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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Olathe Medical Center Inc

% TIERNEY L GRASSER

Doing business as

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

Room/suite

20333 W 151st Street

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

Olathe, KS 66061

F Name and address of principal officer

TIERNEY L GRASSER

20333 W 151ST STREET

OLATHE, KS 66061

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ WWW.OLATHEHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile KS

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO IMPROVE THE HEALTH OF ALL INDIVIDUALS IN THE COMMUNITIES WE SERVE BY PROVIDING COMPASSIONATE, QUALITY HEALTHCARE IN AN ENVIRONMENT OF TRUST AND COLLABORATION

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2018-11-15

Date

TIERNEY L GRASSER SR VP/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

Michael J Engle

Michael J Engle

Firm's name ▶ BKD LLP

Firm's EIN ▶

Firm's address ▶ 1201 Walnut Suite 1700

Phone no (816) 221-6300

Kansas City, MO 641062246

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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 IMPROVE THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE BY PROVIDING COMPASSIONATE, QUALITY HEALTHCARE IN AN ENVIRONMENT OF TRUST AND COLLABORATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ 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 \$ 208,548,159	including grants of \$ 623,525)	(Revenue \$ 270,943,352)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	208,548,159
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	142
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	1,860
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	No
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	
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	11	
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	10	
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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.
 ▶ TIERNEY L GRASSER 20333 W 151ST STREET OLATHE, KS 66061 (913) 791-4461

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) PATRICIA A ALL EDD TRUSTEE	2 0 0 0	X						0	0	0
(2) J MACK BOWEN TRUSTEE	2 0 1 0	X						0	0	0
(3) VINCENT DONOFRIO Trustee	2 0 1 0	X						0	0	0
(4) David Gaboury TRUSTEE/CHAIRPERSON	4 0 2 0	X		X				0	0	0
(5) Brian A Metz MD TRUSTEE/SECRETARY	2 0 1 0	X		X				0	0	0
(6) R ERIC HUGHES TRUSTEE	2 0 0 0	X						0	0	0
(7) MICHAEL K KNOP TRUSTEE	2 0 1 0	X						0	0	0
(8) Bruce B Snider MD Trustee	2 0 1 0	X						0	0	0
(9) Arthur E Swank TRUSTEE/TREASURER	2 0 1 0	X		X				0	0	0
(10) Thomas N Thorton Trustee	2 0 0 0	X						0	0	0
(11) Richard K Summers TRUSTEE/VICE-CHAIRPERSON	4 0 3 0	X		X				0	0	0
(12) Frank H Devocelle President/CEO	10 0 35 0			X				0	1,061,749	19,467
(13) Tierney L Grasser SVP/Chief Financial Officer	10 0 35 0			X				0	1,100,368	33,200
(14) John Staton Senior VP Operations	15 0 30 0			X				0	245,861	40,352
(15) James Wetzel SVP/Chief Medical Officer	10 0 35 0			X				0	552,707	29,575
(16) DAVID PURSELL VP/GENERAL COUNSEL	10 0 35 0			X				0	311,886	24,115
(17) AMY MEGLEMRE SVP/CHIEF NURSING OFFICER	45 0 0 0			X				0	208,984	34,743

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) Jan O'Dell	45 0				X			192,002	0	18,816
VP Surgical & OB Services	0 0									
(19) DOLORES SAGGARS	45 0				X			184,969	0	9,756
VP NURSING	0 0									
(20) PHILIP J SCHNEIDER	45 0					X		176,938	0	26,461
PHARMACY DIRECTOR	0 0									
(21) ANNETTE BOLLIG	40 0					X		166,636	0	29,238
PHARMACIST	0 0									
(22) MICHAEL NIX	45 0					X		160,909	0	2,500
DIRECTOR-TECHNOLOGY OPERATIONS	0 0									
(23) JODY CLARK	40 0					X		149,445	0	14,899
DIRECTOR OF FINANCE	0 0									
(24) JAMES NEIHART	45 0					X		149,345	0	22,372
RADIATION ONCOLOGY PHYSICIST	0 0									

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,180,244	3,481,555	305,494

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 ► 80			
			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
	JE DUNN CONSTRUCTION, 1001 LOCUST KANSAS CITY, MO 64106	CONSTRUCTION	16,920,301
	CERNER CORP, PO BOX 959167 ST LOUIS, MO 63195	SOFTWARE SUPPORT	7,150,942
	TURNER CONSTRUCTION CO, 1220 WASHINGTON ST STE 110 KANSAS CITY, MO 64105	CONSTRUCTION	12,311,851
	SIRIUS COMPUTER SOLUTIONS, PO BOX 202289 DALLAS, TX 75320	SOFTWARE SUPPORT	4,466,486
	SODEXO OPERATIONS LLC, 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	OUTSIDE SERVICES	3,619,794
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 ► 51		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	429,378			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	244,086			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		673,464			
Program Service Revenue			Business Code			
	2a Net Patient Service Revenue		900099	269,960,270	269,960,270	
	b LAB & RADIOLOGY FEES		621500	59,605		59,605
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		270,019,875			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		9,803,915			9,803,915
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
	6a Gross rents	(i) Real (ii) Personal				
		2,121,079				
	b Less rental expenses	1,586,767				
	c Rental income or (loss)	534,312 0				
	d Net rental income or (loss) ▶		534,312			534,312
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		19,169,830				
	b Less cost or other basis and sales expenses	19,423,452 87,866				
	c Gain or (loss)	-253,622 -87,866				
	d Net gain or (loss) ▶		-341,488			-341,488
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events . . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . . a	0				
b Less cost of goods sold . . . b	0					
c Net income or (loss) from sales of inventory . . . ▶		0				
Miscellaneous Revenue Business Code						
11a LOSS ON EXTINGUISHMENT OF DEBT	900099	-1,122,830			-1,122,830	
b Discounts/Rebates	900099	725,454	725,454			
c Research Study	900099	34,290	34,290			
d All other revenue		1,026,639	163,733		862,906	
e Total. Add lines 11a-11d ▶		663,553				
12 Total revenue. See Instructions ▶		281,353,631	270,883,747	59,605	9,736,815	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	605,525	605,525		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,000	18,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	561,539	303,225	258,314	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	191,524	191,524		
7 Other salaries and wages.	80,970,150	69,874,357	11,095,793	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,694,256	1,457,060	237,196	
9 Other employee benefits.	8,294,415	7,150,622	1,143,793	
10 Payroll taxes.	6,246,896	5,372,331	874,565	
11 Fees for services (non-employees):				
a Management.	3,572,834	9,604	3,563,230	
b Legal.	171,796		171,796	
c Accounting.	142,317		142,317	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	73,751		73,751	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,511,149	20,127,618	2,383,531	0
12 Advertising and promotion.	1,012,673	1,008,016	4,657	
13 Office expenses.	4,068,244	2,142,136	1,926,108	
14 Information technology.	4,660,684	3,826,665	834,019	
15 Royalties.	0			
16 Occupancy.	3,666,743	3,315,570	351,173	
17 Travel.	243,928	229,474	14,454	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	114,898	77,268	37,630	
20 Interest.	3,472,167	2,743,012	729,155	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	16,103,801	12,722,003	3,381,798	
23 Insurance.	1,374,401	654,925	719,476	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Bad Debt Expense.	17,859,967	17,859,967		
b MEDICAL SUPPLIES.	54,283,999	54,279,732	4,267	
c MEDICAID ASSESSMENT.	1,754,310	1,754,310		
d Repairs & Maintenance.	2,006,639	1,954,072	52,567	
e All other expenses.	1,037,662	871,143	166,519	
25 Total functional expenses. Add lines 1 through 24e.	236,714,268	208,548,159	28,166,109	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		975,675	1	1,696,288
	2	Savings and temporary cash investments		7,164,534	2	4,897,869
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		40,621,480	4	40,258,909
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,290,287	8	5,473,120
	9	Prepaid expenses and deferred charges		2,584,841	9	3,338,356
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 414,504,116			
	b	Less: accumulated depreciation	10b 193,158,134	188,434,205	10c	221,345,982
	11	Investments—publicly traded securities		329,970,461	11	346,758,319
	12	Investments—other securities. See Part IV, line 11		101,287,241	12	12,624,327
	13	Investments—program-related. See Part IV, line 11		153,969	13	170,780
	14	Intangible assets		3,499,517	14	2,422,745
	15	Other assets. See Part IV, line 11		29,830,308	15	12,731,355
16	Total assets. Add lines 1 through 15 (must equal line 34)		709,812,518	16	651,718,050	
Liabilities	17	Accounts payable and accrued expenses		46,221,614	17	48,062,802
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		148,379,091	20	133,581,211
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		2,710,617	23	2,306,698
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		197,311,322	26	183,950,711
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		509,775,385	27	467,458,267
	28	Temporarily restricted net assets		2,607,524	28	190,785
	29	Permanently restricted net assets		118,287	29	118,287
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		512,501,196	33	467,767,339
34	Total liabilities and net assets/fund balances		709,812,518	34	651,718,050	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	281,353,631
2	Total expenses (must equal Part IX, column (A), line 25)	2	236,714,268
3	Revenue less expenses Subtract line 2 from line 1	3	44,639,363
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	512,501,196
5	Net unrealized gains (losses) on investments	5	39,839,434
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	-129,212,654
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	467,767,339

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:

Software Version:

EIN: 48-0577664

Name: Olathe Medical Center Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Olathe Medical Center Inc

