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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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
% KRYSTAL CLAYMORE
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

D Employer identification number
48-0577664

E Telephone number
(913) 355-3095

G Gross receipts $ 319,673,319

F Name and address of principal officer:
STANLEY HOLM
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

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF OLATHE HEALTH IS TO HELP PEOPLE THROUGH HEALING, HEALTH, AND HAPPINESS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,212
6	Total number of volunteers (estimate if necessary)	**6**	325
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	63,197
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	19,192

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,123,081	897,290
9	Program service revenue (Part VIII, line 2g)	271,252,861	291,022,830
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,125,872	12,180,540
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,273,440	2,500,686
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,775,254	306,601,346
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	636,722	600,852
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	101,993,222	105,993,607
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	149,502,203	161,204,615
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	252,132,147	267,799,074
19	Revenue less expenses. Subtract line 18 from line 12	65,643,107	38,802,272

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	617,493,051	704,405,399
21	Total liabilities (Part X, line 26)	167,844,961	197,107,319
22	Net assets or fund balances. Subtract line 21 from line 20	449,648,090	507,298,080

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

****** 2020-11-16
Signature of officer Date

KRYSTAL CLAYMORE 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
				P00482834

Firm's name ▶ BKD LLP — Firm's EIN ▶

Firm's address ▶ 1201 Walnut Suite 1700
Kansas City, MO 641062246

Phone no. (816) 221-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO HELP PEOPLE THROUGH HEALING, HEALTH AND HAPPINESS.

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 $ 236,201,393 including grants of $ 600,852) (Revenue $ 292,124,612)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 236,201,393

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	Yes	
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	154		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,212		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		Yes	

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶KRYSTAL CLAYMORE 20333 W 151ST STREET OLATHE, KS 66061 (913) 355-3095

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

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

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

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

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

See instructions for the order in which to list the persons above.

☐ 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,233,146	3,689,336	520,865

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 ▶ 102

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORPORATION, PO BOX 959167 ST LOUIS, MO 63195	SOFTWARE SUPPORT	5,889,796
SODEXO OPERATIONS INC, 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICES	3,202,965
MCCOWN GORDON CONSTRUCTION, 422 ADMIRAL BLVD KANSAS CITY, MO 64106	CONSTRUCTION	1,983,864
CROTHALL HEALTHCARE INC, 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CLEANING SERVICES	2,559,305
P1 GROUP, 16210 W 108TH ST LENEXA, KS 66219	REPAIRS	1,987,879

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 ▶ 57

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	575,724			
	e Government grants (contributions)	1e	30,366			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	291,200			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		897,290			
Program Service Revenue		Business Code				
	2a Net Patient Service Revenue	900099	291,022,830	291,022,830		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.	291,022,830				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,313,966			12,313,966
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			

		(i) Real	(ii) Personal				
6a Gross rents	6a	2,276,866					
b Less: rental expenses	6b	1,395,634					
c Rental income or (loss)	6c	881,232	0				
d Net rental income or (loss)				881,232			881,232

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	11,534,910	8,003				
b Less: cost or other basis and sales expenses	7b	11,546,799	129,540				
c Gain or (loss)	7c	-11,889	-121,537				
d Net gain or (loss)				-133,426			-133,426

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0				
b Less: direct expenses	8b	0				
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities. See Part IV, line 19	9a	0				
b Less: direct expenses	9b	0				
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory			0			

Miscellaneous Revenue	Business Code				
11a Discounts/Rebates	900099	765,686	765,686		
b Research Study	900099	95,283	35,216	60,067	
c PHARMACY SALES	621500	3,130		3,130	
d All other revenue		755,355	237,683		517,672
e **Total.** Add lines 11a–11d		1,619,454			
12 **Total revenue.** See instructions		306,601,346	292,061,415	63,197	13,579,444

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	581,852	581,852		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,000	19,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	571,312	308,659	262,653	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	213,200	213,200		
7 Other salaries and wages	86,362,937	73,776,354	12,586,583	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,031,623	1,747,196	284,427	
9 Other employee benefits	10,173,507	8,766,461	1,407,046	
10 Payroll taxes	6,641,028	5,711,284	929,744	
11 Fees for services (non-employees):				
a Management	4,816,985	15,549	4,801,436	
b Legal	255,179		255,179	
c Accounting	137,165		137,165	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	77,906		77,906	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,230,561	23,777,478	2,453,083	
12 Advertising and promotion	728,320	727,169	1,151	
13 Office expenses	4,382,118	2,047,646	2,334,472	
14 Information technology	6,078,719	5,159,501	919,218	
15 Royalties	0			
16 Occupancy	3,538,838	3,200,513	338,325	
17 Travel	302,199	285,591	16,608	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	168,181	136,247	31,934	
20 Interest	3,334,850	2,734,577	600,273	
21 Payments to affiliates	0			0
22 Depreciation, depletion, and amortization	20,573,680	16,870,418	3,703,262	
23 Insurance	1,247,921	578,730	669,191	
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	18,549,086	18,549,086		
b Medicaid Assessment	1,754,310	1,754,310		
c Medical Supplies	64,930,481	64,895,782	34,699	
d Repairs & Maintenance	2,958,646	2,811,437	147,209	
e All other expenses	1,139,470	1,533,353	-393,883	
25 **Total functional expenses.** Add lines 1 through 24e	267,799,074	236,201,393	31,597,681	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,827,020	1	11,567,875
	2	Savings and temporary cash investments		4,155,805	2	2,757,878
	3	Pledges and grants receivable, net		347,936	3	0
	4	Accounts receivable, net		46,626,813	4	40,331,795
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,007,569	8	6,232,132
	9	Prepaid expenses and deferred charges		4,199,387	9	3,125,350
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 440,024,131			
	b	Less: accumulated depreciation	10b 229,207,467	216,872,518	10c	210,816,664
	11	Investments—publicly traded securities		307,222,350	11	369,922,937
	12	Investments—other securities. See Part IV, line 11		11,396,716	12	14,703,855
	13	Investments—program-related. See Part IV, line 11		25,000	13	0
	14	Intangible assets		1,345,973	14	269,201
	15	Other assets. See Part IV, line 11		17,465,964	15	44,677,712
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		617,493,051	16	704,405,399
Liabilities	17	Accounts payable and accrued expenses		39,533,463	17	45,554,811
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		126,322,840	20	149,825,317
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,988,658	23	1,727,191
	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		167,844,961	26	197,107,319
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		449,107,064	27	502,632,637
	28	Net assets with donor restrictions		541,026	28	4,665,443
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		449,648,090	32	507,298,080
	33	Total liabilities and net assets/fund balances		617,493,051	33	704,405,399

