY BARNES VP INFORMATION TECHNOLOGY	40 00 0 00				X			314,480	0	25,490
(17) JOHN HINNENKAMP VP FACILITIES MANAGEMENT	40 00 2 00				X			241,206	0	17,636

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL PHELPS	40 00				X			447,245	0	35,006
COO	2 00									
(19) LUANNE SMITH	40 00				X			232,969	0	34,178
VP PATIENT CARE/CNO	0 00									
(20) BRENDA COX	40 00				X			188,975	0	20,900
VP HUMAN RESOURCES	0 00									
(21) JUSTIN WHITLOW	40 00					X		801,738	0	28,318
PHYSICIAN	0 00									
(22) SCOTT BOSWELL	40 00					X		809,822	0	35,286
PHYSICIAN	0 00									
(23) GARY WILLIAMS	40 00					X		511,788	0	30,150
PHYSICIAN	0 00									
(24) RICHARD TOON	40 00					X		609,701	0	30,262
PHYSICIAN	0 00									
(25) KIER SWISHER	40 00					X		538,573	0	31,066
PHYSICIAN	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,272,359	0	374,441

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 ▶ 138

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIMPSON CONSTRUCTION SERVICES 1831 S ANNA WICHITA, KS 67277	CONSTRUCTION	3,960,022
ANESTHESIA ASSOCIATES OF CENTRAL KANSAS 520 S SANTA FE SALINA, KS 67401	PROFESSIONAL SERVICES	1,668,119
CPT ENTERPRISES INC 2337 CRAWFORD ST SALINA, KS 67401	PROFESSIONAL SERVICES	1,507,434
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	PROFESSIONAL SERVICES	1,203,851
REHABCARE PO BOX 502096 SAINT LOUIS, MO 63150	PROFESSIONAL SERVICES	1,170,563

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 ▶ 27

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c	4,150			
	d Related organizations 1d	15,855			
	e Government grants (contributions) 1e	907,608			
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,600			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	931,213			
Program Service Revenue		Business Code			
	2a PATIENT SERVICES	621550	255,977,076	255,977,076	
	b JOINT VENTURE REVENUE	621550	3,273,904		3,273,904
	c CAFETERIA	621550	827,786	827,786	
	d EHR INCENTIVE PAYMENTS	621550	180,388	180,388	
	e _____				
	f All other program service revenue		1,825,863	1,825,863	
	g **Total.** Add lines 2a-2f . . . . ▶	262,085,017			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,529,189			5,529,189
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	169,741			
	b Less rental expenses	221,734			
	c Rental income or (loss)	-51,993			
	d Net rental income or (loss) . . . . . ▶	-51,993			-51,993
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses	458,418			
	c Gain or (loss)	-458,418			
	d Net gain or (loss) . . . . . ▶	-458,418			-458,418
	8a Gross income from fundraising events (not including $ 4,150 of contributions reported on line 1c) See Part IV, line 18 . . . . a	30,812			
	b Less direct expenses . . . b	20,871			
	c Net income or (loss) from fundraising events . . ▶	9,941			9,941
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a	559,703			
	b Less cost of goods sold . . b	456,153			
	c Net income or (loss) from sales of inventory . . ▶	103,550	103,550		
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d . . . . . ▶				
	12 **Total revenue.** See Instructions . . . . . ▶	268,148,499	258,914,663	3,273,904	5,028,719

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	729,839	729,839		
2 Grants and other assistance to domestic individuals See Part IV, line 22	37,300	37,300		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,446,277	594,238	2,852,039	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	158,633	158,633		
7 Other salaries and wages	93,458,180	86,427,265	7,030,915	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,422,437	3,168,304	254,133	
9 Other employee benefits	7,967,814	6,980,768	987,046	
10 Payroll taxes	6,251,943	5,700,008	551,935	
11 Fees for services (non-employees)				
a Management				
b Legal	403,927		403,927	
c Accounting	89,815	15,234	74,581	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,033,610	19,562,706	1,470,904	
12 Advertising and promotion	989,327	89,754	899,573	
13 Office expenses	4,239,859	3,733,557	506,302	
14 Information technology	5,576,626	2,661,590	2,915,036	
15 Royalties				
16 Occupancy	4,175,673	4,147,697	27,976	
17 Travel	448,967	348,551	100,416	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,155,545	2,090,384	65,161	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,591,684	11,515,809	2,075,875	
23 Insurance	1,372,586	1,372,586		
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 MEDICAL AND PATIENT SUP	55,496,060	55,494,057	2,003	
b BAD DEBT	24,107,476	24,107,476		
c DUES, LICENSES AND TAXE	3,519,767	3,398,964	120,803	
d FEDERAL INCOME TAX EXPE	1,044,231	1,044,231		
e All other expenses	915,033		915,033	
25 **Total functional expenses.** Add lines 1 through 24e	254,632,609	233,378,951	21,253,658	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		23,503,135	2	22,171,647
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		33,383,912	4	31,695,256
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,055,252	8	2,221,252
	9	Prepaid expenses and deferred charges		3,308,670	9	4,441,148
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 285,886,230			
	b	Less accumulated depreciation	10b 167,569,847	111,850,231	10c	118,316,383
	11	Investments—publicly traded securities		219,358,480	11	250,239,436
	12	Investments—other securities See Part IV, line 11		21,571,627	12	23,110,911
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		7,078,238	14	7,078,238
	15	Other assets See Part IV, line 11		5,628,791	15	3,485,341
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		427,738,336	16	462,759,612
Liabilities	17	Accounts payable and accrued expenses		21,501,338	17	19,369,495
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,625,223	25	6,338,659
	26	**Total liabilities.** Add lines 17 through 25		25,126,561	26	25,708,154
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		390,742,822	27	424,495,129
	28	Temporarily restricted net assets		4,387,049	28	4,613,237
	29	Permanently restricted net assets		7,481,904	29	7,943,092
		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		402,611,775	33	437,051,458
	34	Total liabilities and net assets/fund balances		427,738,336	34	462,759,612

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	268,148,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,632,609
3	Revenue less expenses Subtract line 2 from line 1	3	13,515,890
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	402,611,775
5	Net unrealized gains (losses) on investments	5	18,080,834
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	2,842,959
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	437,051,458

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 48-1169103

Name: SALINA REGIONAL HEALTH CENTER INC

Form 990 (2016)

Form 990, Part III, Line 4a:

DURING THE FISCAL YEAR SALINA REGIONAL HEALTH CENTER, INC DISCHARGED 9,738 INPATIENTS RESULTING IN 43,338 PATIENT DAYS, TREATED OUTPATIENTS IN 230,561 VISITS AND GENERATED 231 MILLION IN NET PATIENT SERVICE REVENUE THE AMOUNT OF UNCOMPENSATED CARE GIVEN DURING THE FISCAL YEAR WAS $32 MILLION, IN WHICH $8 MILLION WAS CHARITY CARE DEDUCTIONS AND $24 MILLION WAS BAD DEBT WRITE OFFS ORTHOPEDIC SURGERYTO FILL THE GROWING NEED FOR ORTHOPEDIC CARE, SALINA REGIONAL HEALTH CENTER OPENED SALINA REGIONAL ORTHOPEDIC CLINIC THE CLINIC IS HEADED BY TIMOTHY HAWKES, DO SALINA REGIONAL ORTHOPEDIC CLINIC IS A COMPREHENSIVE, MULTIDISCIPLINARY ORTHOPEDIC TEAM AND PRACTICE - PROVIDING SERVICES FROM EMERGENCY ROOM CARE AND FOLLOW-UP, DIAGNOSIS AND TREATMENT TO POST-OPERATIVE CARE AND REHAB, PHYSICAL THERAPY AND SPORTS MEDICINE AN ATHLETIC TRAINER IS ON STAFF FOR BOTH PATIENTS AND AREA SCHOOLS AT SALINA REGIONAL ORTHOPEDIC CLINIC, PATIENTS ARE FULLY EDUCATED ABOUT THEIR CONDITIONS AND TREATMENT OPTIONS, BECAUSE THE MORE PATIENTS KNOW, THE MORE VESTED THEY'LL BE IN THEIR REHABILITATION BECAUSE SALINA REGIONAL ORTHOPEDIC CLINIC IS A VITAL PART OF SALINA REGIONAL HEALTH CENTER, EVERY ASSET OF THE HOSPITAL IS IMMEDIATELY AVAILABLE TO ORTHO PATIENTS VCAREVCARE IS A TOOL THAT MAKES IT POSSIBLE FOR PHYSICIANS TO USE COMPUTERS AND VIDEO COMMUNICATION IN ORDER TO PROVIDE VIRTUAL CONSULTATIONS THESE VIRTUAL CONSULTATIONS OCCUR IN REAL TIME AND ALLOW BOTH PROVIDER AND PATIENT TO PARTICIPATE IN A VISIT REMOTELY THAT IS JUST AS PRIVATE AS AN IN-PERSON APPOINTMENT THIS CONNECTION HAS GRANTED RURAL HOSPITALS AND PATIENTS ACCESS TO SPECIALTY CARE, ELIMINATING THE COSTS AND TIME ASSOCIATED WITH TRAVELING TO RECEIVE CARE AND REDUCING THE AMOUNT OF TIME FOR PATIENTS TO MISS WORK OR SCHOOL DIAGNOSTIC OR SCREENING TESTS THAT ARE ORDERED BY THE PHYSICIAN CAN BE DONE AT THE PATIENT'S LOCAL HOSPITAL IF THE TEST IS OFFERED PRIMARY STROKE CENTER CERTIFICATIONSALINA REGIONAL HEALTH CENTER HAS BEEN AWARDED PRIMARY STROKE CENTER CERTIFICATION BY THE HEALTHCARE FACILITIES ACCREDITATION PROGRAM THE CERTIFICATION COMES AS VALIDATION OF THE HOSPITAL'S EFFORTS TO ENHANCE STROKE CARE IN THE REGION SALINA REGIONAL FIRST BEGAN WORKING TOWARDS PRIMARY STROKE CENTER CERTIFICATION IN 2015 AND WENT LIVE WITH A DEDICATED STROKE RESPONSE TEAM IN APRIL 2016 THAT RESPONDS TO CASES IN THE EMERGENCY DEPARTMENT WHENEVER STROKE IS SUSPECTED EMERGENCY RESPONDERS CAN ACTIVATE THE TEAM AND HAVE IT READY TO RECEIVE PATIENTS THE MOMENT THEY ARRIVE AT SALINA REGIONAL HEALTH CENTER MEMBERS OF THE TEAM INCLUDE EMERGENCY ROOM PHYSICIANS, NURSES, RADIOLOGY STAFF, PHARMACISTS AND LAB PERSONNEL WHO ALL HAVE RECEIVED SPECIALIZED TRAINING TO PROVIDE STROKE CARE PEDIATRIC NEUROLOGYSALINA REGIONAL HEALTH CENTER BEGAN OFFERING PEDIATRIC NEUROLOGY SERVICES WITH THE ARRIVAL OF BRITTON ZUCCARELLI, M D , A PEDIATRIC NEUROLOGIST AT SALINA PEDIATRIC CARE SHE SPECIALIZES IN EVALUATING CHILDREN, BIRTH THROUGH 22 YEARS OF AGE, SUSPECTED OF NEUROLOGICAL ANOMALIES AND TREATS A WIDE RANGE OF CONDITIONS NEUROLOGICAL DISORDERS CAN INCLUDE HEADACHES, SEIZURES, DEVELOPMENTAL DELAY, AUTISM, ADHD, TREMOR AND MORE DR ZUCCARELLI PROVIDES TREATMENT OPTIONS AND MEDICATIONS FOR PATIENTS, AS WELL AS ALTERNATIVE REMEDIES FOR NEUROLOGICAL DISORDERS THAT INVOLVE BOTOX INJECTION, ACUPUNCTURE AND NERVE BLOCKS PREVIOUSLY, CHILDREN FROM THE REGION HAD TO TRAVEL AS FAR AWAY AS KANSAS CITY TO SEEK CARE FROM A PEDIATRIC NEUROLOGIST, WHERE THE AVERAGE WAIT TIME FOR APPOINTMENTS WAS SIX TO NINE MONTHS NOW SALINA OFFERS PEDIATRIC NEUROLOGY SERVICES, SAVING MANY FAMILIES LONG WAITS FOR APPOINTMENTS AND TRAVEL TIME NEW BUILDING FOR COMCAREAGING POPULATIONS ARE INCREASING THE DEMAND FOR PRIMARY CARE PHYSICIANS ACROSS THE COUNTRY AND BY 2019 THE NUMBER OF SENIORS AGE 65 AND OLDER IS EXPECTED TO GROW BY 20 PERCENT IN NORTH CENTRAL KANSAS THESE FACTORS AND MORE PLAYED A HEAVY ROLE IN SALINA REGIONAL HEALTH CENTER'S DECISION TO CONSTRUCT A $10 MILLION MEDICAL OFFICE BUILDING ON SOUTH OHIO STREET IN SALINA TO BE A NEW HOME FOR COMCARE FAMILY PHYSICIANS AND STAFF THE THREE STORY BUILDING CAN ACCOMMODATE UP TO 17 FAMILY PHYSICIAN PRACTICES WITH COMPREHENSIVE LAB, IMAGING AND ANCILLARY SUPPORT SERVICES ON SITE MODERN AMENITIES, SPACIOUS LOBBIES AND INCREASED COMFORT AND CONVENIENCE ARE COMMON FIRST IMPRESSIONS PATIENTS EXPERIENCE AS THEY WALK IN FOR THEIR FIRST DOCTOR'S APPOINTMENT AT COMCARE'S NEW LOCATION ON SOUTH OHIO STREET IN SALINA THE NEW THREE-STORY FACILITY OFFERS 47,672 SQUARE FEET OF SPACE - A MORE THAN 20,000 FEET INCREASE OVER THE OLD ELM STREET LOCATION THE ADDED SPACE, SOME OF WHICH IS STILL UNFINISHED AFFORDS ROOM FOR FUTURE GROWTH AND THE ABILITY TO ACCOMMODATE AND RECRUIT UP TO EIGHT ADDITIONAL FAMILY MEDICINE PHYSICIANS NEW ROBOTIC TECHNOLOGY ALLOWS GREATER USE FOR COMPLEX SURGERIES SALINA REGIONAL HEALTH CENTER HAS IMPLEMENTED THE LATEST DA VINCI ROBOTIC SURGICAL SYSTEM, WHICH OFFERS BROADER CAPABILITIES TO PERFORM MORE COMPLEX MINIMALLY INVASIVE SURGERIES WITH LONGER INSTRUMENT SHAFTS, SMALLER, THINNER ARMS AND NEWLY DESIGNED INSTRUMENT JOINTS, THE NEW DA VINCI XI SYSTEM ALLOWS SURGEONS TO OPERATE IN MULTIPLE QUADRANTS OF THE ABDOMEN MAKING IT MORE SUITABLE FOR COMPLEX GENERAL, UROLOGIC AND GYNECOLOGIC SURGERIES SALINA REGIONAL FIRST STARTED OFFERING ROBOT ASSISTED SURGERY IN 2009 WITH THE DA VINCI SI SYSTEM ONCE IMPLEMENTED IT QUICKLY BECAME A PREFERRED MEANS FOR HYSTERECTOMY, PROSTATECTOMY AND OTHER UROLOGIC SURGERIES AND SOME MINOR GENERAL SURGERIES ALONG WITH THE NEW ARCHITECTURE OF THE XI SYSTEM A FIREFLY FLUORESCENCE IMAGING VISION SYSTEM AND VESSEL SEALER AND STAPLER INSTRUMENTS ARE INCLUDED WITH THE TECHNOLOGY THE FIREFLY IMAGING SYSTEM USES A SPECIAL VIDEO CAMERA AND GLOWING DYE TO VIEW BLOOD FLOW IN VESSELS AND PROFUSION OF TISSUE OR BILE MOVING THROUGH DUCTS TO MORE ACCURATELY IDENTIFY ANATOMICAL FUNCTION THE VESSEL SEALER AND STAPLER INSTRUMENTS AFFORD DELICATE CUTTING AND SEALING OF VESSELS AND STAPLE PLACEMENT DURING A PROCEDURE AS AN ADDITION TO THE TECHNOLOGY SALINA REGIONAL ALSO ACQUIRED AN INTEGRATED MOTION TABLE THAT REPOSITIONS PATIENTS IN COORDINATION WITH THE ROBOTIC MOVEMENTS DIRECTED BY THE SURGEON TO FACILITATE GREATER ANATOMICAL ACCESS DURING SURGERY