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

2017

Open to Public Inspection

Employer identification number

48-0577664

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2016. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI) **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 <input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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 <u>www.irs.gov/form990</u>.	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 Olathe Medical Center Inc	Employer identification number 48-0577664
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		11,266
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?		No	
j	Total. Add lines 1c through 1i			11,266
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE G	THE LOBBYING EXPENSES ARE THE PORTION OF HOSPITAL ASSOCIATION DUES THAT ARE RELATED TO LOBBYING

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319096918									
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>								
Name of the organization Olathe Medical Center Inc				Employer identification number 48-0577664									
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.													
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>													
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													
		<div>Held at the End of the Year</div> <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►													
4 Number of states where property subject to conservation easement is located ►													
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>													
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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>(ii) Assets included in Form 990, Part X ► \$</div></div>													
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 ► \$</div><div>b Assets included in Form 990, Part X ► \$</div></div>													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat No 52283D		Schedule D (Form 990) 2017											

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	332,955,992	310,947,468	301,639,382	290,909,730	241,301,138
b Contributions	1,263,186	2,269,053	9,295,407	399,964	6,505,501
c Net investment earnings, gains, and losses	49,067,335	19,811,986	1,036,065	16,527,271	43,171,051
d Grants or scholarships					
e Other expenditures for facilities and programs	36,418,103		953,363	6,129,204	
f Administrative expenses	73,751	72,515	70,023	68,379	67,960
g End of year balance	346,794,659	332,955,992	310,947,468	301,639,382	290,909,730

2

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

a

Board designated or quasi-endowment

99 934 %

b

Permanent endowment

0 041 %

c

Temporarily restricted endowment

0 025 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(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		24,516,483		24,516,483
b Buildings		206,552,674	81,478,620	125,074,054
c Leasehold improvements		11,712,097	9,560,650	2,151,447
d Equipment		139,941,647	94,364,629	45,577,018
e Other		31,781,215	7,754,235	24,026,980
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				221,345,982

Schedule D (Form 990) 2017

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		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

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 ☐

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

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.

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	
	Schedule D (Form 990) 2017

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS ARE HELD FOR CAPITAL AND OPERATING NEEDS

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

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATIONS' REVENUE \$ 95,668,680 RENTAL EXPENSES 1,586,767 LOSS ON INVESTMENT O F EQUITY INVESTEES (126,907) ----- TOTAL \$ 97,128,540

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$ 17,859,967 DECREASE IN TEMPORARILY RESTRICTED NET ASSETS \$ (2,416,739) ----- TOTAL \$ 15,443,228

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATIONS' EXPENSES \$ 119,006,480 RENTAL EXPENSES \$ 1,586,767 ----- TOTAL \$ 120,593,247

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	PROVISION FOR UNCOLLECTIBLE ACCOUNTS \$ 17,859,967

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

Employer identification number

Olathe Medical Center Inc

48-0577664

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

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

Yes

4

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

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

6b

If "Yes," did the organization make it available to the public?

6b

Yes

7

7

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)			3,793,316		3,793,316	1 720 %
b Medicaid (from Worksheet 3, column a)			13,176,096	9,202,490	3,973,606	1 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			16,969,412	9,202,490	7,766,922	3 530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	25	19,779	471,957		471,957	0 210 %
f Health professions education (from Worksheet 5)	14	998	894,041		894,041	0 410 %
g Subsidized health services (from Worksheet 6)	1		1,233,237		1,233,237	0 560 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	2,006	232,141		232,141	0 110 %
j Total. Other Benefits	47	22,783	2,831,376		2,831,376	1 290 %
k Total. Add lines 7d and 7j	47	22,783	19,800,788	9,202,490	10,598,298	4 820 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

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	130	12,720		12,720	0.010 %
2 Economic development	4	10,000	13,699		13,699	0.010 %
3 Community support	10		22,707		22,707	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members	2	75	700		700	
6 Coalition building						
7 Community health improvement advocacy	7		9,252		9,252	
8 Workforce development	3	90	109,727		109,727	0.050 %
9 Other						
10 Total	28	10,295	168,805		168,805	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	4,003,946	
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	3,003,000	
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	96,205,462	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	106,901,330	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-10,695,868	
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.			
<input checked="" type="checkbox"/> Cost accounting system			
<input type="checkbox"/> Cost to charge ratio			
<input type="checkbox"/> 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

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

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
OLATHE MEDICAL CENTER INC**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

OLATHE MEDICAL 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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

OLATHE MEDICAL 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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

OLATHE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **17**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	SEE PART VI, SECTION B, LINE 13 FOR THE LIST OF FACTORS USED IN THE ELIGIBILITY CRITERIA EXPLAINED IN THE FAP FOR PROVIDING FREE AND DISCOUNT CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	THE BAD DEBT EXPENSE IS NOT CONSIDERED A COMMUNITY BENEFIT EXPENSE AND IS NOT INCLUDED IN SCHEDULE H, PART I, LINE 7 THE AMOUNT EXCLUDED IS \$17,859,967