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	306,601,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	267,799,074
3	Revenue less expenses. Subtract line 2 from line 1	3	38,802,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	449,648,090
5	Net unrealized gains (losses) on investments	5	48,475,663
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	-29,627,945
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	507,298,080

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 48-0577664
Name: OLATHE MEDICAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY HOLM PRESIDENT/CEO	10.0 35.0			X				0	855,845	166,290
JAMES WETZEL CHIEF MEDICAL OFFICER	10.0 35.0			X				0	557,521	22,593
TIERNEY L GRASSER TREASURER/SVP/CFO	10.0 35.0			X				0	542,414	34,495
FRANK H DEVOCELLE FORMER PRESIDENT/CEO	0.0 0.0						X	0	459,334	11,988
JOHN STATON CHIEF AMBULATORY OFFICER	10.0 35.0			X				0	270,254	40,986
JEFF DOSSETT CHIEF OPERATING OFFICER	10.0 35.0			X				0	247,281	30,986
AMY MEGLEMERE CHIEF NURSING OFFICER	40.0 5.0			X				0	237,617	37,835
DAVID PURSELL SECRETARY/VP/GENERAL COUNSEL	10.0 35.0			X				0	228,397	15,513
PHILIP SCHNEIDER PHARMACY DIRECTOR	45.0 0.0					X		209,396	0	28,170
JASON HANNAGAN SECRETARY/CHIEF LEGAL OFFICER	10.0 35.0			X				0	202,694	9,755

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAN O'DELL VP SURGICAL SERVICES	45.0 0.0				X			192,656	0	14,081
FAWAZ SHATAT DIRECTOR TECHNOLOGY OPERATIONS	45.0 0.0					X		178,902	0	26,223
STEVE BLACK DIRECTOR ONCOLOGY SERVICES	45.0 0.0					X		174,037	0	17,767
JOEY BARTON VP NURSING CCU & ECC	45.0 0.0				X			159,692	0	28,723
JAMES NEIHART RADIATION ONCOLOGY PHYSICIST	45.0 0.0					X		161,896	0	25,886
JENNIFER MCKENNA PHARMACY CLINICAL	45.0 0.0					X		156,567	0	3,000
KRYSTAL CLAYMORE TREASURER/CFO	10.0 35.0			X				0	87,979	6,574
PATRICIA A ALL EDD DIRECTOR	2.0 0.0	X						0	0	0
J MACK BOWEN DIRECTOR	2.0 1.0	X						0	0	0
VINCENT DONOFRIO DIRECTOR	2.0 1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANNON WICKLIFFE DIRECTOR	4.0 2.0	X						0	0	0
BRIAN A METZ MD DIRECTOR	2.0 1.0	X						0	0	0
R ERIC HUGHES DIRECTOR	2.0 0.0	X						0	0	0
MICHAEL K KNOP DIRECTOR/VICE CHAIRPERSON	2.0 1.0	X						0	0	0
BRUCE B SNIDER MD DIRECTOR	2.0 1.0	X						0	0	0
THOMAS N THORTON DIRECTOR	2.0 0.0	X						0	0	0
RICHARD K SUMMERS DIRECTOR/CHAIRPERSON	4.0 3.0	X		X				0	0	0
JOHN ALLISON DIRECTOR	1.0 0.1	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OLATHE MEDICAL CENTER INC

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
OLATHE MEDICAL CENTER INC	48-0577664

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		10,471
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			10,471
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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? ☐ Yes ☐ No

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	307,270,326	346,794,659	332,955,992	310,947,468	301,639,382
b Contributions	2,464,275	11,636	1,263,186	2,269,053	9,295,407
c Net investment earnings, gains, and losses	60,432,088	-9,963,771	49,067,335	19,811,986	1,036,065
d Grants or scholarships					
e Other expenditures for facilities and programs	99,000	29,500,000	36,418,103		953,363
f Administrative expenses	77,906	72,198	73,751	72,515	70,023
g End of year balance	369,989,783	307,270,326	346,794,659	332,955,992	310,947,468

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

- a Board designated or quasi-endowment ▶ 99.982 %
- b Permanent endowment ▶ .....
- c Temporarily restricted endowment ▶ 0.018 %

