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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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

C Name of organization
STORMONT-VAIL HEALTHCARE INC
% PEGGY BURNETTE
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1500 SW 10TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
TOPEKA, KS 66604

D Employer identification number
48-0543789

E Telephone number
(785) 354-6000

G Gross receipts $ 887,419,117

F Name and address of principal officer:
ROBERT KENAGY
1500 SW 10TH AVENUE
TOPEKA, KS 66604

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.STORMONTVAIL.ORG

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

L Year of formation: 1894

M State of legal domicile: KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WORKING TOGETHER TO IMPROVE THE HEALTH-CARE OF OUR COMMUNITY BY PROVIDING QUALITY SERVICES REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	6,279
6	Total number of volunteers (estimate if necessary)	**6**	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,342
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,165,159	1,042,645
9	Program service revenue (Part VIII, line 2g)	793,122,641	844,472,755
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,748,721	33,943,621
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,693,182	7,778,189
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	817,729,703	887,237,210
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,653,870	1,309,285
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)	460,419,224	508,198,541
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)	298,172,238	296,644,909
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	760,245,332	806,152,735
19	Revenue less expenses. Subtract line 18 from line 12	57,484,371	81,084,475

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,007,583,672	1,101,911,593
21	Total liabilities (Part X, line 26)	486,309,903	406,910,204
22	Net assets or fund balances. Subtract line 21 from line 20	521,273,769	695,001,389

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

****** 2022-08-15
Signature of officer Date

PEGGY BURNETTE SR VP AND 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
		2022-08-15		P00482834

Firm's name ▶ FORVIS 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:

WORKING TOGETHER TO IMPROVE THE HEALTH-CARE OF OUR COMMUNITY BY PROVIDING QUALITY SERVICES REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 692,035,691 including grants of $ 1,309,285) (Revenue $ 844,472,755)

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** ▶ 692,035,691

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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax 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	178		
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**	6,279		
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**	Yes
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**	17		
	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**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶PEGGY BURNETTE 1500 SW 10TH AVE TOPEKA, KS 66604 (785) 354-6000

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) ▶	18,489,755	0	1,258,984

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 ▶ 708

			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
KENDALL CONSTRUCTION INC, 2551 NW BUTTON RD TOPEKA, KS 66618	CONSTRUCTION SERVICE	11,255,092
TRIMEDX INC, PO BOX 636129 CINCINNATI, OH 45263	EQUIPMENT MANAGEMENT	6,519,447
SOXEDO INC, BOX 360170 PITTSBURGH, PA 152516170	DIETARY SERVICES	4,563,348
ANESTHESIA ASSOCIATES, 823 SW MULVANE TOPEKA, KS 66606	PHYSICIAN SERVICES	3,723,879
LABORATORY CORP OF AMERICA, BOX 12140 BURLINGTON, NC 27216	LABORATORY SERVICES	2,038,158

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 ▶ 73

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	591,606			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	451,039			
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		1,042,645			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	621300	838,770,087	838,770,087		
b PHARMACY	621910	608,552	604,210	4,342	
c NUTRITIONAL SERVICES	621300	1,532,563	1,532,563		
d EDUCATION SERVICES/SCHOOL OF NURS	621300	2,425,838	2,425,838		
e ALL OTHER PROGRAM SERVICE REVENUE	621300	1,135,715	1,135,715		
f All other program service revenue.					
g **Total.** Add lines 2a–2f.	844,472,755				
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		1,091,055			1,091,055
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a	498,130				
b Less: rental expenses 6b					
c Rental income or (loss) 6c	498,130	0			
d Net rental income or (loss)		498,130			498,130
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	33,034,473				
b Less: cost or other basis and sales expenses 7b		181,907			
c Gain or (loss) 7c	33,034,473	-181,907			
d Net gain or (loss)		32,852,566			32,852,566
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 EARNINGS - EQUITY INVESTEES	900099	3,814,551			3,814,551
b ALL OTHER REVENUE		3,465,508			3,465,508
c					
d All other revenue		3,465,508			3,465,508
e **Total.** Add lines 11a–11d		7,280,059			
12 **Total revenue.** See instructions		887,237,210	844,468,413	4,342	41,721,810