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART I, LINE 7, OF SCHEDULE H, IS A COST ACCOUNTING SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO PHYSICIAN CLINIC COSTS ARE INCLUDED IN THE COMMUNITY BENEFIT EXPENSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>OLATHE MEDICAL CENTER, INC (OMCI) IS COMMITTED TO IMPROVING THE COMMUNITY WE SERVE OUR EMPLOYEES ARE INVOLVED IN A VARIETY OF ACTIVITIES IN OUR COMMUNITY THAT SUPPORT THE GENERAL ECONOMIC IMPROVEMENT OF OUR COMMUNITY, THE HEALTH, WELL BEING AND SAFETY OF OUR AREAS RESIDENTS, AS WELL AS SUPPORTING PROGRAMS AND OTHER ORGANIZATIONS THAT REACH OUT TO OUR CITIZENS IN NEED A FEW EXAMPLES OF OMCIS INVOLVEMENT IN 2017 INCLUDE 1) OUR INVOLVEMENT IN SEVERAL AREA ECONOMIC DEVELOPMENT COUNCILS AND A CONTINUED COLLABORATION WITH KANSAS STATE UNIVERSITY WITH THE BIOSCIENCES CAMPUS IN NORTHWEST OLATHE 2) OUR SUPPORT OF THE HEALTH PARTNERSHIP CLINIC, A FEDERALLY QUALIFIED HEALTH CENTER SERVING THE HEALTH NEEDS OF OUR COMMUNITY 3) PARTICIPATION IN THE BOYS & GIRLS CLUB OF KANSAS CITY, THE SALVATION ARMY'S HOMELESS SHELTER AND ADOPT-A-FAMILY PROGRAM, THE LIONS CLUB HEALTH FAIR AND TLC, A LOCAL HOUSING FACILITY FOR TROUBLED CHILDREN WE CONTINUE TO SUPPORT THE MIRACLE LEAGUE, WHICH IS A BASEBALL PROGRAM FOR SEVERELY DISABLED CHILDREN 4) PARTNERED WITH THE OLATHE FIRE DEPARTMENT TO PROVIDE A COMMUNITY EVENT TO DISTRIBUTE FREE BICYCLE HELMETS TO CHILDREN AND WELLNESS SCREENINGS FOR THE ADULTS OMC ALSO CONTINUED ITS PARTNERSHIP WITH THE DEAF CULTURAL CENTER TO BRING EDUCATIONAL OPPORTUNITIES FOR THE DEAF POPULATION FOR HEALTH AND WELLNESS 5) LEADERSHIP AND PARTICIPATION IN OUR AREAS EMERGENCY PREPAREDNESS EFFORTS BY COORDINATING EXTENSIVE DRILLS TO PRACTICE OUR RESPONSE TO POTENTIAL SITUATIONS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART III, LINE 2, OF SCHEDULE H, IS A COST ACCOUNTING SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	THE AMOUNT INCLUDED ON LINE 3 THAT COULD BE ATTRIBUTED TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY WAS ESTIMATED BY ANALYZING ALL PRIVATE PAY PATIENT CHARGES AT COST LESS THE COST FOR THOSE PATIENTS THAT WERE ELIGIBLE FOR FINANCIAL ASSISTANCE THIS AMOUNT WAS THEN MULTIPLIED BY THE PERCENTAGE OF WHAT HAS BEEN HISTORICALLY COLLECTED FROM UNINSURED PATIENTS THE MAJORITY OF THE UNINSURED PATIENTS DO NOT HAVE THE ABILITY TO PAY AND IF THE PATIENTS COMPLETED THE FINANCIAL ASSISTANCE APPLICATION THEY WOULD BE ELIGIBLE FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	SEE PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST ACCOUNTING SYSTEM. SHORTFALLS ARISE FROM PAYMENTS THAT ARE LESS THAN THE COSTS TO PROVIDE THE SERVICES. WE ACCEPT ALL MEDICARE PATIENTS KNOWING THAT THE COST OF PROVIDING THE CARE MAY EXCEED THE PAYMENT WE RECEIVE FROM THE MEDICARE PROGRAM. THE SHORTFALLS SHOULD BE CONSIDERED COMMUNITY BENEFIT AS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. IT IS ALSO IMPLIED IN INTERNAL REVENUE SERVICE RULING 69-545 ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR TAX-EXEMPT HOSPITALS AND INDICATES THAT PARTICIPATION IN PUBLICALLY-FINANCED PROGRAMS, SUCH AS MEDICARE, IS EVIDENCE THAT A HOSPITAL MEETS THE COMMUNITY BENEFIT STANDARD.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>BEFORE PLACEMENT WITH COLLECTION AGENCIES, OMCI PATIENT FINANCIAL SERVICES OFFERS VARIOUS OPTIONS FOR PATIENTS WITH FINANCIAL DIFFICULTIES. IN ADDITION TO OFFERING OUR OWN FINANCIAL ASSISTANCE TO QUALIFYING INDIVIDUALS, OMCI CONTRACTS WITH AN AGENCY THAT SCREENS INDIVIDUALS FOR ELIGIBILITY FOR PROGRAMS LIKE MEDICAID, DISABILITY AND CRIME VICTIMS COMPENSATION AND THEN HELPS THEM THROUGH THE APPLICATION PROCESS. THE USE OF PROPENSITY TO PAY SOFTWARE ALSO HELPS OMCI IDENTIFY INDIVIDUALS THAT MAY NEED ASSISTANCE THAT HAVE NOT COMPLETED AN APPLICATION. OMCI HAS LANGUAGE WRITTEN IN THEIR COLLECTION AGENCY CONTRACT THAT STATES "IF THE COLLECTION AGENCY LEARNS A PATIENT/DEBTOR HAS NEITHER SUFFICIENT INCOME NOR ASSETS TO MEET HIS FINANCIAL OBLIGATION, THE AGENCY WILL NOT PURSUE COLLECTION ACTIVITIES AGAINST THE PATIENT/DEBTOR, UNLESS OR UNTIL THE AGENCY LEARNS THAT THE PATIENT/DEBTOR HAS INCOME OR ASSETS TO MEET THE OBLIGATION." IF THE COLLECTION AGENCY IS NOTIFIED BY THE PATIENT/DEBTOR THAT THIS CREATED AN UNDUE FINANCIAL HARDSHIP OR BURDEN DUE TO A CHANGE IN THEIR INCOME OR ASSETS, THE AGENCY WILL NOTIFY OMCI AND AWAIT FURTHER DIRECTION FROM THE HOSPITAL.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>OLATHE MEDICAL CENTER, INC (OMCI) IS CONTINUALLY ASSESSING THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS. OMCI IS INVOLVED IN MULTIPLE HEALTH FAIRS, MEDICAL SEMINARS AND OTHER COMMUNITY OUTREACH ACTIVITIES THAT INVOLVE SCREENINGS, QUESTIONNAIRES AND GENERAL CONVERSATION THAT HELP US UNDERSTAND THE NEEDS OF GROUPS AND INDIVIDUALS. THE OMCI COMMUNITY ADVISORY COUNCIL MEETS ON A REGULAR BASIS. PARTICIPANTS REPRESENT A DIVERSE COMMUNITY, INCLUDING THE DEAF, HISPANIC, AFRICAN-AMERICAN, AND UNINSURED. IN 2015, OMCI CONDUCTED ITS SECOND FORMAL ASSESSMENT OF THE HEALTH OF THE COMMUNITIES WE SERVE WITH THE HELP OF VVV RESEARCH AND DEVELOPMENT. OMCI CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR OUR PRIMARY SERVICE AREA (SOUTHWEST JOHNSON AND MIAMI COUNTIES). THIS WAS DONE BY PERFORMING RESEARCH AND COLLECTING HEALTH DATA FOR OUR AREA, AND ACTIVELY SEEKING INPUT FROM THE COMMUNITY THROUGH AN ONLINE SURVEY AND TOWN HALL MEETINGS. THIS CHNA WAS APPROVED BY THE BOARD IN NOVEMBER 2015. THE RESEARCH, SURVEY AND TOWN HALL MEETINGS HELPED DEVELOP A CLEARER PICTURE OF THE HEALTH-RELATED PRIORITIES OF RESIDENTS IN OUR SERVICE AREA. BELOW ARE THE TOP FOUR HEALTH NEED PRIORITIES IN THE PRIMARY SERVICE AREA FOR OMCI. HEALTH NEED PRIORITIES 2017-2019-</p> <ol style="list-style-type: none"> 1. INCREASE AWARENESS OF AND ACCESS TO MULTI-LINGUAL HEALTHCARE SERVICES AND CULTURALLY COMPETENT HEALTHCARE PROVIDERS. 2. IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES, INCLUDING CASE MANAGEMENT, DIAGNOSTIC SERVICES, OVERCOMING STIGMA, FUNDING AND PLACEMENT. 3. DECREASE THE OBESITY RATE IN OUR COMMUNITY BY CHANGING HEALTHY EATING AND PHYSICAL ACTIVITY BEHAVIORS THROUGH INTERACTIVE EDUCATION, ACCESS AND POLICY. 4. INCREASE ACCESS TO AFFORDABLE CARE. <p>IN 2017, OMCI BEGAN IMPLEMENTATION OF ITS SECOND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO ADDRESS THE FIRST PRIORITY OF INCREASING AWARENESS OF AND ACCESS TO MULTI-LINGUAL HEALTHCARE SERVICES AND CULTURALLY COMPETENT PROVIDERS. OMCI BEGAN FOCUSING ON CURRENT LANGUAGE ACCESS SERVICES AND INCREASING UTILIZATION OF THOSE SERVICES. THE GOAL FOR 2017 WAS TO INCREASE THE NUMBER OF PATIENT CONTACTS WITH LANGUAGE ACCESS SERVICES BY 5% OVER 2016. THAT GOAL WAS MET WITH AN INCREASE OF 9%. THE SECOND RESPONSE TO ADDRESS THIS PRIORITY WAS TO PARTNER WITH THE DEAF CULTURAL CENTER AND PARTICIPATE ON THE DEAF COMMUNITY HEALTH LITERACY PLANNING COMMITTEE FOCUSING ON PROVIDING EDUCATIONAL RESOURCES AND FREE HEALTH SCREENINGS TO THE DEAF COMMUNITY. THE GOAL FOR 2017 WAS TO INCREASE THE NUMBER OF WORKSHOP AND HEALTH FAIR PARTICIPANTS BY 20% OVER 2016. THIS GOAL WAS NOT MET AND ACTUALLY DECREASED BY 15%. THE REASON FOR THE DECLINE BEGAN WITH THE SHIFT IN FOCUS FROM THE DEAF CULTURAL CENTER FROM HEALTH AND WELLNESS EDUCATION TO A HISTORICAL MUSEUM. THE REASON THIS IMPACTED THE ATTENDANCE AT THE WORKSHOPS IS PRIMARILY DUE TO THE LACK OF SUPPORT FROM THE CULTURAL CENTER BY WAY OF COMMITTEE PARTICIPATION AND GRASS ROOTS PROMOTION WITHIN THE DEAF COMMUNITY. THE DEAF MEMBERS OF THAT COMMITTEE HAD BEEN A HUGE RESOURCE FOR THE PROMOTION AND ADVOCACY FOR THE WORKSHOPS. WITH THAT NO LONGER BEING THE CASE, ATTENDANCE AT COMMITTEE MEETINGS AND AT THE WORKSHOPS HAS DECREASED SUBSTANTIALLY. ADDITIONAL EFFORTS TO SUPPORT THIS PRIORITY INCLUDE OMCI'S LEADERSHIP INVOLVEMENT IN THE OLATHE LATINO COALITION AND HISPANIC COMMUNITY TASK FORCE. BOTH OF THESE GROUPS ARE FOCUSED ON PROVIDING GUIDANCE AND RESOURCE FOR THOSE WITHIN THE LATINO COMMUNITY. THE SECOND PRIORITY IS TO IMPROVE ACCESS TO BEHAVIORAL HEALTH SERVICES, INCLUDING CASE MANAGEMENT, DIAGNOSTIC SERVICES, OVERCOMING STIGMA, FUNDING AND PLACEMENT. THE FIRST RESPONSE TO ADDRESS THIS PRIORITY IS TO CONTINUE A PARTNERSHIP WITH KIDS TLC TO PROVIDE LICENSED PSYCHOLOGIST AND OTHER STAFF EMBEDDED IN THE OLATHE HEALTH FAMILY MEDICINE CLINICS. A NEW PROVIDER WAS ADDED IN 2017 AT A SECOND LOCATION. THE GOAL FOR 2017 WAS TO INCREASE THE NUMBER OF PATIENT ENCOUNTERS WITH KIDS TLC PROVIDERS BY 25% OVER 2016. OMCI MISSED THAT GOAL BY 2%. THERE WAS A 23% INCREASE IN PATIENT ENCOUNTERS OVER 2016. THE SECOND RESPONSE WAS TO PARTNER WITH KVC HEALTH SYSTEMS TO EXPAND ACCESS OF PSYCHIATRIC CONSULTS FOR PATIENTS IN THE HOSPITAL IN CRISIS. THE GOAL FOR 2017 WAS TO INCREASE THE NUMBER OF PSYCHIATRIC CONSULTS BY 5% OVER THE ANNUALIZED 2016 NUMBER OF CONSULTS. THIS GOAL WAS MET BY ACHIEVING 63% GROWTH IN INPATIENT CONSULTS. SEVERAL ADDITIONAL EFFORTS WERE COMPLETED TO BETTER ADDRESS THIS HEALTH NEED. WITHIN THE PRIMARY CARE CLINICS IN MIAMI COUNTY, EACH PATIENT, AGE 12 AND OLDER, UNDERGOES A DEPRESSION SCREENING USING THE STANDARDIZED TOOL CALLED THE PHQ-2. IF PATIENTS SCORE ANYTHING OTHER THAN A ZERO THEN A FULL PHQ-9 (9 QUESTION STANDARDIZED TOOL) TO FURTHER EVALUATE THE PATIENTS SYMPTOMS. PATIENTS WITH KNOWN DEPRESSION ARE FOLLOWED FOR DEPRESSION MANAGEMENT AND FOLLOW-UP OCCURS EVERY 4 