Form 990, Part III, Line 4b:

SALINA REGIONAL HEALTH CENTER, INC AND ITS AUXILIARY PROVIDE GRANTS TO FURTHER THE ACTIVITIES OF THE COMMUNITY HEALTH IMPROVEMENT PROGRAM (CHIP) AT THE SALINA REGIONAL HEALTH FOUNDATION ADDITIONALLY, SRHC INVESTED IN ITS COMMUNITY THROUGH A DONATION TO THE GREATER SALINA COMMUNITY FOUNDATION

Form 990, Part III, Line 4c:

SALINA REGIONAL HEALTH CENTER, INC , PROVIDES SCHOLARSHIPS TO STUDENTS ATTENDING NURSING SCHOOL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493219005458

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

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 **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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 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) ▶	(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) ▶	(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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493219005458

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	**Employer identification number**
SALINA REGIONAL HEALTH CENTER INC	48-1169103

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file**Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		22,917
j	Total Add lines 1c through 1i			22,917
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	A PORTION OF ANNUAL DUES PAID BY SALINA REGIONAL HEALTH CENTER, INC , TO VARIOUS HEALTH CARE ORGANIZATIONS HAS BEEN IDENTIFIED AS ASSOCIATION LOBBYING ACTIVITIES BY THOSE ORGANIZATIONS THE AMOUNT REPORTED AS OTHER ACTIVITIES REPRESENTS THE PORTION OF DUES IDENTIFIED AS ASSOCIATION LOBBYING ACTIVITIES BY THESE ORGANIZATIONS SALINA REGIONAL HEALTH CENTER, INC , DOES NOT PARTICIPATE IN ACTIVITIES SUPPORTING A POLITICAL CANDIDATE

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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
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	1,450,006	1,352,545	1,394,029	1,115,634	1,068,232
b Contributions	14,902	15,033	11,565	167,724	
c Net investment earnings, gains, and losses	183,342	118,309	-34,167	129,862	67,038
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	19,634	35,881	18,882	19,191	19,636
g End of year balance	1,628,616	1,450,006	1,352,545	1,394,029	1,115,634

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 57 140 %
- c Temporarily restricted endowment ▶ 42 860 %

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		8,116,890		8,116,890
b Buildings		160,707,474	88,430,874	72,276,600
c Leasehold improvements				
d Equipment		106,890,082	77,307,300	29,582,782
e Other		10,171,784	1,831,673	8,340,111
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				118,316,383

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	1,044,231
ESTIMATED THIRD PARTY SETTLEMENTS	4,791,211
DUE TO RELATED PARTIES	356,061
DEFERRED COMPENSATION PAYABLE	147,156
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,338,659

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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: 48-1169103

Name: SALINA REGIONAL HEALTH CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE HEALTH CENTER AND ITS SUBSIDIARIES ARE ORGANIZED AS KANSAS NOT-FOR-PROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INC OME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), EXCEPT FOR HEALTH ENTERPRISES AND SRHMS THE ENTITIES RECOGNIZED BY THE IRS AS TAX EXEMPT ARE ANNUALLY REQUIRED TO FILE RET URNS OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, THE TAX EXEMPT ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTI VITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE IN THOSE CASES, THOSE ENTITIES WOULD FILE AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME THE HEALTH CENTER BELIEVES THAT IT HAS APPROPRIATE SUPP ORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOE S NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STA TEMENTS THE HEALTH CENTER WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED T O UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PEN ALTIES ARE INCURRED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 RUMMAGE SALES (event type)	(b) Event #2 FESTIVAL FITNESS 5 RACE (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	16,726	9,546	8,690	34,962
	2 Less Contributions			4,150	4,150
	3 Gross income (line 1 minus line 2)	16,726	9,546	4,540	30,812
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,081	11,487	5,303	20,871
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				20,871
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				9,941

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	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	3b	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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b		No
	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)		3,859	1,972,560	0	1,972,560	0 860 %
b Medicaid (from Worksheet 3, column a)		32,190	30,115,679	15,344,616	14,771,063	6 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0				
d **Total** Financial Assistance and Means-Tested Government Programs		36,049	32,088,239	15,344,616	16,743,623	7 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	2,192	422,577	226,000	196,577	0 090 %
f Health professions education (from Worksheet 5)	28	163	2,482,982	772,463	1,710,519	0 740 %
g Subsidized health services (from Worksheet 6)	19	75,423	88,485,193	60,411,192	28,074,001	12 180 %
h Research (from Worksheet 7)	1	0	543	0	543	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	0	359,444	0	359,444	0 160 %
j **Total.** Other Benefits	70	77,778	91,750,739	61,409,655	30,341,084	13 170 %
k **Total.** Add lines 7d and 7j	70	113,827	123,838,978	76,754,271	47,084,707	20 440 %

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	1	0	458		458	0 %
7 Community health improvement advocacy	1	24	2,119		2,119	0 %
8 Workforce development	2	1,000	834,968		834,968	0 360 %
9 Other						
10 Total	4	1,024	837,545		837,545	0 360 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	24,107,476		
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	69,548,708	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	75,905,971	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-6,357,263	
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 1 SALINA SURGICAL CENTER LLC	SURGICAL SERVICES	50 000 %		50 000 %
2 2 SALINA SURGERY PROPERTIES LLC	REAL PROPERTY RENTAL	50 000 %		50 000 %
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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SALINA REGIONAL HEALTH CENTER INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ 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 15			
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		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE LINE 10A			
b	☐ Other website (list url)			
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 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW SRHC COM/ABOUT/COMMUNITY_BENEFIT_REPORT PHP			
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)