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

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

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		222,380,423	95,842,217	126,538,206
c Leasehold improvements		10,150,425	8,405,390	1,745,035
d Equipment		162,264,409	115,644,824	46,619,585
e Other		20,712,391	9,315,036	11,397,355
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				210,816,664

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)Accounts Receivable Tenants	-16,226
(2)Due From Affiliates	3,366,064
(3)Deferred Financing Fees, Net	1,186,500
(4)Accounts Receivable Other	620,865
(5)Funds Held By Trustee	24,897,737
(6)Silver Bars Inventory	31,075
(7)Investments - Fiserv	2,121,590
(8)Defined Benefit Account	12,470,107
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	44,677,712

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 ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	442,652,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	48,475,663		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	106,202,646		
e	Add lines **2a** through **2d**			2e	154,678,309
3	Subtract line **2e** from line **1**			3	287,974,354
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	77,906		
b	Other (Describe in Part XIII.)	4b	18,549,086		
c	Add lines **4a** and **4b**			4c	18,626,992
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	306,601,346

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	378,921,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	129,749,536		
e	Add lines **2a** through **2d**			2e	129,749,536
3	Subtract line **2e** from line **1**			3	249,172,082
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	77,906		
b	Other (Describe in Part XIII.)	4b	18,549,086		
c	Add lines **4a** and **4b**			4c	18,626,992
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	267,799,074

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 48-0577664
Name: OLATHE MEDICAL CENTER INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Accounts Receivable Tenants	-16,226
Due From Affiliates	3,366,064
Deferred Financing Fees, Net	1,186,500
Accounts Receivable Other	620,865
Funds Held By Trustee	24,897,737
Silver Bars Inventory	31,075
Investments - Fiserv	2,121,590
Defined Benefit Account	12,470,107

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 POSITION S TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATIONS' REVENUE $ 105,398,744 RENTAL EXPENSES 1,395,634 LOSS ON INVESTMENT OF EQUITY INVESTEES (591,732) ---------- TOTAL $ 106,202,646

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS $ 18,549,086

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATIONS' EXPENSES $ 128,353,902 RENTAL EXPENSES $ 1,395,634 ---------- TOTAL $ 129,749,536

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	PROVISION FOR UNCOLLECTIBLE ACCOUNTS $ 18,549,086

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OLATHE MEDICAL CENTER INC

Employer identification number
48-0577664

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,589,770		4,589,770	1.840 %
b Medicaid (from Worksheet 3, column a)			13,269,937	9,135,944	4,133,993	1.660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			17,859,707	9,135,944	8,723,763	3.500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			458,742		458,742	0.180 %
f Health professions education (from Worksheet 5)			848,695		848,695	0.340 %
g Subsidized health services (from Worksheet 6)			4,977,339	3,261,870	1,715,469	0.690 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			158,748		158,748	0.060 %
j **Total.** Other Benefits			6,443,524	3,261,870	3,181,654	1.270 %
k **Total.** Add lines 7d and 7j			24,303,231	12,397,814	11,905,417	4.770 %

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			10,194		10,194	0.010 %
2 Economic development			17,797		17,797	0.010 %
3 Community support			23,392		23,392	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members			3,339		3,339	
6 Coalition building						
7 Community health improvement advocacy			9,947		9,947	
8 Workforce development			59,120		59,120	0.030 %
9 Other						
10 Total			123,789		123,789	0.060 %

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	4,441,149		
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	3,330,000		
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	108,420,923		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	119,030,733		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,609,810		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OLATHE MEDICAL CENTER INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE SCHEDULE H, PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

Part V Facility Information *(continued)*

Billing and Collections

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

OLATHE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **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 $18,549,086.

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	Olathe Medical Center, Inc. (OMCI) is committed to improving the community we serve. The organization is 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 area's residents; as well as supporting programs and other organizations that reach out to our citizens in need. A few examples of OMCI's involvement in 2019 include: 1) Our involvement in several area economic development councils. 2) Our support of the Health Partnership clinic, a federally qualified health center serving the uninsured patient's 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 Lion's 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. OMCI also works with the Fire Department to provide a nurse practitioner who works with the Fire Department to provide care to residents in the Olathe community. OMC 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 area's emergency preparedness efforts by coordinating extensive drills to practice our response to potential situations.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	A cost accounting system is used to calculate the amount of OMCI's bad debt expense.