MONTHS. OMCI ALSO DEVELOPED A BEHAVIORAL HEALTH RESOURCE GUIDE THAT IS DISTRIBUTED THROUGH COMMUNITY OUTREACH EVENTS AND</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p> WITHIN THE PRIMARY CARE CLINICS OMC I FINANCIALLY SUPPORTS THE OLATHE SCHOOL DISTRICT TO PROVIDE STUDENTS ACCESS TO MENTAL HEALTH THERAPISTS AT OLATHE NORTH HIGH SCHOOL AND SANTE F E TRAIL MIDDLE SCHOOL THESE FUNDS ALSO SUPPORT THE STUDENT HEALTH EMERGENCY FUND, WHICH HELPS STUDENTS AND FAMILIES ACCESS MEDICATIONS THEY NEED TO BE SUCCESSFUL IN THE CLASSROOM OMC I PARTNERED WITH GATEWAY OF HOPE AND MADE A FINANCIAL CONTRIBUTION TO THIS GROUP, WHICH IS DESIGNED FOR WOMEN IN OUR PRIMARY SERVICE REGARDING THE TRIGGERS, SIGNS AND EFFECTS OF DEPRESSION, ANXIETY, STRESS AND TRAUMA IN 2017, OMCIS EMERGENCY DEPARTMENT ALSO IMPLEMENTED A MAJOR DEPRESSION AND SUICIDE RISK SCREENING PROCESS IT ALSO CONTINUED A PARTNERSHIP WITH TWO RIVERS PSYCHIATRIC HOSPITAL TO PERFORM BEHAVIORAL HEALTH ASSESSMENTS ON PATIENTS WHO PRESENT TO THE EMERGENCY ROOM BASED ON MEDICAL APPROPRIATENESS PRIORITY THREE WAS TO ADDRESS THE OBESITY RATE IN OUR COMMUNITY BY CHANGING HEALTHY EATING AND PHYSICAL ACTIVITY BEHAVIORS THROUGH INTERACTIVE EDUCATION, ACCESS AND POLICY THE FIRST RESPONSE WAS TO PARTNER WITH THE CITY OF OLATHES PARKS & RECREATION DEPARTMENT TO LAUNCH THE APP CALLED "GET ACTIVE" THE GOAL FOR 2017 WAS TO FINANCIALLY SUPPORT, GATHER RESOURCES AND CREATE THE ONLINE APP FOR THE GET ACTIVE PROGRAM TO LAUNCH BY OCT 1, 2017 HOWEVER, DUE TO DELAYS WITH APP DEVELOPMENT, THE LAUNCH DATE WAS PUSHED BACK TO 2018 OMC I PROVIDED THE CITY WITH A NUMBER OF CHALLENGE IDEAS THAT INVOLVED HEALTHY MEAL PREPARATION AND PHYSICAL ACTIVITY THE SECOND RESPONSE TO THIS PRIORITY WAS TO INCREASE THE NUMBER OF PRIMARY CARE PATIENTS WHO HAVE A BLOOD PRESSURE BELOW 140/90 HOWEVER, DUE TO THE SUCCESS WITH THE BLOOD PRESSURE METRIC (71.3% OF PATIENTS HAVE A BLOOD PRESSURE BELOW 140/90), THE CHIP PLANNING TEAM AGREED TO TARGET A DIFFERENT OBESITY-RELATED METRIC TO BETTER ADDRESS THIS COMMUNITY NEED THE NEW METRIC IDENTIFIED IN 2017 WAS THE HEMOGLOBIN A1C THE FOCUS WILL BE TO INCREASE THE NUMBER OF DIABETIC PATIENTS WHO HAVE A HEMOGLOBIN A1C UNDER 9 IN 2017, 29.5% OF DIABETIC PATIENTS WERE HITTING THIS METRIC THE THIRD RESPONSE TO THIS PRIORITY WAS ACTIVE PARTICIPATION WITHIN JOHNSON COUNTYS FOOD POLICY COUNCIL OMC I ACTIVELY PARTICIPATED IN VARIOUS SUBCOMMITTEES OF THE COUNCIL INCLUDING FOOD INSECURITY IN THE HEALTHCARE SETTING, FOOD WASTE AND POLLUTION PREVENTION, ALONG WITH THE HUNGER SUMMIT THE COUNCIL IS EXPECTED TO COMPLETE ITS STRATEGIC PLAN IN 2018 TO CONTINUE TO IDENTIFY ADDITIONAL EFFORTS OMC I CAN SUPPORT ADDITIONAL EFFORTS SUPPORTING THIS PRIORITY INCLUDE SUPPORT OF THE OLATHE COMMUNITY GARDEN PROGRAM, PROVIDING HEALTH EDUCATION CLASSES AT THE OLATHE COMMUNITY CENTER AND AT OMC OMC I OFFERS A NUMBER OF SERVICES TO THE COMMUNITY INCLUDING ACCESS TO DIETICIANS, DIABETES EDUCATION AND BARIATRIC TREATMENT FOR THOSE WHO MEET THE CRITERIA OMC I ALSO FINANCIALLY SUPPORTS PROGRAMS IN THE COMMUNITY THAT ADDRESS THIS HEALTH NEED THROUGH THE OLATHE SCHOOL DISTRICT, LOCAL RACES AND AN OUTDOOR FITNESS CENTER THE FOURTH IDENTIFIED HEALTH NEED WAS ACCESS TO AFFORDABLE CARE AFTER FURTHER DISCUSSIONS WITH THE COMMUNITY AND ITS STAKEHOLDERS, A NUMBER OF RESOURCES WERE IDENTIFIED HOWEVER, THERE WAS A LACK OF AWARENESS ABOUT THESE RESOURCES TO BETTER SUPPORT THE COMMUNITY THEREFORE, OMCIS RESPONSE TO THIS PRIORITY WAS TO INCREASE AWARENESS OF EXISTING SERVICES ACROSS THE COMMUNITY IN 2017, THE GOAL WAS TO DISTRIBUTE A SURVEY TO ESTABLISH AN UNDERSTANDING OF BASELINE AWARENESS LEVEL OF SUPPORTIVE RESOURCES IN THE COMMUNITY BY DEC 31, 2017 ON OCT 25, 2017, AN "ACCESS TO AFFORDABLE CARE" LUNCHEON WAS HELD AND THE SURVEY WAS LAUNCHED ON NOV 29, 2017 THE BASELINE AWARENESS OF SUPPORTIVE RESOURCES WITHIN THE COMMUNITY WAS 37% ADDITIONAL EFFORTS INCLUDE CONTINUE CONTRACTING WITH RESOLUTE GROUP TO ASSIST UNINSURED OMC PATIENTS WHO MIGHT QUALIFY FOR POTENTIAL AFFORDABLE CARE ACT OPTIONS AND NAVIGATING AND OBTAINING HEALTH INSURANCE COVERAGE THROUGH THE HEALTH INSURANCE MARKET </p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENTS OF OLATHE MEDICAL CENTER, INC (OMCI) ARE MADE AWARE OF ALL OPPORTUNITIES AVAILABLE FOR FINANCIAL ASSISTANCE IN A VARIETY OF WAYS THERE ARE SIGNS IN THE REGISTRATION AREAS TO NOTIFY PATIENTS AND VISITORS OF THE AVAILABILITY OF ASSISTANCE PROGRAMS EVERY BILLING STATEMENT CONTAINS A NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND HOW TO OBTAIN ADDITIONAL INFORMATION OR APPLY APPLICATIONS AND INSTRUCTIONS ARE AVAILABLE ON THE MEDICAL CENTERS WEBSITE, IN BOTH ENGLISH AND SPANISH PATIENT ACCESS, PATIENT FINANCIAL SERVICES AND SOCIAL WORKERS ARE TRAINED TO PROVIDE APPLICATIONS TO PATIENTS IF THEY EXPRESS ANY CONCERN REGARDING ABILITY TO PAY FOR SERVICES, OR MAY BE REFERRED TO AN AGENCY THE MEDICAL CENTER CONTRACTS WITH TO HELP INDIVIDUALS THROUGH THE APPLICATION PROCESS FOR PROGRAMS LIKE MEDICAID AND DISABILITY PATIENTS THAT CALL OUR PATIENT FINANCIAL SERVICES DEPARTMENT EXPRESSING CONCERNS ABOUT BEING ABLE TO PAY FOR THEIR SERVICES OR EXPRESS THAT THEY ARE EXPERIENCING A FINANCIAL HARDSHIP ARE ADVISED OF OUR ASSISTANCE POLICY AND ENCOURAGED TO APPLY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>OLATHE MEDICAL CENTER, INC S (OMCI) PRIMARY SERVICE AREA CONSISTS OF SOUTHWEST JOHNSON COUNTY AND MIAMI COUNTY IN KANSAS JOHNSON COUNTY IS CONSIDERED AFFLUENT COMPARED TO MOST COUNTIES OF KANSAS, BUT THE SOUTHWESTERN PORTIONS, AND CERTAINLY MIAMI COUNTY, ARE LESS AFFLUENT FOR EXAMPLE, 28% OF THE STUDENTS IN THE OLATHE SCHOOL DISTRICT (SOUTHERN JOHNSON COUNTY) LIVE AT, OR BELOW, THE FEDERAL POVERTY LEVEL THE OLATHE SCHOOL DISTRICT ALSO REPRESENTS A VERY DIVERSE CULTURE, MORE THAN 60 LANGUAGES ARE SPOKEN BY STUDENTS IN THE OLATHE SCHOOL DISTRICT AND MORE THAN 20% SPEAK ENGLISH AS A SECOND LANGUAGE OLATHE HAS A HIGHER THAN AVERAGE PERCENTAGE OF MEMBERS OF THE DEAF COMMUNITY THAN MOST CITIES THIS IS DUE, IN PART, TO THE KANSAS SCHOOL FOR THE DEAF BEING LOCATED IN OLATHE TO SUPPORT THE DEAF COMMUNITY, OMCI HAS A NATIONALLY RECOGNIZED GROUP OF SIGN LANGUAGE SPECIALISTS THE LANGUAGE ACCESS DEPARTMENT IS ALSO STAFFED WITH SPANISH INTERPRETERS FOR THE GROWING HISPANIC COMMUNITY SERVED BY THE MEDICAL CENTER THE MEDICAL CENTER CONDUCTS A DEAF ADVISORY COMMITTEE AND MEMBERS OF THE DEAF COMMUNITY SERVE ON THE OMCI COMMUNITY ADVISORY COUNCIL IN 2014, REPRESENTATIVES FROM OMCI BEGAN PARTICIPATING IN THE DEAF HEALTH LITERACY GROUP, WHICH INCLUDES REPRESENTATIVES FROM THE KANSAS SCHOOL FOR THE DEAF, THE DEAF COMMUNITY AND THE DEAF COMMUNITY CULTURAL CENTER SINCE 2015, THE HEALTH LITERACY GROUP HAS HOSTED THREE HEALTHCARE-RELATED WORKSHOPS WERE HOSTED AND A HEALTH FAIR, WHICH OFFERED FREE HEALTH SCREENINGS SPECIFIC TO THIS DEMOGRAPHIC EACH YEAR IN ADDITION TO PROMOTING COMMUNITY HEALTH WITHIN THE DEAF COMMUNITY, OMC ALSO PROVIDES A PRIMARY CARE PHYSICIAN TO THE KANSAS SCHOOL FOR THE DEAF WHO SEES PATIENTS WEEKLY AT THE SCHOOL BELOW IS A LISTING OF ECONOMIC LEVELS FOR AREA RESIDENTS TIME PERIOD 2012-2016 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES SOURCE FACTFINDER2 CENSUS GOV PEOPLE LIVING BELOW POVERTY LEVEL JOHNSON COUNTY 6 0% MIAMI COUNTY 9 6% YOUNG CHILDREN LIVING BELOW POVERTY LEVEL JOHNSON COUNTY 7 1% MIAMI COUNTY 14 4% UNINSURED ADULT POPULATION RATE (2014) JOHNSON COUNTY 6 7% MIAMI COUNTY 6 9%</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	IN ADDITION TO THE ITEMS LISTED ABOVE, OLATHE MEDICAL CENTER, INC (OMCI) TAKES A VERY ACTIVE ROLE IN SUPPORT OF LOCAL, REGIONAL AND NATIONAL NOT-FOR-PROFIT ORGANIZATIONS WITH A FOCUS ON IMPROVING HEALTH AND SUPPORTING THOSE IN NEED OMCI IS THE LARGEST SUPPORTER OF AREA SCHOOL NURSES FUNDS AND PROVIDES ATHLETIC TRAINERS TO AREA SCHOOL SPORTS PROGRAMS THE COMMUNITY OUTREACH DEPARTMENT OF OMCI CONDUCTS AN AVERAGE OF SEVEN HEALTH FAIRS AND/OR COMMUNITY SCREENINGS PER MONTH THE COMMUNITY HEALTH FAIRS ARE ORGANIZED IN CONJUNCTION WITH A VARIETY OF OTHER AREA AGENCIES, SUCH AS OLATHE FIRE DEPARTMENT, OLATHE PARKS AND RECREATION, CENTER OF GRACE, LIONS CLUB, OLATHE DISTRICT SCHOOLS, OLATHE HEAD START AND SEVERAL OTHERS EMPLOYEES OF OMCI SERVE ON A VARIETY OF COMMUNITY COMMITTEES AND BOARDS WHOSE FOCUS IS ON IMPROVING COMMUNITY HEALTH THIS INCLUDES COMMUNITIES THAT CARE, OLATHE YMCA, JOHNSON COUNTY DEPARTMENT OF HEALTH & ENVIRONMENT, KIDSTLC, OLATHE PUBLIC SCHOOLS FOUNDATION, ECONOMIC DEVELOPMENT COUNCIL FOR DESOTO AND MORE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	OLATHE MEDICAL CENTER, INC (OMCI) IS PART OF OLATHE HEALTH SYSTEM, INC (OHSI) THIS CONSISTS OF TWO HOSPITALS AND A NETWORK OF 34 CLINICS OHSI AND ITS AFFILIATES, INCLUDING OMCI, TAKE A LEADERSHIP ROLE IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED OHSI HOSPITALS AND CLINICS ARE VERY INVOLVED WITH COMMUNITY OUTREACH EDUCATION AND SCREENING PROGRAMS ACROSS THE ENTIRE SERVICE AREA WE COLLABORATE WITH AREA COMPANIES AND OTHER HEALTH-RELATED SERVICE PROVIDERS TO PROVIDE EDUCATION AND SCREENINGS TO THE PUBLIC OHSI POSITIONS ITSELF AS NOT ONLY A PROVIDER OF CARE, BUT A RESOURCE FOR EDUCATION AND PREVENTION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	OMCI IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT WITH THE STATE, BUT WE MAKE OUR REPORT AVAILABLE TO ANYONE INTERESTED AT WWW OLATHEHEALTH ORG