SALINA REGIONAL HEALTH CENTER 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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW SRHC COM/PATIENTS-AND-VISITORS/BILLING-INFORMATION PHP			
b	☑ The FAP application form was widely available on a website (list url) WWW SRHC COM/PATIENTS-AND-VISITORS/BILLING-INFORMATION PHP			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW SRHC COM/PATIENTS-AND-VISITORS/BILLING-INFORMATION PHP			
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

SALINA REGIONAL HEALTH CENTER 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)

SALINA REGIONAL HEALTH CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

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? **20**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE METHODOLOGY USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE TAKES INTO CONSIDERATION INCOME, NET ASSETS, FAMILY SIZE AND RESOURCES AVAILABLE TO PAY FOR CARE IN ADDITION, PRESUMPTIVE ELIGIBILITY MAY BE UTILIZED IF A PATIENT QUALIFIES UNDER THE ELIGIBILITY SCREENING DONE BY SALINA FAMILY HEALTHCARE CLINIC, A COMMUNITY CLINIC
PART I, LINE 7	AMOUNTS REPORTED ON LINES 7A AND 7B ARE FROM THE ORGANIZATION'S COST ACCOUNTING SYSTEM TAKING ALL PATIENT SEGMENTS INTO ACCOUNT AMOUNTS ON LINES 7E, 7F, 7H AND 7I ARE FROM THE ACTUAL GENERAL LEDGER SUBSIDIZED HEALTH SERVICES ON LINE 7G WERE CALCULATED UTILIZING IRS WORKSHEET 6

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES INCLUDES COSTS OF $24,474,747 ATTRIBUTABLE TO PHYSICIAN CLINICS
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS $24,107,476

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	AS A COMMUNITY HEALTH IMPROVEMENT ADVOCATE, SALINA REGIONAL HEALTH CENTER PROVIDES TRAUMA CASE REVIEW SRHC ALSO PARTICIPATES IN COMMUNITY WORKFORCE DEVELOPMENT PROGRAMMING
PART III, LINE 4	THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS CAN BE FOUND ON PAGE TEN OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE PAYMENTS ARE COMPARED TO THE ACTUAL COST OF PROVIDING THE SERVICE AS ARRIVED AT THROUGH THE COST ACCOUNTING SYSTEM MEDICAL SERVICES ARE PROVIDED TO PATIENTS WITH MEDICARE COVERAGE REGARDLESS OF WHETHER OR NOT A SURPLUS OR DEFICIT IS REALIZED PROVIDING MEDICARE SERVICES PROMOTES ACCESS TO HEALTHCARE SERVICES WHICH ARE VITALLY NEEDED BY OUR COMMUNITY
PART III, LINE 9B	IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THE ACCOUNT IS ADJUSTED ACCORDING TO OUR POLICY ANY REMAINING BALANCE AFTER ADJUSTMENT IS COLLECTED UNDER THE BILLING AND COLLECTION POLICIES OUR BILLING AND COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS PATIENTS WHO HAVE QUALIFED FOR FINANCIAL ASSISTANCE ARE CONSIDERED APPROVED FOR A PERIOD OF SIX MONTHS FROM THE DATE OF APPROVAL AFTER SIX MONTHS, PATIENTS NEED TO REAPPLY FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, SRHC ANALYZES HOSPITAL DISCHARGE DATA FOR ALL COUNTIES IN THE REGION THE KANSASHOSPITAL ASSOCIATION INPATIENT DISCHARGE DATABASE INCLUDES DATA FOR ALLREPORTING HOSPITALS FROM THIS WE DETERMINE USAGE TRENDS THAT HELP USPLAN NEEDED SERVICES
PART VI, LINE 3	AT REGISTRATION, THE PATIENT IS INFORMED OF THEIR RIGHTS FOR FINANCIALASSISTANCE IF UNABLE TO PRODUCE VALID INSURANCE COVERAGE THE PATIENT ISREFERRED TO A THIRD-PARTY VENDOR TO DETERMINE ELIGIBILITY FOR GOVERNMENTALPROGRAMS AND IF IT IS DETERMINED THEY DO NOT QUALIFY, THEY ARE SCREENEDUNDER OUR FINANCIAL ASSISTANCE GUIDELINES WE POST OUR GUIDELINES ON OURWEBSITE AS WELL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	SALINA REGIONAL HEALTH CENTER, INC IS A RURAL COMMUNITY HOSPITAL SERVING A PRIMARY SERVICE AREA OF SALINE COUNTY, THREE IMMEDIATELY ADJACENT COUNTIES ARE IT'S SECONDARY SERVICE AREA, AND HAS A 14-COUNTY REFERRAL AREA ALTHOUGH CERTAIN SPECIALTIES DRAW STATEWIDE FOR PURPOSES OF COMMUNITY HEALTH NEEDS ASSESSMENT, THE PRINCIPAL COMMUNITY OF SRHC IS SALINE COUNTY BECAUSE THE OTHER THREE COUNTIES EACH HAVE A LOCAL CRITICAL ACCESS HOSPITAL WITHIN THE COUNTY THE PRIMARY SERVICE AREA (SALINE COUNTY) HAS A POPULATION OF 55,740 WHEN COMPARED TO THE NATIONAL POPULATION, THIS AREA IS REPRESENTED BY AN OLDER POPULATION WITH A LOWER EDUCATIONAL LEVEL AND LOWER MEDIAN INCOME THE AREA POPULATION GREW 0 2% BETWEEN 2010 AND 2013 THE PRIMARY SERVICE AREA POPULATION IS EXPECTED TO INCREASE BY 1 3% BY 2018, WHICH IS LOWER THAN THE RATE OF GROWTH EXPECTED FOR KANSAS (2 2%) AND THE U S (3 3%) FOR THE SAME TIME PERIOD THE CHALLENGE OF THE AGING POPULATIONAS MEMBERS OF THE BABY BOOM GENERATION GET OLDER AND REACH RETIREMENT AGE, THEY PRESENT AN INCREASING CHALLENGE AND OPPORTUNITY FOR HEALTH CARE THE GROWTH IN THE NUMBER OF ELDERLY PATIENTS FROM THE BOOMER GENERATION COUPLED WITH A LOSS OF BOOMER-AGE PROVIDERS WILL PRESSURE AN ALREADY-STRESSED HEALTH CARE SYSTEM A BIG UNKNOWN IS HOW WELL MEDICARE WILL DIGEST THE 75 MILLION BABY BOOMERS AMID THE FEDERAL GOVERNMENT'S ATTEMPT TO TRANSFORM HOW CARE IS PROVIDED AND PAID FOR IN THE PROGRAM SALINE COUNTY IS EXPECTED TO SEE THE 65+ AGE-GROUP INCREASE FROM 13 69% TO 21 55% IN THE YEAR 2035 BEFORE IT STARTS TO DECLINE CANCER, HIGH CHOLESTEROL, COPD, ARTHRITIS, ALZHEIMER'S AND DEPRESSION FOR MEDICARE AGED RESIDENTS ALL CURRENTLY HAVE HIGHER RATES THAN THE REST OF THE STATE THESE INDICATORS COUPLED WITH AN INCREASE IN RESIDENTS IN THIS AGE GROUP WILL BE AN ISSUE FOR YEARS TO COME THE SERVICE AREA IS LESS ETHNICALLY DIVERSE COMPARED TO THE U S OVERALL THE MAJORITY OF RESIDENTS ARE CAUCASIAN (81 4%) FOLLOWED BY HISPANIC (10 3%) AND BLACK (3 5%) SPANISH PATIENT EDUCATION MATERIALS ARE AVAILABLE AT SRHC AND THE HOSPITAL HAS DEVELOPED A TEAM OF SPANISH TRANSLATORS RECOGNIZING THE RELATIVELY LOWER EDUCATIONAL LEVEL IN THE COMMUNITY, THE HOSPITAL WRITES PATIENT INFORMATION AT A 6TH TO 8TH GRADE READING LEVEL MEDIAN HOUSEHOLD INCOME IN THE PRIMARY SERVICE AREA IN 2013 WAS $47,339 COMPARED TO A KANSAS MEDIAN OF $51,273, AND NATIONAL MEDIAN OF $53,046 A LACK OF AVAILABLE RESOURCES TO THE INDIGENT IS A CHALLENGE IN THIS ENVIRONMENT, SO IN ADDITION TO PROVIDING CHARITY CARE, THE HOSPITAL HAS AND CONTINUES TO SUPPORT THE SALINA FAMILY HEALTHCARE CENTER, WHICH PROVIDES CARE TO THE INDIGENT OUR PATIENT POPULATION IS COMPOSED OF 50% MEDICARE, 11% MEDICAID, 31% COMMERCIAL, 3% TRICARE WORKERS COMPENSATION AND 5% UNINSURED
PART VI, LINE 5	THE GOVERNING BOARD OF SALINA REGIONAL HEALTH CENTER, INC , IS COMPRISED OF VOLUNTEERS INTENTIONALLY SELECTED TO PROMOTE THE BETTERMENT OF THE REGION WE SERVE DEMONSTRATING ITS COMMITMENT TO COMMUNITY BENEFIT, THIS BOARD HAS FOR NEARLY 20 YEARS DONATED AN AVERAGE OF 10% OF THE HOSPITAL'S END-OF-YEAR OPERATING MARGIN TO THE COMMUNITY HEALTH INVEST PROGRAM (CHIP) OF THE SALINA REGIONAL HEALTH FOUNDATION SALINA REGIONAL HEALTH CENTER, INC , ADMINISTRATORS AND GOVERNING BOARD MEMBERS ASSIST THE FOUNDATION BY PARTICIPATING IN THE CHIP COMMITTEE SALINA REGIONAL HEALTH CENTER, INC IS A MEMBER OF THE SUNFLOWER HEALTH NETWORK (SHN) ALONG WITH 15 CRITICAL ACCESS HOSPITALS (CAHS) DISTRIBUTED ACROSS 14 COUNTIES A KANSAS HOSPITAL ASSOCIATION ADMINISTRATOR LED SHN STRATEGIC PLANNING THAT RESULTED IN REGIONAL HEALTH PRIORITIES, INCLUDING PROVIDING ACCESS TO SPECIALIST PHYSICIAN CARE, OPTIMIZING TIMELINESS AND SAFETY OF PATIENT TRANSFERS, AND SUSTAINING THE NUMBER OF QUALITY NURSES IN THE REGION AS A RESULT OF THIS PROCESS, SALINA REGIONAL HEALTH CENTER, INC WAS VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL III TRAUMA CENTER, THE ONLY DESIGNATED LEVEL III TRAUMA CENTER IN THE NORTH CENTRAL KANSAS REGION SALINA REGIONAL ALSO PROVIDES ACCESS TO COMPUTERIZED PATIENT SIMULATORS AND OTHER NURSING EDUCATION MODALITIES TO STRENGTHEN THE QUALITY OF NURSES IN REGIONAL COMMUNITIES IN AN EFFORT TO ATTRACT AND TRAIN PROFESSIONAL NURSES IN RURAL KANSAS THE UNIVERSITY OF KANSAS SCHOOL OF NURSING AND SALINA REGIONAL HEALTH CENTER ANNOUNCED A PARTNERSHIP THAT OPENED A NEW CAMPUS LOCATION IN SALINA THIS FALL THE CAMPUS WILL OFFER STUDENTS A BACHELOR OF SCIENCE IN NURSING, WHICH ACCEPTS STUDENTS WHO HAVE ALREADY COMPLETED THE FIRST TWO YEARS OF THEIR UNDERGRADUATE EDUCATION AT ANY REGIONALLY-ACCREDITED COLLEGE OR UNIVERSITY THE SCHOOL IS SHARING EXISTING FACILITIES WITH THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE IN SALINA AND ACCEPTED 12 STUDENTS IN ITS FIRST CLASS THE PROGRAM WILL JOIN MEDICAL STUDENTS AT A NEW CAMPUS IN DOWNTOWN SALINA WHEN IT OPENS NEXT SUMMER