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 organization's 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, SECTION B, 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. The shortfalls should be considered community benefit as they must be absorbed in order to continue providing care to our community. It is also implied in Internal Revenue Service ruling 69-545 which 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	Before placement with collection agencies, OMCI Patient Financial Services offers various options for patients with financial challenges. An internal short-term four-month payment plan is offered to those patients who express the need for help in meeting the financial obligation. If the four-month payment option would cause a financial hardship, an extended payment option through a third party is available at no cost or interest to the patient. The third party vendor offers hardship option to those patients who express the inability to manage the monthly payments. In addition to offering our own internal short term financial assistance and the extended payment option through a third party, OMCI contracts with an outside agency that screens individuals for eligibility for programs such as Medicaid, Disability and Crime Victim's Compensation and then helps and supports the patient through the application process. OMCI has language written in their collection agency contract that states, "Agency agrees to comply with the Internal Revenue Code 501 (r) (6) and will not perform Extraordinary Collection Actions ("ECA") before Client has made reasonable efforts to determine whether the patient/debtor ("individual") is eligible for assistance under its financial assistance policy ("FAP") and will not engage in ECAs. If Client determines that the individual does not qualify, or is unable to determine whether an individual qualifies.Agency may, upon direction from Client engage in collection activities." 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	Olathe Medical Center, Inc. (OMCI) is continually assessing the health needs of the commun ities it serves in a variety of ways. OMCI is involved in multiple health fairs, medical s eminars and other community outreach activities that involve screenings, questionnaires an d general conversation that help us understand the needs of groups and individuals. The OM CI Community Advisory Council meets on a regular basis. Participants represent a diverse c ommunity, including the Deaf, Hispanic, African-American, and uninsured. In 2018, OMCI con ducted its third formal assessment of the health of the communities we serve. With the hel p 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 performi ng research and collecting health data for our area, and actively seeking input from the c ommunity through an online survey and town hall meetings. This CHNA was approved by the bo ard in January 2019. 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 t op four health need priorities in the primary service area for OMCI. Health Need Prioritie s 2017-2019- OMCI 1. Increase awareness of and access to multi-lingual healthcare services and culturally competent healthcare providers. 2. Improve access to behavioral health ser vices, including case management, diagnostic services, overcoming stigma, funding and plac ement. 3. Decrease the obesity rate in our community by changing healthy eating and physic al activity behaviors through interactive education, access and policy. 4. Increase access to affordable care. In 2019, OMCI began the third and final year of its second Community Health Improvement Plan (CHIP). To address the first priority of increasing awareness of a nd access to multi-lingual healthcare services and culturally competent providers, OMCI be gan by focusing on current language access services and increasing utilization of those se rvices. In 2019, the goal was to increase the number of patient contacts by 5% over the pr ior year. That goal was not met, however there was a 3% growth over the previous year. 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 providin g educational resources and free health screenings to the deaf community. In 2018, we saw a dramatic decrease in participation in these events. Our goal was to continue to increase participation by 5% in 2019 and instead saw a 50% decrease in participation. We continue to see a lack of support from the Cultural Center and involvement in the Deaf Health Liter acy Task Force as this task force has separated. Additional efforts to support this priori ty include OMCIs leadership involvement in the Olathe Latino Coalition and Hispanic Commun ity Task Force. Both of these groups are focused on providing guidance and resource for th ose within the Latino community. The second priority is to improve access to behavioral he alth services, including case management, diagnostic services, overcoming stigma, funding and placement. The first response recognized our partnership with KVC Health Systems to ex pand access of psychiatric consults in the hospital for patients in crisis. In 2019, the g oal was to increase the number of inpatient consults by 5% over the previous year. This go al was met with an increase of 19% in the number of patients served through this program. Several additional efforts were completed to better address this health need. OMCIs emerge ncy department provides a major depression and suicide risk screening process. OMCI develo ped a behavioral health resource guide that is distributed through community outreach even ts and within the primary care clinics. OMCI financially supports the Olathe School Distri ct to provide students access to mental health therapists at Olathe North High School and Santa Fe Trail Middle School. These funds also support the Student Health Emergency Fund, which helps students and their family access medications they need to be successful in the classroom. OMCI partnered with Gateway of Hope, which is designed for women in our primar y service regarding the triggers, signs and effects of depression, anxiety, stress and tra uma. Priority three was to address the obesity rate in our community by changing healthy e ating and physical activity behaviors through interactive education, access and policy. Th e first response was to partner with the city of Olathes Parks & Recreation department to launch the app called Get Active. In 2019, the goal was to increase the number of download s and usage rates within the community. This goal was met with a 31% increase in participa ting within the community. One of purposes of the app is highlight healthy eating recipes, locations and details of local farmers markets, p

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	ark location with walking trails and other amenities available through the City of Olathe. OMCI continued to participate in the promotion of the app, and also sponsored challenges within the app to encourage healthy eating and positive behavior change related to eating and exercise. The second goal is to increase the number of diabetic patients who have a he moglobin A1C under 9. In 2019, there was an 8% decrease in the number of patients with an A1C lower than 9. The third response to this priority was active participation within John son Countys Food Policy Council. OMCI actively participated in various subcommittees of th e council including food insecurity in the healthcare setting, food waste and pollution pr evention, along with the hunger summit. Additional efforts supporting this priority includ e support of the Olathe Community Garden program, providing health education classes at th e Olathe Community Center and at OMC. OMCI offers a number of services to the community in cluding access to dieticians, diabetes education and bariatric treatment for those who mee t the criteria. OMCI 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 discussio ns 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. The refore, OMCIs response to this priority was to increase awareness of existing services acr oss the community. In 2019, OMCI distributed its second survey to measure for awareness of resources. While short of the goal of increasing awareness by 20%, there was a 2% increas e in awareness. Several community groups continued to remain involved with this effort as OMCI continues to be a connector in the community to highlight resources available. Additi onal efforts include continued contracting with Resolute Group to assist uninsured OMC pat ients who might qualify for potential Affordable Care Act options in navigating and obtain ing health insurance coverage through the Health Insurance Marketplace. OMCI also particip ates in a number of community events designed to support those who are uninsured or underi nsured by providing free health screenings at events such as the Lions Club Health Fair, O lathe District Schools Back to School Outreach event and Fire Department Open House. OMCI financially supports the Health Partnership Clinic, which provides medical and dental care to the low income and uninsured residents within OMCIs primary service area. OMCI provide s in-kind radiology and laboratory services, as well as an annual financial donation to th is organization.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	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 center's 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 or visit 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	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, 24.46% of the students in the Olathe School District (southern Johnson County) are on free and reduced lunch. The Olathe School District also represents a very diverse culture; more than 90 languages are spoken by students in the Olathe School District and more than 17% speak multiple languages in the home. 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%