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 48-0577664
Name: Olathe Medical 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		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	OLATHE MEDICAL CENTER INC 20333 WEST 151ST STREET OLATHE, KS 66061 WWW.OLATHEHEALTH.ORG H-046-002	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), OLATHE MEDICAL CENTER, INC (OMCI) CONDUCTED A TOWN HALL MEETING ON TUESDAY, OCT 20, 2015 THE COMMUNITY MEMBERS INVITED TO THIS TOWN HALL REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING INDIVIDUALS WITH SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH THIS INCLUDES PEOPLE REPRESENTING THE FOLLOWING GROUPS LOCAL HOSPITAL, PUBLIC HEALTH COMMUNITY, MENTAL HEALTH COMMUNITY, FREE CLINICS, COMMUNITY-BASED CLINICS, SERVICE PROVIDERS, LOCAL RESIDENTS, COMMUNITY LEADERS, OPINION LEADERS, SCHOOL LEADERS, BUSINESS LEADERS, LOCAL GOVERNMENT, FAITH-BASED ORGANIZATIONS, PEOPLE WITH CHRONIC CONDITIONS, UNINSURED COMMUNITY MEMBERS, LOW INCOME RESIDENTS, AND MINORITY GROUPS (INCLUDING THE DEAF COMMUNITY) SECTION V OF THE CHNA PROVIDES A LIST OF THE TOWN HALL ATTENDEES AND NOTES FROM THE MEETING ALL PRIORITY-SETTING AND SCORING PROCESSES AT THE TOWN HALL MEETING INVOLVED THE INPUT OF KEY STAKEHOLDERS IN ATTENDANCE THE MEETING INCLUDED DISCUSSION OF COMMUNITY HEALTH DATA, REFLECTION ON SIZE AND SERIOUSNESS OF ANY HEALTH CONCERNS, AND DISCUSSION OF CURRENT COMMUNITY HEALTH STRENGTHS PARTICIPANTS WERE THEN ASKED TO RANK THE COMMUNITY HEALTH CONCERNS CITED DURING THE MEETING AND FROM THE PRIMARY AND SECONDARY RESEARCH ALREADY COMPLETED A PRELIMINARY RESEARCH SURVEY WAS CONDUCTED BY VVV RESEARCH LLC ON BEHALF OF OMCI
SCHEDULE H, PART V, SECTION B, LINE 7A	www.olatehealth.org/patients-and-visitors/community-support/chna-chip