Additional Data

Software ID:

Software Version:

EIN: 48-1169103

Name: SALINA REGIONAL HEALTH CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	SALINA REGIONAL HEALTH CENTER INC 400 SOUTH SANTA FE SALINA, KS 67401 WWW SRHC COM H-085-001	X	X		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
SALINA REGIONAL HEALTH CENTER, INC	PART V, SECTION B, LINE 5 IN CONDUCTING ITS MOST RECENT CHNA, SALINA REGIONAL HEALTH CENTER, INC , PARTNERED WITH SALINE COUNTY HEALTH DEPARTMENT, SALINA AREA UNITED WAY, SALINA SURGICAL HOSPITAL, USD 305, NORTH CENTRAL FLINT HILLS AREA AGENCY ON AGING, AND CENTRAL KANSAS FOUNDATION THE GROUP USED THE INSTITUTE OF MEDICINE COMMUNITY HEALTH IMPROVEMENT PROCESS FRAMEWORK IN UTILIZING THIS FRAMEWORK, THE GROUP DEVELOPED A COMMUNITY PROFILE, WHICH DESCRIBED THE FACTORS THATCONTRIBUTE TO THE HEALTH AND THE HEALTH STATUS OF THE COMMUNITY PUBLICLY AVAILABLE RESOURCES FROM THE KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT, KANSAS HEALTH MATTERS, AND CENTER FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, REPRESENTING A WIDE RANGE OF DATA RELEVANT TO THE HEALTH NEEDS OF THE AREA, WAS USED IN JUNE 2015, SEVERAL COMMUNITY ORGANIZATIONS WERE INVITED TO REVIEW THE COMMUNITY MEASURES, DISCUSS THE ISSUES AND PROVIDE INPUT AS TO THE RELATIVE IMPORTANCE OF EACH MEASURE 48 PEOPLE FROM 35 NONPROFIT ORGANIZATIONS, GOVERNMENTAL ENTITIES, AND BUSINESSES PROVIDED INPUT ADDITIONALLY, INPUT WAS RECEIVED THROUGH SURVEYS MADE AVAILABLE TO THE PUBLIC THROUGH ONLINE SOURCES AND THE PUBLIC LIBRARY, HEALTH DEPARTMENT, AND SEVERAL OTHER HEALTH ORGANIZATIONS 178 SURVEYS WERE RECEIVED