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 an 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 provides financial support to area school nurse funds and provides athletic trainers to area school sports programs. The Community Outreach Department of OMCI conducts health fairs and/or community screenings in conjunction with a variety of other area agencies. OMCI supports organizations whose focus is on improving community health with financial contributions and service. Communities that Care, Olathe YMCA, Johnson County Department of Health & Environment, KidsTLC, Olathe Public Schools Foundation and Economic Development Council for DeSoto are some of those organizations.

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). OHSI consists of two hospitals and a network of 32 clinics. OHSI and its affiliates, including OMCI, take a leadership role in promoting the health of the communities served. OHSI hospitals and clinics are 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

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.

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** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	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 in fall of 2018. 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	https://www.olathehealth.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 11	https://www.olathehealth.org/patients-and-visitors/community-support/chna- chip/
SCHEDULE H, PART V, SECTION B, LINE 11	In 2018, OMCI assessed the healthcare needs of its communities to identify the top health-need priorities. OMCI Board of Directors approved the assessment and its results in January 2019. Concurrently, OMC put together a Community Health Improvement Plan to address these needs. This three-year plan will begin implementation in 2020. It addresses each health need priority, outlining OMCIs 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

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

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

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

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

	Name and address	Type of Facility (describe)
1	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 AND 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 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 15123 S OMC PARKWAY OLATHE, KS 66061	OUTPATIENT ONCOLOGY CLINIC
1	RADIATION ONCOLOGY AT OLATHE MEDICAL CTR 15123 S OMC PARKWAY OLATHE, KS 66061	OUTPATIENT RADIATION CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OLATHE MEDICAL CENTER INC

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 . . . . . ▶ 15

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	19	19,000			
(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. DIRECTORS, OFFICERS AND EMPLOYEES OF OLATHE MEDICAL CENTER GENERALLY ARE 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 INSITUTION 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 DISTRICT SCHOOLS 1700 W SHERIDAN ST OLATHE, KS 66061	48-0697986	GOVERNMENT		392,914	FMV	SPORTS MEDICINE	COMMUNITY WELLNESS
GARDNER DISTRICT SCHOOLS 231 E MADISON ST GARDNER, KS 66030	48-0699834	GOVERNMENT		78,583	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
SPRING HILL DISTRICT SCHOOLS 101 E SOUTH ST SPRING HILL, KS 66083	48-0723504	GOVERNMENT		78,583	FMV	SPORTS MEDICINE	COMMUNITY WELLNESS
KANSAS SCHOOL FOR THE DEAF 450 E PARK OLATHE, KS 66061	14-1044911	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
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)		25,000	FMV	SPORTS MEDICINE	COMMUNITY WELLNESS
JOHNSON COUNTY OLD SETTLERS 14712 S VILLAGE OLATHE, KS 66061	48-6108713	501 (C)(4)	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
JOHNSON COUNTY COMMUNITY COLLEGE 12345 COLLEGE BLVD OLATHE, KS 66210	23-7164614	501 (C)(3)	14,000				COMMUNITY WELLNESS
OLATHE DISTRICT SCHOOLS 1700 W SHERIDAN ST OLATHE, KS 66061	48-0697986	GOVERNMENT	40,000				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
FESTIVAL ON THE TRAIL 925 LINCOLN LANE GARDNER, KS 66030	27-0680384	501 (C)(4)	10,000				COMMUNITY WELLNESS
THE MIRACLE LEAGUE 1506 KLONDIKE ROAD CONYERS, GA 30094	90-0680027	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
OLATHE FIRE DEPARTMENT 100 E SANTA FE ST OLATHE, KS 66061	48-6082776	GOVERNMENT	142,063		FMV		COMMUNITY WELLNESS
CITY OF OLATHE POLICE 100 E SANTA FE ST OLATHE, KS 66061	48-6082776	GOVERNMENT	50,000		FMV		COMMUNITY WELLNESS

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OLATHE MEDICAL CENTER INC

Employer identification number
48-0577664

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	THE COMPENSATION REPORTED FOR DAVID PURSELL INCLUDES SEVERANCE OF $161,832.
SCHEDULE J, PART I, LINE 4B & PART II	TIERNEY GRASSER, CHIEF FINANCIAL OFFICER AND JAMES WETZEL, CHIEF MEDICAL OFFICER PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), IN WHICH THEY ARE FULLY VESTED. IN 2019, THERE WAS A PAYMENT OF $72,526 TO TIERNEY L. GRASSER AND $64,924 TO JAMES WETZEL WHICH IS REPORTED AS TAXABLE COMPENSATION AND INCLUDED IN THEIR W-2. THE FOLLOWING AMOUNTS WERE ACCRUED IN 2019 TO A 457 F PLAN FOR THE BENEFIT OF THE SENIOR EXECUTIVE LEADERSHIP AND WERE INCLUDED AS DEFERRED INCOME ON SCHEDULE J FOR THE FOLLOWING: STAN HOLM, PRESIDENT CHIEF EXECUTIVE OFFICER, $137,893 JOHN STATON, CHIEF AMBULATORY OFFICER, $13,482; AMY MEGLEMRE, CHIEF NURSING OFFICER, $9,665; CHERYL SHARP, SENIOR VICE PRESIDENT STRATEGIC FINANCIAL INITIATIVES, $35,763; MICHAEL JENSEN, CHIEF STRATEGY OFFICER, $21,297; JEFF DOSSETT, CHIEF OPERATIONS OFFICER, $13,424; AND KRYSTAL CLAYMORE, CHIEF FINANCIAL OFFICER, $6,574.