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	www.olathehealth.org/patients-and-visitors/community-support/chna-chip
SCHEDULE H, PART V, SECTION B, LINE 11	IN 2016, OMCI DEVELOPED A COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE TOP HEALTH-NEED PRIORITIES THAT WERE IDENTIFIED THROUGH THE ASSESSMENT DESCRIBED ABOVE. OMCI BOARD OF TRUSTEES APPROVED THE PLAN IN NOVEMBER 2016. THIS IS A THREE-YEAR PLAN, WHICH BEGAN IMPLEMENTATION IN 2017. IT ADDRESSES EACH HEALTH NEED PRIORITY, OUTLINING OMCI'S INITIATIVE(S) TO ADDRESS THE NEED AND THE ANTICIPATED COMMUNITY IMPACT. YOU CAN READ THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN DOCUMENTS ON OUR WEBSITE AT OLATHEHEALTH.ORG/COMMUNITY .

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	WHEN ANNUAL HOUSEHOLD INCOME IS MORE THAN 300% OF THE FEDERAL POVERTY GUIDELINES, INDIVIDUALS WITH EXTRAORDINARY MEDICAL EXPENSES MAY BE ELIGIBLE, ON CASE BY CASE BASIS, FOR FINANCIAL ASSISTANCE DISCOUNT OR EXTENDED PAYMENT ARRANGEMENTS
SCHEDULE H, PART V, SECTION B, LINES 16A-C	www.olathehealth.org/Patients-And-Visitors/Financial-Assistance

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

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

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

Name and address	Type of Facility (describe)
1 OLATHE HEALTH REHAB SVCS AT OLATHE MED 20375 W 151ST STREET SUITE 151 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
1 THE IMAGING CENTER AT OLATHE MEDICAL CTR 20375 W 151ST STREET SUITE 150 OLATHE, KS 66061	INPATIENT/OUTPATIENT MRI SERVICES
2 CARDIAC & PULMONARY REHAB AT OMC 20375 W 151ST STREET SUITE 450 OLATHE, KS 66061	INPATIENT/OUTPATIENT CARDIAC REHAB CLINIC
3 OUTPATIENT SURGERY CENTER AT OMC 20805 W 151ST STREET SUITE 101 OLATHE, KS 66061	OUTPATIENT SURGERY DEPARTMENT
4 PAIN MANAGEMENT CENTER AT OLATHE MED CTR 21080 W 151ST STREET OLATHE, KS 66061	OUTPATIENT PAIN MANAGEMENT CLINIC
5 SLEEP DISORDERS CENTER AT OLATHE MED CTR 20375 W 151ST STREET SUITE 103 OLATHE, KS 66061	OUTPATIENT SLEEP DISORDERS CLINIC
6 OLATHE HEALTH REHAB SVCS AT SOUTHPARK 20920 W 151ST STREET SUITE 201 OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC
7 OLATHE HEALTH REHAB SVCS AT SANTA FE COM 13657 MUR-LEN ROAD OLATHE, KS 66062	OUTPATIENT REHABILITATION CLINIC
8 OLATHE HEALTH PAVILION 21120 W 152ND STREET OLATHE, KS 66061	OUTPATIENT IMAGING CLINIC
9 WOUND HEALING CENTER AT OLATHE MED CTR 21080 W 151ST STREET OLATHE, KS 66061	OUTPATIENT WOUND CARE CLINIC
10 OUTPATIENT SERVICES 20375 W 151ST STREET SUITE 150 OLATHE, KS 66061	OUTPATIENT INFUSION SERVICES/ OUTPATIENT LABORATORY SERVICES
11 THE VEIN CARE CENTER 21080 W 151ST STREET OLATHE, KS 66061	OUTPATIENT VEIN CLINIC
12 OLATHE HEALTH REHAB SVCS AT GARDNER 824 MAIN ST GARDNER, KS 66030	OUTPATIENT REHABILITATION CLINIC
13 HOSPICE HOUSE 15310 S MARION STREET OLATHE, KS 66061	HOSPICE
14 OLATHE HEALTH REHAB SVCS AT COLLEGE PT 23450 COLLEGE BOULEVARD OLATHE, KS 66061	OUTPATIENT REHABILITATION CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
16 MEDICAL ONCOLOGY AT OLATHE MEDICAL CTR 20375 W 151ST STREET SUITE 208 OLATHE, KS 66061	OUTPATIENT ONCOLOGY CLINIC
1 RADIATION ONCOLOGY AT OLATHE MEDICAL CTR 20375 W 151ST SUITE 170 OLATHE, KS 66061	OUTPATIENT RADIATION CLINIC

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
Olathe Medical Center Inc

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

Complete if the organization answered "Yes," 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

2017

Open to Public
Inspection

Employer identification number
48-0577664

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

3 Enter total number of other organizations listed in the line 1 table 2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	18	18,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	OLATHE MEDICAL CENTER, INC PROVIDED SPORTS TRAINERS TO LOCAL HIGH SCHOOLS GRANTS ARE ALSO GIVEN TO LOCAL CHARITIES AND CIVIC ORGANIZATIONS TRUSTEES, OFFICERS AND EMPLOYEES OF OLATHE MEDICAL CENTER GENERALLY ARE VERY INVOLVED IN THE ACTIVITIES OF THE VARIOUS GRANTEE ORGANIZATIONS FOR ALL SCHOLARSHIPS, THE ORGANIZATION CAREFULLY SELECTS THE RECIPIENTS OF THE FUNDS AND A CHECK IS WRITTEN DIRECTLY TO THE INSITUION OF HIGHER LEARNING

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLATHE PUBLIC SCHOOLS FOUNDATION 315 N LINDENWOOD OLATHE, KS 66062	48-1190090	501(C)(3)	70,000				COMMUNITY WELLNESS
OLATHE DISTRICT SCHOOLS 1700 W SHERIDAN ST OLATHE, KS 66061	48-0697986	GOVERNMENT		256,954	FMV	SPORTS MEDICINE	COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KANSAS SCHOOL FOR THE DEAF 450 E PARK OLATHE, KS 66061	14-1044911	501(C)(3)	10,000				COMMUNITY WELLNESS
OTTAWA USD 290 1120 S ASH ST OTTAWA, KS 66067	48-6037952	GOVERNMENT	10,000				COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KIDS TLC INC 480 S ROGERS RD OLATHE, KS 66062	48-0774593	501(C)(3)	10,000				COMMUNITY WELLNESS
MID-AMERICA NAZARENE COLLEGE 2030 E COLLEGE WAY OLATHE, KS 66062	48-0730814	501(C)(3)	51,500				COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY 407 S CLAIRBORNE RD OLATHE, KS 66062	48-1115529	501(C)(3)	25,250				COMMUNITY WELLNESS
GARDNER DISTRICT SCHOOLS 231 E MADISON ST GARDNER, KS 66030	48-0699834	GOVERNMENT		76,415	FMV	SPORTS MEDICINE	COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000				COMMUNITY WELLNESS
OLATHE CHAMBER OF COMMERCE 1 WEST 106TH ST OLATHE, KS 66061	48-0357594	501(C)(6)	15,000				COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JOHNSON COUNTY OLD SETTLERS 14712 S VILLAGE OLATHE, KS 66061	48-6108713	501(C)(4)	10,000				COMMUNITY WELLNESS
JOHNSON COUNTY COMMUNITY COLLEGE 12345 COLLEGE BLVD OVERLAND PARK, KS 66210	23-7164614	501(C)(3)	27,000				COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLATHE DISTRICT SCHOOLS 1700 W SHERIDAN ST OLATHE, KS 66061	48-0697986	GOVERNMENT	40,000				COMMUNITY WELLNESS
SPRING HILL DISTRICT SCHOOLS 101 E SOUTH ST SPRING HILL, KS 66083	48-0723504	GOVERNMENT		65,989	FMV	SPORTS MEDICINE	COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OLATHE FIRE DEPARTMENT 100 E SANTA FE ST OLATHE, KS 66061	48-6082776	GOVERNMENT	25,563				COMMUNITY WELLNESS
SAFE HOME INC PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	10,000				COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY OF OLATHE 100 E SANTA FE ST OLATHE, KS 66061	48-6082776	GOVERNMENT	110,000				COMMUNITY WELLNESS
OLATHE PARKS AND RECREATION 100 E SANTA FE ST OLATHE, KS 66061	48-6082776	GOVERNMENT	25,000				COMMUNITY WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JOHNSON COUNTY PARKS AND RECREATION 7900 RENNER RD SHAWNEE MISSION, KS 66219	48-6090320	GOVERNMENT	32,000				COMMUNITY WELLNESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Employer identification number

48-0577664

Name of the organization
Olathe Medical Center Inc

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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.

See Additional Data Table

Schedule J (Form 990) 2017

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
FORM 990, PART VII & SCHEDULE J, PART I, LINE 3	THE COMPENSATION BEING REPORTED FOR FRANK H. DEVOCHELLE, TIERNEY L. GRASSER, JAMES L. WETZEL, JOHN STATON, DAVID PURSELL AND AMY MEGLEMRE IS FROM OLATHE HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION. OLATHE HEALTH SYSTEM, INC. USES A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT BOARD MEMBERS TO ESTABLISH AND APPROVE COMPENSATION AND BENEFITS FOR ALL OFFICERS OF OLATHE HEALTH SYSTEM, INC. AND ITS AFFILIATED CORPORATIONS. THE COMPENSATION COMMITTEE UTILIZED AN INDEPENDENT COMPENSATION CONSULTANT AND COMPENSATION SURVEYS TO ESTABLISH FAIR MARKET VALUE SALARIES AND BENEFITS FOR OLATHE HEALTH SYSTEM, INC. AND ITS AFFILIATES OFFICERS.
SCHEDULE J, PART I, LINE 4B AND PART II	FRANK H. DEVOCHELLE, JAMES WETZEL, TIERNEY GRASSER, JOHN STATON AND AMY MEGLEMER PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). FRANK H. DEVOCHELLE, JAMES WETZEL AND TIERNEY GRASSER ARE FULLY VESTED IN THE SERP PLAN. IN 2017, THERE WAS A PAYOUT OF \$120,400 TO FRANK H. DEVOCHELLE, \$623,353 TO TIERNEY L. GRASSER, OF THIS AMOUNT \$497,565 WAS PREVIOUSLY REPORTED ON PRIOR YEARS FORM 990'S AS DEFERRED COMPENSATION AS REQUIRED, AND \$58,040 TO JAMES WETZEL, WHICH IS REPORTED AS TAXABLE COMPENSATION AND INCLUDED IN THEIR W-2. THE FOLLOWING AMOUNTS WERE ACCRUED FOR THE BENEFIT OF THE SENIOR EXECUTIVE LEADERSHIP IN 2017: JOHN STATON, SENIOR VICE PRESIDENT OPERATIONS, \$14,892; AMY MEGLEMRE, SENIOR VICE PRESIDENT, CHIEF NURSING OFFICER, \$10,119; AND CHERYL SHARP, SENIOR VICE PRESIDENT STRATEGIC FINANCIAL INITIATIVES, \$22,229.