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	1,309,285	1,309,285		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	12,472,529	10,703,991	1,768,538	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	70,966		70,966	
7 Other salaries and wages	409,932,745	352,008,273	57,924,472	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	17,091,522	12,999,812	4,091,710	
9 Other employee benefits	43,435,480	34,941,917	8,493,563	
10 Payroll taxes	25,195,299	21,134,060	4,061,239	
11 Fees for services (non-employees):				
a Management	0			
b Legal	302,860		302,860	
c Accounting	176,240		176,240	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	578,396		578,396	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,620,899	28,515,386	5,105,513	
12 Advertising and promotion	664,519	7,805	656,714	
13 Office expenses	10,243,064	6,935,779	3,307,285	
14 Information technology	16,255,441	11,462,751	4,792,690	
15 Royalties	219		219	
16 Occupancy	9,495,153	8,690,608	804,545	
17 Travel	336,906	305,640	31,266	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	207,979	109,860	98,119	
20 Interest	5,433,715	4,132,884	1,300,831	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,342,322	23,286,684	5,055,638	
23 Insurance	5,734,709	5,103,251	631,458	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	148,420,863	148,420,863		
b Repairs & Maintenance	5,121,392	2,728,251	2,393,141	
c Nutrition & Food Service	2,073,730	1,510,123	563,607	
d Bad Debt Expense	3,025,934	3,025,934		
e All other expenses	26,610,568	14,702,534	11,908,034	
25 **Total functional expenses.** Add lines 1 through 24e	806,152,735	692,035,691	114,117,044	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	237,742,584	1	4,631,472
	2	Savings and temporary cash investments	81,511	2	194,668,369
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	93,110,167	4	107,903,901
	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	12,158,564	8	15,538,584
	9	Prepaid expenses and deferred charges	7,859,217	9	10,891,653
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 560,292,903			
	b	Less: accumulated depreciation — 10b: 313,994,497	249,080,897	10c	246,298,406
	11	Investments—publicly traded securities	177,526,826	11	258,144,311
	12	Investments—other securities. See Part IV, line 11	186,174,058	12	224,257,166
	13	Investments—program-related. See Part IV, line 11	22,506,766	13	23,013,371
	14	Intangible assets	2,813,536	14	2,250,518
	15	Other assets. See Part IV, line 11	18,529,546	15	14,313,842
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1,007,583,672	16	1,101,911,593
Liabilities	17	Accounts payable and accrued expenses	206,633,686	17	176,744,232
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	165,921,535	20	192,438,715
	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	2,050,000	23	1,800,000
	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	111,704,682	25	35,927,257
	26	**Total liabilities.** Add lines 17 through 25	486,309,903	26	406,910,204
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	520,947,052	27	694,665,402
	28	Net assets with donor restrictions	326,717	28	335,987
		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	521,273,769	32	695,001,389
	33	Total liabilities and net assets/fund balances	1,007,583,672	33	1,101,911,593

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	887,237,210
2	Total expenses (must equal Part IX, column (A), line 25)	2	806,152,735
3	Revenue less expenses. Subtract line 2 from line 1	3	81,084,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	521,273,769
5	Net unrealized gains (losses) on investments	5	40,221,241
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	52,421,904
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	695,001,389

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	Yes	
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	Yes	

Additional Data

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

Form 990 (2020)

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			
JOHN MA PHYSICIAN	50.0 0.0					X		1,893,200	0	37,789
FLORIN NICOLAE PHYSICIAN	50.0 0.0					X		1,298,813	0	42,265
KELLI CRABTREE WILSON PHYSICIAN	50.0 0.0					X		1,322,784	0	15,747
MATTHEW WILLS PHYSICIAN	50.0 0.0					X		1,269,471	0	34,007
ROBERT KENAGY PRESIDENT CEO	50.0 1.0	X		X				1,227,105	0	47,574
MOHAMMAD SALAMAT PHYSICIAN	50.0 0.0					X		1,200,722	0	14,730
SALAH NAJM VP ACUTE CARE AND PHYSICIAN	50.0 0.0				X			1,129,434	0	56,995
WILLIAM SACHS VP SURGICAL SERVS & PHYSICIAN	50.0 0.0				X			907,737	0	78,575
KEVIN DISHMAN DIRECTOR/PHYSICIAN	50.0 0.0	X						718,272	0	113,302
ROBERT O LANGLAND VICE PRES/CFO RETIRED 01/2021	50.0 1.0			X				789,211	0	36,215

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL PERRY SVP AND CHIEF NURSING OFFICER	50.0 0.0				X			687,705	0	38,975
ERIC VOTH VP PRIMARY CARE AND PHYSICIAN	50.0 0.0				X			678,039	0	33,567
SRIDEVI DONEPUDI SVP AND CHIEF MEDICAL QUALITY	50.0 0.0				X			524,408	0	91,568
TRACY O'ROURKE SVP AND CHIEF ADMIN OFFICER	50.0 0.0				X			503,296	0	94,789
DARLENE STONE SVP & CHIEF EXPERIENCE OFFICER	50.0 1.0				X			474,353	0	92,060
DEBRA YOCUM VP CLINIC OPERATIONS	50.0 0.0				X			492,284	0	73,315
CLIFTON JONES VP AND PHYSICIAN	50.0 0.0				X			516,680	0	38,034
KEVIN STECK VP LEGAL & COMPLIANCE	50.0 0.0				X			497,927	0	23,293
JUDY CORZINE VP/CHIEF INFORMATION OFFICER	50.0 0.0				X			395,853	0	72,182
DAVID CUNNINGHAM VP AND FACILITIES OFFICER	50.0 1.0				X			399,043	0	68,450