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
SALINA REGIONAL HEALTH CENTER, INC	PART V, SECTION B, LINE 6B SALINE COUNTY HEALTH DEPARTMENTSALINA SURGICAL HOSPITALSALINA AREA UNITED WAYUSD 305NORTH CENTRAL FLINT HILLS AREA AGENCY ON AGINGCENTRAL KANSAS FOUNDATION

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
SALINA REGIONAL HEALTH CENTER, INC	PART V, SECTION B, LINE 11 THIS IMPLEMENTATION STRATEGY REPORT SUMMARIZES SALINA'S PLANS TO ADDRESS THE PRIORITIZED NEEDS FROM THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITI ZED NEEDS INCLUDE DEPRESSION/MENTAL HEALTH, CANCER, AGING POPULATION, OVERWEIGHT/OBESITY I N ADULTS, CHILD OBESITY, DRUG OVERDOSE AND SUBSTANCE ABUSE, DOMESTIC VIOLENCE, DIABETES, H EART DISEASE RELATED INDICATORS, TOBACCO USE, PREGNANCY RELATED INDICATORS, IMMUNIZATIONS, STD RATE, TRAUMA/FALLS, AND STROKE SRHC MAKES DONATIONS ANNUALLY TO SALINA REGIONAL HEAL TH CENTER FOUNDATION THROUGH THE FOUNDATION, SRHC PROVIDES FUNDING TO SEVERAL ORGANIZATIO NS TO ADDRESS MANY OF THE ISSUES IDENTIFIED IN THE CHNA REPORT FUNDING IS PROVIDED TO SUP PORT EFFORTS TOWARD ADDRESSING THE AGING POPULATION, CHILDHOOD OBESITY, DRUG OVERDOSE AND SUBSTANCE ABUSE, MENTAL HEALTH, HEART DISEASE AND STROKE IN ADDITION TO MONETARY SUPPORT, SRHC HAS ADDRESSED THE IDENTIFIED NEEDS AS FOLLOWS AGING POPULATION - SALINA REGIONAL HEAL TH CENTER WAS THE PREMIERE SPONSOR FOR THE 2016 SUNFLOWER (SENIOR) FAIR SRHC ALSO PARTICI PATED IN A BREAK OUT SESSION WHICH WAS A PANEL OF STROKE EXPERTS DISCUSSING THE SIGNS OF S TROKE AND STROKE PREVENTION THE HOMEMEDS PROGRAM (ALSO KNOWN AS THE MEDICATION MANAGEMENT IMPROVEMENT SYSTEM) ADDRESSES MEDICATION PROBLEMS AMONG FRAIL OLDER ADULTS THIS PROGRAM IS OPERATED THROUGH THE NORTH CENTRAL KANSAS FLINT HILLS AREA AGENCY ON AGING, INC AND IS FUNDED IN PART BY SALINA REGIONAL HEALTH CENTER FOUNDATION SRHC PHARMACY RESIDENTS PROVI DE THE PHARMACY PORTION OF THE PROGRAM AGENCY STAFF MEMBERS WORK WITH A CONSULTING PHARMA CIST TO VERIFY THE ACCURACY AND APPROPRIATENESS OF THE CLIENT'S CURRENT MEDICATION LIST, I DENTIFY PROBLEMS THAT WARRANT RE-EVALUATION BY THE PHYSICIAN, AND FOLLOW THROUGH WITH THE CLIENT AND PHYSICIAN TO RESOLVE IDENTIFIED PROBLEMS STROKE - SALINA REGIONAL HEALTH CENTER WAS THE PREMIERE SPONSOR FOR THE 2016 SUNFLOWER (SENIOR) FAIR SRHC ALSO PARTICIPATED IN A BREAK OUT SESSION WHICH WAS A PANEL OF STROKE EXPERTS DISCUSSING THE SIGNS OF STROKE AND STROKE PREVENTION OVER 1700 SENIOR CITIZENS ATTENDED THE EVENT WITH 200 ATTENDING THE ST ROKE PANEL DISCUSSION SRHC TEAMED UP WITH SALINA FIRE AND EMS AND SPONSORED A "FRIDAY NIG HT LIGHTS OUT FOR STROKE" EVENT STROKE WARNING SIGN INFORMATION WAS DISTRIBUTED AT AREA H IGH SCHOOL FOOTBALL GAMES EDUCATING THE PUBLIC ON WARNING SIGNS AND EARLY STROKE INDICATOR S CANCER - CANCER ACTIVITIES INCLUDE ALL ACTIVITIES AT THE TAMMY WALKER CANCER CENTER WO MEN'S CANCER SUPPORT GROUPS AND MEN'S CANCER SUPPORT GROUPS MEET MONTHLY AT TAMMY WALKER C ANCER CENTER SCREENING CLINICS ON PROSTATE, COLON AND SKIN CANCERS ARE HELD AS WELL AS A LARGE BREAST CANCER FORUM RACE FOR A CURE AND RELAY FOR LIFE ARE TWO FUNDRAISING ACTIVITI ES SRHC IS HEAVILY INVOLVED IN TOBACCO USE - SRHC IS A TOBACCO FREE CAMPUS TAMMY WALKER CANCER CENTER OFFERS SEVERAL TOBACCO RELATED EVENTS INCLUDING A TOBACCO CESSATION COURSE PREGNANCY RELATED INDICATORS -

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
SALINA REGIONAL HEALTH CENTER, INC	BECOMING A MOM PROGRAM IS A CITYWIDE COLLABORATIVE EFFORT SUPPORTED BY SRHC IMMUNIZATION S - TAMMY WALKER CANCER CENTER FOCUSES ON HPV VACCINATIONS SEVERAL PUBLIC MEETINGS ON THE TOPIC AND A SRHC MORNING MEDICAL SEGMENT ARE DEDICATED TO SALINE COUNTY'S LOW HPV VACCINA TION RATE SALINE COUNTY HEALTH DEPT IS FOCUSED HEAVILY ON IMMUNIZATIONS SRHC INTENDS TO ADDRESS HEART DISEASE AND DIABETES BY WORKING WITH PHARMACY, DIETARY, AND ORGANIZATIONAL DEVELOPMENT THE FOLLOWING IDENTIFIED NEEDS ARE NOT BEING ADDRESSED BY SRHC DOMESTIC VIOLEN CE - DVACK IS THE LOCAL AGENCY FOCUSED ON DOMESTIC ABUSE MANY OF OUR DEPARTMENTS, OUR FOU NDATION AND ADMINISTRATION WORK WITH DVACK ON VARIOUS PROJECTS STD RATE - SALINE COUNTY H EALTH DEPT IS FOCUSED ON STD RATES OVERWEIGHT/OBESITY IN ADULTS - SRHC'S FOCUS HAS BEEN ON CHILD OBESITY WITH THE ADDITION OF THE WELLPLAN PROGRAM FROM COMCARE OUR OWN EMPLOYEES HAVE STARTED A WELLNESS COMMITTEE AND NOW HAVE SOME WELLNESS INCENTIVES

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
SALINA REGIONAL HEALTH CENTER, INC	PART V, SECTION B, LINE 20E PRESUMPTIVE ELIGIBILITY MAY BE UTILIZED IF A PATIENT QUALIFIES UNDER THE ELIGIBILITY SCREENING DONE BY SALINA FAMILY HEALTHCARE CLINIC, A COMMUNITY CLINIC ON THE BACK OF THE PATIENT STATEMENT IS INFORMATION ON HOW TO OBTAIN A FAP SRHC ALSO HIRES A THIRD PARTY TO HELP UNINSURED PATIENTS VERIFY ELIGIBILITY FOR PUBLIC BENEFITS OR THE FAP