Additional Data

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

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

(A) Name 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				
1Frank H Devocelle President/CEO	(i)	0	0	0	0	0	0	0
	(ii)	719,184	182,833	159,732	2,500	16,967	1,081,216	0
1Tierney L Grasser SVP/Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	406,556	61,598	632,214	2,500	30,700	1,133,568	497,565
2Jan O'Dell VP Surgical & OB Services	(i)	168,702	20,219	3,081	2,500	16,316	210,818	0
	(ii)	0	0	0	0	0	0	0
3John Staton Senior VP Operations	(i)	0	0	0	0	0	0	0
	(ii)	212,652	30,872	2,337	17,392	22,960	286,213	0
4James Wetzel SVP/Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	409,080	70,410	73,217	2,500	27,075	582,282	0
5DAVID PURSELL VP/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	308,138	0	3,748	2,500	21,615	336,001	0
6DOLORES SAGGARS VP NURSING	(i)	153,519	20,408	11,042	2,500	7,256	194,725	0
	(ii)	0	0	0	0	0	0	0
7AMY MEGLEMRE SVP/CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	182,722	25,000	1,262	12,619	22,124	243,727	0
8PHILIP J SCHNEIDER PHARMACY DIRECTOR	(i)	169,572	5,966	1,400	2,500	23,961	203,399	0
	(ii)	0	0	0	0	0	0	0
9ANNETTE BOLLIG PHARMACIST	(i)	165,532	1,014	90	2,500	26,738	195,874	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL NIX DIRECTOR-TECHNOLOGY OPERATIONS	(i)	155,878	3,734	1,297	2,500	0	163,409	0
	(ii)	0	0	0	0	0	0	0
11JODY CLARK DIRECTOR OF FINANCE	(i)	146,286	2,219	940	2,500	12,399	164,344	0
	(ii)	0	0	0	0	0	0	0
12JAMES NEIHART RADIATION ONCOLOGY PHYSICIST	(i)	148,129	980	236	2,500	19,872	171,717	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Olathe Medical Center Inc

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
48-0577664

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF OLATHE KANSAS (SERIES 2012A)	48-6034756	679390JG0	02-28-2012	36,829,131	SEE PART VI		X		X		X
B CITY OF OLATHE KANSAS (SERIES 2012C)	48-6034756		09-05-2012	16,000,000	SEE PART VI		X		X		X
C CITY OF OLATHE KANSAS (SERIES 2014B)	48-6034756		12-23-2014	23,550,000	SEE PART VI		X		X		X
D CITY OF OLATHE KANSAS (SERIES 2014A)	48-6034756		01-08-2015	23,550,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	5,530,000		12,980,000		1,965,000		1,955,000	
2	Amount of bonds legally defeased	15,525,000		0		0		0	
3	Total proceeds of issue	36,829,131		16,000,000		24,201,391		24,066,839	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	429,131		0		225,000		192,745	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		23,976,391		23,874,094	
11	Other spent proceeds	36,400,000		16,000,000		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2010		2012		2018		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 900 %		0 010 %		0 %		0 %	
6 Total of lines 4 and 5	0 900 %		0 010 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	A - Series 2012A - Proceeds were used to refund Series 2008A bonds issued 01/30/2008 B - Series 2012C - Proceeds were used to refund a portion of Series 2008C bonds issued 5/8/2008 and A PORTION OF 2010B bonds issued 10/29/2010 C - Series 2014B - Proceeds used to acquire, construct and equip certain health facilities D - Series 2014A - Proceeds used to acquire, construct and equip certain health facilities

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	C - Series 2014B - Amount is not equal to the issue price due to investment earnings earned during the project period D - Series 2014A - Amount is not equal to the issue price due to investment earnings earned during the project period

Return Reference	Explanation
SCHEDULE K, PART II, LINE 16	C - SERIES 2014B - THE MEDICAL CENTER IS IN THE PROCESS OF COMPLETING THE FINAL ALLOCATION, WHICH IT EXPECTS TO COMPLETE BY THE END OF THE NEXT FISCAL YEAR D - SERIES 2014A - THE MEDICAL CENTER IS IN THE PROCESS OF COMPLETING THE FINAL ALLOCATION, WHICH IT EXPECTS TO COMPLETE BY THE END OF THE NEXT FISCAL YEAR

Return Reference	Explanation
SCHEDULE K, PART III, COLUMN B	B - SERIES 2012C - Form 990, Schedule K Part III for 2012C Bonds is completed only for the portion of the 2012C Bonds allocable to the new money portion of the 2010AB Bonds The refunding portion of the 2010AB Bonds refinanced bonds originally issued prior to January 1, 2003 The 2012C Bonds also refinanced the 2008C Bonds which were issued to refinance the 2002A Bonds that were issued prior to January 1, 2003

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Olathe Medical Center Inc

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
48-0577664

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF OLATHE KANSAS (SERIES 2017A)	48-6034756		02-28-2017	56,505,000	SEE PART VI		X		X		X
B CITY OF OLATHE KANSAS (SERIES 2017B)	48-6034756		12-28-2017	16,190,000	SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	160,000		0							
2	Amount of bonds legally defeased	0		0							
3	Total proceeds of issue	56,505,000		16,190,000							
4	Gross proceeds in reserve funds	0		0							
5	Capitalized interest from proceeds	0		0							
6	Proceeds in refunding escrows	0		15,961,887							
7	Issuance costs from proceeds	477,528		110,740							
8	Credit enhancement from proceeds	0		0							
9	Working capital expenditures from proceeds	0		0							
10	Capital expenditures from proceeds	0		0							
11	Other spent proceeds	56,027,472		0							
12	Other unspent proceeds	0		52,652							
13	Year of substantial completion	2012		2012							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X			X						
15	Were the bonds issued as part of an advance refunding issue?	X		X							
16	Has the final allocation of proceeds been made?	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 900 %		0 010 %					
6 Total of lines 4 and 5	0 900 %		0 010 %					
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	A - 2017A SERIES - THE PROCEEDS WERE USED TO REFUND SERIES 2008B BONDS ISSUED ON 2/27/2008, SERIES 2008C BONDS ISSUED 5/8/2008, SERIES 2010B BONDS ISSUED 10/29/2010 AND SERIES 2012B BONDS ISSUED 2/28/2012 B - 2017B SERIES - THE PROCEEDS WERE USED TO REFUND SERIES 2010A BONDS, ISSUED 10/29/2010

Return Reference	Explanation
<p>SCHEDULE K, PART II COLUMN A</p>	<p>THE 2017A SERIES BONDS REFUNDed Series 2008B, Series 2008C, Series 2010B and Series 2012B Bonds Form 990, Schedule K Part III for 2017A Bonds allocable to refund 2008B Bonds is only completed for the portion of the 2008B Bonds allocable to Olathe Medical Center that was used to refinance projects originally financed by the 2004A Bonds The portion of the 2008B Bonds allocated to refinance the 2004B Bonds was used to finance projects originally financed by bonds issued prior to January 1, 2003 Form 990, Schedule K Part III for 2017A Bonds allocable to refund 2008C Bonds is not completed because the 2008C Bonds were used to refinance projects originally financed with bonds issued prior to January 1, 2003 Form 990, Schedule K Part III for 2017A Bonds allocable to refund 2010B Bonds is completed only for the projects financed with 2010AB Bonds The projects that were refinanced by the 2010AB Bonds were originally financed with bonds issued prior to January 1, 2003</p>

Return Reference	Explanation
SCHEDULE K, PART II COLUMN B	The Series 2017B Bonds refunded Series 2010A Bonds Form 990, Schedule K Part III for 2017B Bonds is completed only for the projects originally financed with 2010AB Bonds The projects that were refinanced by the 2010AB Bonds were originally financed with bonds issued prior to January 1, 2003

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Olathe Medical Center Inc

Employer identification number

48-0577664

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	TRANSACTION 1 (A) DAVID HANSON (B) DAVID HANSON IS THE SON-IN-LAW OF FRANK H DEVOCELLE, AN OFFICER OF OMCI (C) \$109,944 (D) DAVID HANSON IS AN EMPLOYEE OF OMCI (E) NO TRANSACTION 2 (A) HEIDI HANSON (B) HEIDI HANSON IS THE DAUGHTER OF FRANK H DEVOCELLE, AN OFFICER OF OMCI (C) \$55,041 (D) HEIDI HANSON IS AN EMPLOYEE OF OMCI (E) NO TRANSACTION 3 (A) JAMIE O'DELL (B) JAMIE O'DELL IS THE DAUGHTER OF JAN O'DELL, A KEY EMPLOYEE OF OMCI (C) \$25,813 (D) JAMIE O'DELL IS AN EMPLOYEE OF OMCI (E) NO TRANSACTION 4 A) OLATHE WOMENS' CENTER (OWC) B) DR BRUCE B SNIDER IS A PARTNER AND GREATER-THAN-35% OWNER OF OWC HE IS ALSO A TRUSTEE ON THE BOARD OF OLATHE MEDICAL CENTER, INC (OMCI) C) \$122,000 - RENT PAID BY OWC TO OMCI \$ 71,500 - ONCALL COMPENSATION PAID BY OMCI TO OWC D) SEE ITEM C) ABOVE E) NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Olathe Medical Center Inc