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			
GEORGE WRIGHT VP PRIMARY CARE PHYSICIAN	50.0 0.0				X			399,831	0	31,507
AMY KINCADE VP POPULATION HEALTH	50.0 0.0				X			299,384	0	49,045
MICHAEL KONGS DIRECTOR FINANCIAL MANAGEMENT	50.0 1.0				X			303,989	0	36,982
AILEEN MCCARTHY DIRECTOR/PHYSICIAN	50.0 0.0	X						293,946	0	31,719
JANET STANEK SR VP RETIRED 09/2019	0.0 0.0						X	266,268	0	6,299
RANDALL PETERSON President CEO RETIRED 03/2019	0.0 0.0						X	206,449	0	1,141
PAMELA JOHNSON-BETTS DIRECTOR	3.0 0.0	X						0	0	0
DEBRA CLAYTON DIRECTOR	3.0 0.0	X						0	0	0
BRENDA SUE MILLS DIRECTOR	3.0 0.0	X						0	0	0
JAMES PARRISH DIRECTOR/SECRETARY	3.0 0.0	X		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			
JAMES R SCHMANK DIRECTOR/VICE CHAIR	3.0 0.0	X		X				0	0	0
SUEANN V SCHULTZ DIRECTOR	3.0 0.0	X						0	0	0
RICK WIENCKOWSKI DIRECTOR/CHAIRMAN	3.0 0.0	X		X				0	0	0
MARK KNACKENDOFFEL DIRECTOR	3.0 0.0	X						0	0	0
ROBERT ST PETER DIRECTOR	3.0 0.0	X						0	0	0
ALONZO HARRISON DIRECTOR	3.0 0.0	X						0	0	0
MARSHA POPE DIRECTOR	3.0 0.0	X						0	0	0
MARK RUELLE DIRECTOR	3.0 0.0	X						0	0	0
THOMAS BELL DIRECTOR	3.0 0.0	X						0	0	0
CYNTHIA HORNBERGER DIRECTOR	3.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PEGGY BURNETTE VICE PRES/CFO START 04/2021	50.0 0.0	X		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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493224019902

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

2020

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
STORMONT-VAIL HEALTHCARE INC	48-0543789

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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		24,167
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,459
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			27,626
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, LINES 1F & 1G	THE GRANTS TO ORGANIZATIONS FOR LOBBYING REPRESENTS THE PORTION OF HOSPITAL ASSOCIATION DUES WHICH ARE ATTRIBUTED TO LOBBYING AND ADVOCACY ACTIVITIES. DIRECT ACTIVITIES ENTAIL THE CEO'S OCCASIONAL INTERACTION WITH LEGISLATORS REGARDING BILLS THAT WOULD AFFECT THE ORGANIZATION OR HEALTHCARE INDUSTRY.

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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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

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

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

		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 FASB 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 FASB 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 FASB 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		292,410	274,250	276,921	276,224
b Contributions					
c Net investment earnings, gains, and losses			18,160	-2,671	697
d Grants or scholarships		292,403			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		7	292,410	274,250	276,921

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,381,336		25,381,336
b Buildings		326,520,952	140,186,065	186,334,887
c Leasehold improvements				
d Equipment		204,329,993	173,808,432	30,521,561
e Other		4,060,622		4,060,622
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				246,298,406

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) ALTERNATIVE INVESTMENTS	224,257,166	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	224,257,166	

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)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Accrued Pension Obligation	26,730,187
(3) Lease ROU Liabilities	9,197,070
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	35,927,257

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Investments		34,783,259
3a Sub-total					34,783,259
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)					34,783,259

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3	THE ACCRUAL METHOD OF ACCOUNTING IS USED TO REPORT THE AMOUNT OF THE PASSIVE FOREIGN INVESTMENTS IN COLUMN F.