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
SALINA REGIONAL HEALTH CENTER, INC	PART V, SECTION B, LINE 24 THE HOSPITAL FINANCIAL ASSISTANCE POLICY DOES NOT COVER ELECTIVE PROCEDURES THE HOSPITAL MAY HAVE CHARGED FAP ELIGIBLE PATIENTS GROSS CHARGES FOR SERVICES THAT ARE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY

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

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

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

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

Name and address	Type of Facility (describe)
1 - SALINA REGIONAL OUTPATIENT IMAGING 520 S SANTA FE LOWER LEVEL SALINA, KS 67401	OUTPATIENT IMAGING CLINIC
2 - SALINA REGIONAL ONCOLOGY 511 S SANTA FE SALINA, KS 67401	PHYSICIAN CLINIC
3 - COMCARE SANTA FE CLINIC 520 S SANTA FE SUITE 300 SALINA, KS 67401	PHYSICIAN CLINIC, LAB & X-RAY SERVICES
4 - COMCARE ELM CLINIC 617 E ELM STREET SALINA, KS 67401	PHYSICIAN CLINIC, IMAGING CENTER & LAB SERVICES
5 - SALINA REGIONAL NEUROSURGERY 501 S SANTA FE SUITE 300 SALINA, KS 67401	PHYSICIAN CLINIC
6 - SALINA PEDIATRIC CARE 501 S SANTA FE SUITE 100 SALINA, KS 67401	PHYSICIAN CLINIC
7 - COMCARE STATCARE CLINIC 1001 S OHIO ST SALINA, KS 67401	MINOR EMERGENCY AND ILLNESS CLINIC, LAB & X-RAY SERVICES
8 - SALINA REGIONAL SURGICAL ASSOCIATES 501 S SANTA FE SUITE 200 SALINA, KS 67401	PHYSICIAN CLINIC
9 - SALINA WOMENS CLINIC 501 S SANTA FE SUITE 140 SALINA, KS 67401	PHYSICIAN CLINIC
10 - SALINA REGIONAL CARDO THORACIC 501 S SANTA FE SUITE 200 SALINA, KS 67401	PHYSICIAN CLINIC
11 - COMCARE MINNEAPOLIS CLINIC 311 N MILL ST MINNEAPOLIS, MN 67456	PHYSICIAN CLINIC, LAB & X-RAY SERVICES
12 - COMCARE OCCUPATIONAL HEALTH CENTER 1101 E REPUBLIC ST SALINA, KS 67401	THERAPY, LAB AND X-RAY SERVICES
13 - SALINA REGIONAL VERIDIAN 730 HOLLY LANE SALINA, KS 67401	OUTPATIENT PSYCH CLINIC
14 - SALINA REGIONAL PULMONARY 520 S SANTA FE LOWER LEVEL SALINA, KS 67401	PHYSICIAN CLINIC
15 - SALINA REGIONAL OUTPATIENT PT 520 S SANTA FE SALINA, KS 67401	OUTPATIENT PHYSICAL THERAPY

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)
16 - SALINA REGIONAL NEUROSCIENCES 501 S SANTA FE SUITE 210 SALINA, KS 67401	PHYSICIAN CLINIC
17 - SALINA REGIONAL INFANT CHILD DEVELOPMENT 155 N OAKDALE SALINA, KS 67401	OUTPATIENT CHILD DEVELOPMENT SERVICES
18 - SALINA REGIONAL PODIATRY 501 S SANTA FE SUITE 200 SALINA, KS 67401	PHYSICIAN CLINIC
19 - SALINA REGIONAL ORTHOPEDIC CLINIC 520 S SANTA FE SUITE 240 SALINA, KS 67401	ORTHOPEDIC SERVICES
20 - SALINA REGIONAL URGENT CARE 2265 S 9TH ST SALINA, KS 67401	MINOR EMERGENCY AND ILLNESS CLINIC, LAB & X-RAY SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

Name of the organization
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

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) SALINA REGIONAL HEALTH FOUNDATION INC 400 SOUTH SANTA FE SALINA, KS 67401	48-0949407	501(C)(3)	390,395				TO FURTHER THE ACTIVITIES OF THE COMMUNITY HEALTH IMPROVEMENT PROGRAM (CHIP), OTHER ASSISTANCE
(2) GREATER SALINA COMMUNITY FOUNDATION 119 W IRON 8TH FLOOR SALINA, KS 67401	48-1215503	501(C)(3)	333,333				FUNDING FOR FIELD HOUSE REVITALIZATION PROJECT IN SALINA, KANSAS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

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) SCHOLARSHIPS TO STUDENTS ATTENDING NURSING SCHOOL	7	37,300			
(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
PART I, LINE 2	ALL DONEE INFORMATION IS KEPT AS A PART OF THE ORGANIZATION'S BOOKS AND RECORDS ALL NURSING SCHOLARSHIP RECIPIENTS ARE SELECTED BASED ON SET CRITERIA TO ENSURE SCHOLARSHIP MONEY IS USED FOR THE INTENDED PURPOSE, WE MAKE THE CHECKS OUT TO THE SCHOOLS NOT THE STUDENTS FOR CHIP GRANTS, THE GRANTEE SENDS US A REPORT, USUALLY WITHIN A YEAR FROM RECEIVING THE GRANT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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
PART I, LINE 1A	THE CEO AND COO USE THEIR MEMBERSHIP AT THE COUNTRY CLUB FOR BUSINESS PURPOSES EXPENSES ARE CATEGORIZED BY THE CEO AND COO AS BUSINESS OR PERSONAL PERSONAL USE EXPENDITURES ARE REIMBURSED TO SRHC