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 FORMER PRESIDENT/CEO	(i)	0	0	0	0	0	0	
	(ii)	458,983	0	351	0	11,988	471,322	
1TIERNEY L GRASSER TREASURER/SVP/CFO	(i)	0	0	0	0	0	0	
	(ii)	463,425	0	78,989	3,000	31,495	576,909	
2STANLEY HOLM PRESIDENT/CEO	(i)	0	0	0	0	0	0	
	(ii)	802,236	0	53,609	137,983	28,307	1,022,135	
3JAMES WETZEL CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	
	(ii)	480,989	0	76,532	3,000	19,593	580,114	
4DAVID PURSELL SECRETARY/VP/GENERAL COUNSEL	(i)	0	0	0	0	0	0	
	(ii)	65,661	0	162,736	0	15,513	243,910	
5JASON HANNAGAN SECRETARY/CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	
	(ii)	146,237	0	56,457	0	9,755	212,449	
6AMY MEGLEMERE CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	
	(ii)	235,508	0	2,109	12,665	25,170	275,452	
7JOHN STATON CHIEF AMBULATORY OFFICER	(i)	0	0	0	0	0	0	
	(ii)	268,303	0	1,951	16,482	24,504	311,240	
8JEFF DOSSETT CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	
	(ii)	190,890	0	56,391	13,424	17,562	278,267	
9FAWAZ SHATAT DIRECTOR TECHNOLOGY OPERATIONS	(i)	177,775	0	1,127	0	26,223	205,125	
	(ii)	0	0	0	0	0	0	
10JENNIFER MCKENNA PHARMACY CLINICAL	(i)	156,318	0	249	3,000	0	159,567	
	(ii)	0	0	0	0	0	0	
11JAMES NEIHART RADIATION ONCOLOGY PHYSICIST	(i)	161,740	0	156	3,000	22,886	187,782	
	(ii)	0	0	0	0	0	0	
12PHILIP SCHNEIDER PHARMACY DIRECTOR	(i)	207,334	0	2,062	3,000	25,170	237,566	
	(ii)	0	0	0	0	0	0	
13STEVE BLACK DIRECTOR ONCOLOGY SERVICES	(i)	171,381	0	2,656	0	17,767	191,804	
	(ii)	0	0	0	0	0	0	
14JOEY BARTON VP NURSING CCU & ECC	(i)	158,156	0	1,536	3,000	25,723	188,415	
	(ii)	0	0	0	0	0	0	
15JAN O'DELL VP SURGICAL SERVICES	(i)	188,071	0	4,585	3,000	11,081	206,737	
	(ii)	0	0	0	0	0	0	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OLATHE MEDICAL CENTER INC

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	48-6034756	679390JG0	02-28-2012	36,829,131	SEE PART VI	X			X		X
B	CITY OF OLATHE KANSAS	48-6034756		12-23-2014	23,550,000	SEE PART VI		X		X		X
C	CITY OF OLATHE KANSAS	48-6034756		01-08-2015	23,550,000	SEE PART VI		X		X		X
D	CITY OF OLATHE KANSAS	48-6034756		02-28-2017	56,505,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,255,000	4,030,000	4,010,000	1,920,000
2	Amount of bonds legally defeased	16,450,000	0	0	0
3	Total proceeds of issue	36,829,131	24,201,391	24,066,839	56,505,000
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	225,000	192,745	477,528
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	23,976,391	23,874,094	0
11	Other spent proceeds	36,400,000	0	0	56,027,472
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2018	2018	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 %		1.220 %
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 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		1.220 %
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.		0 %		0 %		0 %		0 %
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?								
b	Exception to rebate?	X							
c	No rebate due?			X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		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 - GROUP 1	A - Proceeds were used to refund Series 2008A bonds issued 01/30/2008. B - Proceeds used to acquire, construct and equip certain health facilities. C - Proceeds used to acquire, construct and equip certain health facilities. D - Proceeds were used to refund a portion of Series 2008B bonds issued 02/27/2008; 2008C BONDS ISSUED 05/05/2008; 2010B BONDS ISSUED 10/29/2010; 2012B BONDS ISSUED 02/28/2012

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3 - GROUP 1	B - Amount is not equal to the issue price due to investment earnings earned during the project period. C - Amount is not equal to the issue price due to investment earnings earned during the project period.

Return Reference	Explanation
SCHEDULE K, PART III, COLUMN A, LINES 2, 4, & 5	A REMDIAL ACTION DEFEASANCE WAS TAKEN ON 8/10/2018 TO DEFEASE $925,000 OF THE 2012A BONDS. A NOTICE WAS SENT TO THE IRS.