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

2017

Open to Public Inspection

Employer identification number

48-0577664

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	OLATHE MEDICAL CENTER, INC (OMCI) OPERATES AN ACUTE CARE HOSPITAL IN OLATHE, KANSAS, WHICH WAS FOUNDED IN 1948 BY THE COMMUNITY OMCI CARRIES OUT THEIR MISSION BY PROVIDING QUALITY AND COMPASSIONATE INPATIENT, OUTPATIENT, EMERGENCY CARE, HOSPICE AND HOME HEALTH SERVICES TO RESIDENTS IN JOHNSON COUNTY AND MIAMI COUNTY, KANSAS AND SURROUNDING AREAS OLATHE MEDICAL CENTER IS A JOINT COMMISSION ACCREDITED HOSPITAL AND IS LICENSED FOR 300 INPATIENT BEDS PROGRAM SERVICE EXPENSES ARE ALL REALTED TO THE PROVISION OF HEALTHCARE SERVICES IN 2017, OLATHE MEDICAL CENTER PROVIDED 45,227 DAYS OF INPATIENT CARE, 153,039 OUTPATIENT VISITS RESULTING IN 642,422 OUTPATIENT PROCEDURES, 38,557 EMERGENCY VISITS, 1788 DAYS OF HOSPICE HOUSE SERVICE, 10,791 HOSPICE VISITS AND 38,774 HOME HEALTH VISITS TO THE COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS J MACK BOWEN, VINCENT DONOFRIO, FRANK DEVOCELLE, DAVID GABOURY, TIERNEY GRASSER, MICHAEL KNOP, BRIAN METZ, DAVID PURSELL, BRUCE SNIDER, AMY MEGLEMRE, JOHN STATON, RICHARD SUMMERS, ARTHUR SWANK AND JAMES WETZEL HAVE BUSINESS RELATIONSHIPS FRANK H DEVOCELLE, TIERNEY L GRASSER AND JOHN STATON SERVE AS AN OFFICER OR DIRECTOR OF A RELATED FOR PROFIT COMPANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE GOVERNING DOCUMENTS HAVE BEEN REVISED AS FOLLOWS 1 THE NUMBER OF BOARD OF DIRECTORS WAS CHANGED FROM 16 TO A MINIMUM OF 7 AND NOT MORE THAN 15 DIRECTORS 2 CHANGES TO THE QUALIFICATIONS OF TRUSTEES AND LIMITATIONS ON BOARD MEMBERSHIP 3 CHANGES TO THE COMMITTEES AUTHORIZED BY THE BOARD, AND TO THE EXPRESS AUTHORIZATIONS GRANTED 4 CHANGES TO OFFICERS OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	OLATHE HEALTH SYSTEM, INC , A 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF OLATHE MEDICAL CENTER, INC

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TAX RETURN IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE OLATHE HEALTH SYSTEM, INC BOARD ON BEHALF OF ALL OF ITS AFFILIATES PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE THE AUDIT & COMPLAINECE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS OF OLATHE HEALTH SYSTEM, INC THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE PURPOSE OF THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS TO PROTECT THE ORGANIZATIONS INTEREST WHEN IT IS CONTEMPLATING A DECISION OR ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY PERSON IN A POSITION OF AUTHORITY OVER THE ORGANIZATION, OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. CORPORATE OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE OF INFORMATION FORM ANNUALLY. A SUMMARY OF THE ANNUAL DISCLOSURES OF INFORMATION IS PROVIDED TO THE FULL BOARD FOR REVIEW AT LEAST ONE TIME PER YEAR. THE CONFLICT OF INTEREST POLICY CALLS FOR ANY INTERESTED PERSON TO DISCLOSE THE EXISTENCE OF A FINANCIAL RELATIONSHIP OR COMPETITIVE INTEREST IN CONNECTION WITH ANY PENDING TRANSACTION OR ARRANGEMENT. THE INDIVIDUAL IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THAT GAVE RISE TO THE DISCLOSURE. WHEN A TRANSACTION INVOLVES AN INTERESTED PARTY, THE FOLLOWING PROCEDURES ARE FOLLOWED:</p> <ol style="list-style-type: none"> 1. THE INTERESTED PARTY LEAVES THE MEETING AFTER PROVIDING ANY MATERIAL FACTS OR DISCUSSION REGARDING THE MATTER THAT GIVES RISE TO THE INTEREST, UNLESS REQUESTED TO STAY BY THE REMAINING BOARD OR COMMITTEE MEMBERS. 2. IF APPROPRIATE, THE BOARD MAY APPOINT A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. 3. THE INTERESTED TRUSTEE MAY NOT VOTE IN THE MATTER THAT GIVES RISE TO THE INTEREST. 4. IN ORDER TO APPROVE THE TRANSACTION, THE BOARD MUST FIRST FIND, BY A MAJORITY VOTE OF THE TRUSTEES THEN IN OFFICE, WITHOUT COUNTING THE VOTE OF THE INTERESTED TRUSTEE: <ol style="list-style-type: none"> A. THAT THE PROPOSED TRANSACTION IS IN THE ORGANIZATIONS BEST INTERESTS AND FOR ITS OWN BENEFIT, AND B. THAT, AFTER REASONABLE INVESTIGATION, THE BOARD HAS DETERMINED THAT THE ORGANIZATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	COMPENSATION FOR THE PRESIDENT, CEO AND OMCI OFFICERS IS REVIEWED AND APPROVED BY THE COMPENSATION AND BENEFITS COMMITTEE OF OLATHE HEALTH SYSTEM, INC, OLATHE MEDICAL CENTER, INC S SOLE MEMBER OLATHE HEALTH SYSTEM INC S COMPENSATION AND BENEFITS COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE OLATHE HEALTH SYSTEM, INC BOARD THE COMPENSATION AND BENEFITS COMMITTEE DETERMINES COMPENSATION FOR THE PRESIDENT, CEO AND OLATHE MEDICAL CENTER INC S OFFICERS USING A VARIETY OF METHODS SUCH AS THIRD PARTY SALARY SURVEYS, INDEPENDENT CONSULTANTS AND UTILIZATION OF WRITTEN CONTRACTS FOR THE CEO AND OLATHE MEDICAL CENTER, INC 'S OFFICERS TO DETERMINE THE FAIR MARKET VALUE OF THE CURRENT COMPENSATION, SALARY RANGES AND BENEFITS, UTILIZATION OF WRITTEN CONTRACTS FOR THE CEO AND OLATHE MEDICAL CENTER, INC 'S OFFICERS TO DETERMINE THE FAIR MARKET VALUE OF THE CURRENT COMPENSATION, SALARY RANGES AND BENEFITS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 9	TRANSFERS TO AFFILIATES \$ (129,085,747) GAIN(LOSS) ON EQUITY INVESTEEES \$ (126,907) ----- \$ (129,212,654)

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

2017

Open to Public Inspection

Name of the organization
Olathe Medical Center Inc

Employer identification number
48-0577664

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)MIAMI COUNTY MEDICAL CENTER INC 2100 BAPTISTE DRIVE PAOLA, KS 66071 48-1155548	HOSPITAL	KS	501(C)(3)	3	OHSI	Yes	
(2)OLATHE HEALTH SYSTEM INC 20333 W 151ST STREET OLATHE, KS 66061 48-0979845	SUPPORT ORG	KS	501(C)(3)	12B	NA		No
(3)OLATHE HEALTH PHYSICIANS INC 20333 W 151ST STREET OLATHE, KS 66061 48-1088982	CLINICS	KS	501(C)(3)	10	OHSI	Yes	
(4)OLATHE HEALTH CHARITABLE FOUNDATION 20333 W 151ST STREET OLATHE, KS 66061 48-1136010	FUNDRAISING	KS	501(C)(3)	12A	OMCI	Yes	

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

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

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

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

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

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

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

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

1a Yes

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

1b Yes

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i Yes

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

1j

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 Yes

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

1m Yes

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

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

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

1r Yes

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

1s 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
See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MIAMI COUNTY MEDICAL CENTER	L	198,449	COST
MIAMI COUNTY MEDICAL CENTER	N	627,713	COST
MIAMI COUNTY MEDICAL CENTER	O	1,690,358	COST
MIAMI COUNTY MEDICAL CENTER	P	3,058,889	COST
MIAMI COUNTY MEDICAL CENTER	Q	208,613	COST
MIAMI COUNTY MEDICAL CENTER	R	6,203,598	COST
MIAMI COUNTY MEDICAL CENTER	S	11,175,457	COST
OLATHE HEALTH CHARITABLE FOUNDATION	A iv	23,599	COST
OLATHE HEALTH CHARITABLE FOUNDATION	C	429,378	COST
OLATHE HEALTH CHARITABLE FOUNDATION	P	330,987	COST
OLATHE HEALTH CHARITABLE FOUNDATION	R	298,226	COST
OLATHE HEALTH PHYSICIANS INC	I	98,049	COST
OLATHE HEALTH PHYSICIANS INC	L	140,618	COST
OLATHE HEALTH PHYSICIANS INC	M	2,160,315	COST
OLATHE HEALTH PHYSICIANS INC	N	4,021,787	COST
OLATHE HEALTH PHYSICIANS INC	O	4,028,534	COST
OLATHE HEALTH PHYSICIANS INC	P	22,797,529	COST
OLATHE HEALTH PHYSICIANS INC	Q	628,718	COST