Additional Data

Software ID:
Software Version:
EIN: 48-1169103
Name: SALINA REGIONAL HEALTH CENTER 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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 SEAN HERRINGTON ER MD TRUSTEE	(I)	393,685	50,039	0	4,033	22,802	470,559	0
	(II)	0	0	0	0	0	0	0
1 MICHEAL TERRY PRESIDENT/CEO	(I)	793,507	0	0	8,535	22,489	824,531	0
	(II)	0	0	0	0	0	0	0
2 JOE TALLON VP FINANCE/CFO	(I)	278,029	60,602	0	5,300	22,990	366,921	0
	(II)	0	0	0	0	0	0	0
3 LARRY BARNES VP INFORMATION TECHNOLOGY	(I)	258,403	56,077	0	6,162	19,328	339,970	0
	(II)	0	0	0	0	0	0	0
4 JOHN HINNENKAMP VP FACILITIES MANAGEMENT	(I)	199,103	42,103	0	9,692	7,944	258,842	0
	(II)	0	0	0	0	0	0	0
5 JOEL PHELPSCOO	(I)	447,245	0	0	12,533	22,472	482,250	0
	(II)	0	0	0	0	0	0	0
6 LUANNE SMITH VP PATIENT CARE/CNO	(I)	190,844	42,125	0	12,743	21,435	267,147	0
	(II)	0	0	0	0	0	0	0
7 BRENDA COX VP HUMAN RESOURCES	(I)	188,975	0	0	2,484	18,416	209,875	0
	(II)	0	0	0	0	0	0	0
8 JUSTIN WHITLOW PHYSICIAN	(I)	791,238	10,500	0	8,398	19,920	830,056	0
	(II)	0	0	0	0	0	0	0
9 SCOTT BOSWELLPHYSICIAN	(I)	785,346	24,476	0	8,182	27,104	845,108	0
	(II)	0	0	0	0	0	0	0
10 GARY WILLIAMSPHYSICIAN	(I)	326,982	184,806	0	8,046	22,104	541,938	0
	(II)	0	0	0	0	0	0	0
11 RICHARD TOONPHYSICIAN	(I)	569,701	40,000	0	8,656	21,607	639,964	0
	(II)	0	0	0	0	0	0	0
12 KIER SWISHERPHYSICIAN	(I)	508,573	30,000	0	8,247	22,820	569,640	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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) STACIE MAES	FAMILY MEMBER OF JIM MAES, TRUSTEE	86,281	EMPLOYMENT		No
(2) LINDA HINNENKAMP	SPOUSE OF JOHN HINNENKAMP, KEY EMPLOYEE	72,352	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, VICE-CHAIR, SECRETARY, TREASURER, PRES IDENT AND CHIEF EXECUTIVE OFFICER, AND ANY OTHER PERSON APPOINTED TO THE EXECUTIVE COMMITT EE BY THE REMAINING MEMBERS OF IT TO SERVE WITH OR WITHOUT VOTE AT THE DIRECTION OF THE CO MMITTEE UNLESS THE BOARD SPECIFICALLY DIRECTS OTHERWISE, DURING THE INTERVALS BETWEEN MEE TINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE, AND MAY EXERCISE, ALL THE POWERS O F THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF SRHC IN SUCH MANNER AS SUCH C OMMITTEE SHALL DEEM IN THE BEST INTEREST OF SRHC, EXCEPT IT MAY NOT AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OR PERFORM ANY ACT PROHIBITED BY LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED TO MODIFY A BOARD MEMBER'S TERM LENGTH FROM FIVE YEARS TO FOUR YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SALINA REGIONAL HEALTH CENTER HAS TWO CORPORATE MEMBERS, SALINA REGIONAL HEALTH FOUNDATION, INC AND VIA CHRISTI HEALTH, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBERS HAVE THE POWER TO APPROVE APPOINTMENT OF MEMBERS TO AND REMOVAL OF M EMBERS FROM THE BOARD OF TRUSTEES EIGHTY PERCENT OF THE BOARD SHALL BE RESIDENTS OF THE C ITY OF SALINA OR THE GEOGRAPHIC REGION SURROUNDING SALINA THE REMAINING TWENTY PERCENT OF THE BOARD SHALL BE REPRESENTATIVES OF VIA CHRISTI HEALTH, INC AND NEED NOT BE RESIDENTS OF THE CITY OF SALINA OR THE SURROUNDING AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE IT IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, MEMBERS OF BOARD COMMITTEES, OFFICERS OF SRHC AND ITS AFFILIATES, AND ALL KEY MANAGEMENT PERSONNEL A CONFLICT OF INTEREST QUESTIONNAIRE IS REQUIRED TO BE COMPLETED UPON ELECTION AND ANNUALLY THEREAFTER THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT EXISTS AND REVIEWS SUCH CONFLICTS TO DETERMINE APPROPRIATE ACTION IF THERE IS AN IDENTIFIED CONFLICT, THE BOARD MAY ASK THE INTERESTED PERSON TO LEAVE THE MEETING DURING DISCUSSION OF THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT, HOWEVER, IF ASKED, THE INTERESTED PERSON MAY MAKE A STATEMENT OR ANSWER QUESTIONS ON THE MATTER BEFORE LEAVING THE INTERESTED PERSON WILL NOT BE PERMITTED TO VOTE ON THE MATTER IF A SIGNIFICANT CONFLICT IS IDENTIFIED, THE CONFLICTED PERSON WILL NO LONGER BE ELIGIBLE TO REMAIN ON THE BOARD AND WILL BE SO INFORMED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMPENSATION FIRM IS OBTAINED TO COMPLETE AN ANNUAL REVIEW AND ANALYSIS OF ALL THE ADMINISTRATIVE STAFF MEMBERS, INCLUDING CEO, CFO AND COO THE COMPILED REPORT IS F ORWARDED TO THE COMPENSATION COMMITTEE OF THE BOARD THAT REVIEWS THE ANALYSIS AND APPROVES THE REPORT THE COMPENSATION PROCESS AND PERFORMANCE REVIEW FOR THE CEO WAS LAST COMPLETE D IN OCTOBER OF 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED F INANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION 461,189 CHANGE IN FAIR VALUE OF ASSETS HELD IN TRUST 177,389 LOSS FROM AUXILIARY 10,000 INTERCOMPANY TRANSFERS 2,194,381

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
SALINA REGIONAL HEALTH CENTER INC

Employer identification number
48-1169103

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)SALINA REGIONAL HEALTH FOUNDATION INC 400 SOUTH SANTA FE SALINA, KS 67401 48-0949407	ADVANCEMENT OF HEALTHCARE	KS	501(C)(3)	LINE 7			No
(2)SALINA REGIONAL HEALTH PROPERTIES INC 400 SOUTH SANTA FE SALINA, KS 67401 48-1154675	OWN AND OPERATE MEDICAL OFFICE BUILDINGS	KS	501(C)(2)		SALINA REGIONAL HEALTH CENTER	Yes	
(3)HOSPICE OF SALINA INC 730 HOLLY LANE SALINA, KS 67402 48-1131570	HOSPICE CARE AND SUPPORT	KS	501(C)(3)	LINE 10	SALINA REGIONAL HEALTH CENTER	Yes	
(4)SALINA REGIONAL HOME MEDICAL SERVICES LLC 520 S SANTA FE SALINA, KS 67401 43-1948057	DURABLE MEDICAL EQUIP	KS	501(C)(3)	LINE 10	SALINA REGIONAL HEALTH CENTER	Yes	
(5)SUNFLOWER HEALTH NETWORK INC 400 S SANTA FE SALINA, KS 67401 48-1163256	HEALTH SERVICES	KS	501(C)(3)	LINE 12B, II			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SALINA SURGERY PROPERTIES LLC 401 SOUTH SANTA FE SALINA, KS 67401 48-1200039	PROPERTY OWNERSHIP	KS		RELATED	317,578	1,406,233		No			No	50 000 %
(2) SALINA SURGICAL CENTER LLC 401 SOUTH SANTA FE SALINA, KS 67401 48-1199515	SURGICAL CENTER	KS		RELATED	3,049,840	4,260,529		No			No	50 000 %

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	(i) No
(1)SALINA REGIONAL HEALTH ENTERPRISES INC 400 SOUTH SANTA FE SALINA, KS 67402 48-1056225	MANAGEMENT SERVICES	KS	SALINA REGIONAL HEALTH CENTER	C	310,077	32,750	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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SALINA REGIONAL HEALTH PROPERTIES	C	5,000,000	CASH
(2)SALINA REGIONAL HEALTH PROPERTIES	S	655,362	BOOK VALUE
(3)HOSPICE OF SALINA	C	150,000	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
PART III - RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP	FORM K-1 FOR SALINA SURGERY PROPERTIES, LLC AND SALINA SURGICAL CENTER, LLC DOES NOT INCLUDE AN AMOUNT REPORTED AS UNRELATED BUSINESS INCOME IN BOX 20, CODE V