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN B, LINE 2D - GROUP 1	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 12/01/2018

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN C, LINE 2D - GROUP 1	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 12/01/2018

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN D, LINE 2D - GROUP 1	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 02/01/2018

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OLATHE MEDICAL CENTER INC

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	48-6034756		12-28-2017	16,190,000	SEE PART VI	X			X		X
B	CITY OF OLATHE KANSAS (SERIES 2017B)	48-6034756		08-15-2019	30,000,000	SEE PART VI		X		X		X
C	CITY OF OLATHE KANSAS (SERIES 2014A)	48-6034756		12-19-2019	9,110,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,125,000	0	0	
2	Amount of bonds legally defeased	9,000,000	0	0	
3	Total proceeds of issue	16,190,000	30,117,743	9,110,000	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	985,512	0	3,375,000	
7	Issuance costs from proceeds	161,740	283,976	108,325	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	4,972,886	0	
11	Other spent proceeds	15,055,742	0	5,925,000	
12	Other unspent proceeds	0	24,860,880	1,675	
13	Year of substantial completion	2012		2012	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		
16	Has the final allocation of proceeds been made?	X			X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F - GROUP 2	A - THE PROCEEDS WERE USED TO REFUND SERIES 2010A BONDS ISSUED 10/29/2010 B - THE PROCEEDS WERE USED TO ACQUIRE, CONSTRUCT, IMPROVE, EXTEND, REPAIR, EQUIP, AND FURNISH CERTAIN HEALTH CARE FACILITIES C - THE PROCEEDS WERE USED TO REFUND 2017B BONDS ISSUED 12/28/2017

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN G - GROUP 2	A - A PORTION OF THE 2017B BONDS WAS CURRENTLY REFUNDED BY THE 2019B ISSUED ON 12/19/2019 ($5,625,000 CALLED ON 12/19/2019 AND $3,375,000 CALLED ON 01/03/2020).

Return Reference	Explanation
SCHEDULE K, PART II, COLUMN B, LINE 3 - GROUP 2	AMOUNT IS NOT EQUAL TO THE ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD.

Return Reference	Explanation
SCHEDULE K, PART II, COLUMN B, LINES 13 AND 16 - GROUP 2	THE PROJECT IS STILL IN PROGRESS AS OF 12/31/2019.

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) 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, A FORMER OFFICER OF OMCI (C) $118,330 (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, A FORMER OFFICER OF OMCI (C) $58,504 (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) $36,366 (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 DIRECTOR ON THE BOARD OF OLATHE MEDICAL CENTER, INC. (OMCI) C) $124,131 - RENT PAID BY OWC TO OMCI $ 72,600 - ONCALL COMPENSATION PAID BY OMCI TO OWC D) SEE ITEM C) ABOVE E) NO

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OLATHE MEDICAL CENTER INC

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, WHIC H WAS FOUNDED IN 1948 BY THE COMMUNITY. OMCI CARRIES OUT THEIR MISSION BY PROVIDING QUALIT Y AND COMPASSIONATE INPATIENT, OUTPATIENT, EMERGENCY CARE, HOSPICE AND HOME HEALTH SERVICE S TO RESIDENTS IN JOHNSON COUNTY AND MIAMI COUNTY, KANSAS AND SURROUNDING AREAS. OLATHE ME DICAL CENTER IS A JOINT COMMISSION ACCREDITED HOSPITAL AND IS LICENSED FOR 300 INPATIENT B EDS. PROGRAM SERVICE EXPENSES ARE ALL REALTED TO THE PROVISION OF HEALTHCARE SERVICES. IN 2019, OLATHE MEDICAL CENTER PROVIDED 41,529 DAYS OF INPATIENT CARE, 570,726 OUTPATIENT PRO CEDURES, 36,433 EMERGENCY PATIENTS, 1,675 DAYS OF HOSPICE HOUSE SERVICE 9,361 HOSPICE VISI TS AND 42,750 HOME HEALTH VISITS TO THE COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STAN HOLM, TIERNEY L GRASSER AND JOHN STATON HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER. THEY SERVE AS AN OFFICER OR DIRECTOR FOR OLATHE HEALTH DEVELOPMENT CORPORATION AND OLATHE MEDICAL CENTER DOCTORS BUILDING CONDOMINIUM OWNERS ASSOCIATION, INC. WHICH ARE RELATED FO R PROFIT COMPANIES. J MACK BOWEN, BRIAN METZ, MD, BRUCE SNIDER, MD, RICHARD SUMMERS AND MI CHAEL KNOP ARE BOARD MEMBERS OF OLATHE HEALTH SYSTEMS INC. STAN HOLM, TIERNEY L GRASSER, K RYSTAL CLAYMORE, JOHN STATON, JEFF DOSSETT, AMY MEGLEMRE, JAMES WEZEL, MD, DAVID PURSELL A ND JASON HANNAGAN HAVE A WERE OR ARE EMPLOYED BY OLATHE HEALTH SYSTEM, INC, CREATING AN EM PLOYER/EMPLOYEE BUSINESS RELATIONSHIP.

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 DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	OLATHE HEALTH SYSTEM, INC. AS THE SOLE MEMBER OF OMCI, AND HAS THE RIGHT TO APPROVE OLATHE MEDICAL CENTER, INC.'S BYLAWS AND ARTICLES OF INCORPORATION AND CERTAIN OTHER FINANCIAL T RANSACTIONS, POLICIES, AND CONSULTANTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL. ANY QUESTIONS AND CONCERNS MANAGEMENT HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE. THE 990 IS THEN REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE OLATHE HEALTH SYSTEM, INC. BOARD ON BEHALF OF ALL OF ITS AFFILIATES. THE AUDIT AND COMPLIANCE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS OF OLATHE HEALTH SYSTEM, INC. PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL BOARD MEMBERS FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12 C	THE PURPOSE OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS TO PROTECT THE ORGANIZATI ON'S INTEREST WHEN IT IS CONTEMPLATING A DECISION OR ENTERING INTO A TRANSACTION OR ARRANG EMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY PERSON IN A POSITION OF AUTHORITY OVE R THE ORGANIZATION, OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. CORPORATE OF FICERS AND MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND CO MPLETE A DISCLOSURE OF INFORMATION FORM ANNUALLY. A SUMMARY OF THE ANNUAL DISCLOSURES OF I NFORMATION IS PROVIDED TO THE FULL BOARD FOR REVIEW AT LEAST ONE TIME PER YEAR. THE CONFLI CT OF INTEREST POLICY CALLS FOR ANY INTERESTED PERSON TO DISCLOSE THE EXISTENCE OF A FINAN CIAL RELATIONSHIP OR COMPETITIVE INTEREST IN CONNECTION WITH ANY PENDING TRANSACTION OR AR RANGEMENT. THE INDIVIDUAL IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO BOARD OF DIRECTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THAT GAVE RISE TO THE DI SCLOSURE. WHEN A TRANSACTION INVOLVES AN INTERESTED PARTY, THE FOLLOWING PROCEDURES ARE FO LLOWED: 1. THE INTERESTED PARTY LEAVES THE MEETING AFTER PROVIDING ANY MATERIAL FACTS OR D ISCUSSION 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 DIRECTOR 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 BO ARD OF DIRECTORS THEN IN OFFICE, WITHOUT COUNTING THE VOTE OF THE INTERESTED DIRECTOR. A. THAT THE PROPOSED TRANSACTION IS IN THE ORGANIZATION'S BEST INTERESTS AND FOR ITS OWN BENE FIT, AND B. THAT, AFTER REASONABLE INVESTIGATION, THE BOARD HAS DETERMINED THAT THE ORGANI ZATION CANNOT OBTAIN A MORE ADVANTAGEOUS TRANSACTION WITH REASONABLE EFFORTS UNDER THE CIR CUMSTANCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & B	THE PERSONNEL AND COMPENSATION COMMITTEE OF THE BOARD IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD AND REVIEWS AND APPROVES THE CEO, OTHER OFFICERS AND KEY EMPLOYEES OF THE COR PORATION'S COMPENSATION IN ACCORDANCE WITH THEIR COMPENSATION POLICY. THE COMMITTEE UTILIZ ES THIRD PARTY SALARY SURVEYS TO REVIEW THE COMPENSATION OF THE CEO, OFFICERS, AND KEY EMP LOYEES OF THE CORPORATION TO DETERMINE THE FAIR MARKET VALUE OF THE CURRENT COMPENSATION, SALARY RANGES AND BENEFITS. COMPENSATION FOR SUCH OFFICERS IS APPROVED BY THE COMMITTEE, A ND INFORMATION OF THEIR FINDINGS IS AVAILABLE TO ALL BOARD MEMBERS. IN ADDITION, THE CORPO RATION HAS A WRITTEN CONTRACT WITH THE CEO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S 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 XI, LINE 9	TRANSFERS TO AFFILIATES $ (33,046,354) GAIN(LOSS) ON EQUITY INVESTEES $ (591,732) CHANGE IN BENEFICIAL INTEREST OF OHCF $ 4,010,141 ---------- $ (29,627,945)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	(g) Section 512(b)(13) controlled entity? 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)	12C	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)OLATHE HEALTH DEVELOPMENT CORPORATION 20333 W 151ST STREET OLATHE, KS 66061 36-3445097	MEDICAL SERVI	KS	OHSI	C CORPORATION	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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 48-0577664
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	237,541	COST
MIAMI COUNTY MEDICAL CENTER	N	990,152	COST
MIAMI COUNTY MEDICAL CENTER	O	2,092,867	COST
MIAMI COUNTY MEDICAL CENTER	P	3,097,691	COST
MIAMI COUNTY MEDICAL CENTER	Q	2,911,124	COST
MIAMI COUNTY MEDICAL CENTER	R	3,849,696	COST
MIAMI COUNTY MEDICAL CENTER	S	12,942,801	COST
OLATHE HEALTH PHYSICIANS INC	L	111,683	COST
OLATHE HEALTH PHYSICIANS INC	M	2,045,568	COST
OLATHE HEALTH PHYSICIANS INC	N	3,640,668	COST
OLATHE HEALTH PHYSICIANS INC	O	3,383,595	COST
OLATHE HEALTH PHYSICIANS INC	P	15,536,973	COST
OLATHE HEALTH PHYSICIANS INC	Q	902,744	COST
OLATHE HEALTH PHYSICIANS INC	R	41,224,346	COST
OLATHE HEALTH PHYSICIANS INC	I	165,104	COST
OLATHE HEALTH CHARITABLE FOUNDATION INC	C	575,724	COST
OLATHE HEALTH CHARITABLE FOUNDATION INC	P	320,482	COST
OLATHE HEALTH CHARITABLE FOUNDATION INC	R	1,183,476	COST
OLATHE HEALTH CHARITABLE FOUNDATION INC	A iv	23,063	COST