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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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *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		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			19,516,059		19,516,059	2.430 %
b Medicaid (from Worksheet 3, column a)			82,192,675	53,789,617	28,403,058	3.540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			101,708,734	53,789,617	47,919,117	5.970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,045,317	188,905	856,412	0.110 %
f Health professions education (from Worksheet 5)			3,149,602	2,425,838	723,764	0.090 %
g Subsidized health services (from Worksheet 6)			15,488,545	9,764,086	5,724,459	0.710 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			284,750		284,750	0.040 %
j **Total.** Other Benefits			19,968,214	12,378,829	7,589,385	0.950 %
k **Total.** Add lines 7d and 7j			121,676,948	66,168,446	55,508,502	6.920 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 3,025,934		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	290,016,154
6	Enter Medicare allowable costs of care relating to payments on line 5	6	345,065,280
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-55,049,126
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					
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6					
7					
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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 STORMONT VAIL HEALTHCARE 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 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**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 PART V, SECTION C			
b ☑ Other website (list url): SEE PART V, SECTION C			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
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	
If "Yes" (list url): SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

STORMONT VAIL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. % and FPG family income limit for eligibility for discounted care of 400. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	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

STORMONT VAIL HEALTHCARE INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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)

STORMONT VAIL HEALTHCARE 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? **43**

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 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART I, LINE 7, OF SCHEDULE H, IS A COST TO CHARGE RATIO.
SCHEDULE H, PART I, LINE 7F	THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES FOR CALCULATING THE NET COMMUNITY BENEFIT EXPENSE PERCENETAGE WAS $3,025,934

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	STORMONT VAIL PROVIDES INTERNAL FETAL MEDICINE SERVICES TO THE COMMUNITY. THE ORGANIZATION CONTINUES TO PROVIDE THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT FINANCIAL SHORTFALLS WILL BE SUSTAINED.
SCHEDULE H, PART III, SECTION A, LINE 2	THE BAD DEBT EXPENSE AMOUNT IS CALCULATED BY DETERMINING THE AMOUNT OF THE ACCOUNTS THAT WERE WRITTEN OFF AS BAD DEBT NET OF ANY RECOVERIES. A COST TO CHARGE RATIO WAS APPLIED TO THE NET BAD DEBT AMOUNT IN ORDER TO DETERMINE COST. THE AMOUNT WRITTEN OFF AS BAD DEBT HAS BEEN REDUCED BY ANY APPLICABLE DISCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	WE ARE NOT AWARE OF ANY PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THAT WERE CONSIDERED TO BE BAD DEBT.
SCHEDULE H, PART III, SECTION A, LINE 4	THE FINANCIAL STATEMENT FOOTNOTE ADDRESSING BAD DEBT EXPENSE IS ON PAGE 11 OF THE ATTACHED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	STORMONT VAIL HEALTHCARE BELIEVES THAT SOME PORTION OF THE MEDICARE SHORTFALL SHOULD BE CONSIDERED TO BE A COMMUNITY BENEFIT. STORMONT VAIL PROVIDES MEDICAL CARE TO THE MEMBERS OF THE COMMUNITY, INCLUDING MEDICARE PATIENTS, EVEN IF THE COSTS OF THAT CARE ARE NOT COMPLETELY REIMBURSED. THE HEALTH OF THE COMMUNITY WOULD SUFFER IF STORMONT VAIL DID NOT PROVIDE THESE SERVICES.
SCHEDULE H, PART III, SECTION C, LINE 9B	AN ESSENTIAL ELEMENT OF THE MISSION OF STORMONT VAIL HEALTHCARE IS TO BE GOOD FINANCIAL STEWARDS AS WE STRIVE TO IMPROVE THE HEALTHCARE OF OUR COMMUNITY. AS PART OF THAT STEWARDSHIP, WE MUST DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH PATIENTS CAN AFFORD TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED. WE WORK VERY HARD TO MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND TO ENSURE THAT WE MANAGE OUR RESOURCES SO THAT WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST. THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND IN COMMUNICATION REGARDING PATIENT BILLS. PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION. OUR REPRESENTATIVES WORK WITH PATIENTS TO TRY TO REACH THE MOST EQUITABLE SOLUTION IN ORDER TO RESOLVE A PATIENT BILL. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	IN ADDITION TO THE CHNA, STORMONT VAIL AND STAFF ARE ACTIVE IN THE COMMUNITY. BY DOING SO, STORMONT VAIL IS ABLE TO LEARN ABOUT ISSUES IMPACTING THE COMMUNITY AND CITIZENS.
SCHEDULE H, PART VI, LINE 3	STORMONT VAIL WIDELY PUBLICIZES THE FINANCIAL ASSISTANCE PROGRAM BY POSTING INFORMATION ON THE STORMONT VAIL WEBSITE, NOTIFYING AND DISTRIBUTING INFORMATION TO PATIENTS AT ALL REGISTRATION AREAS WHEN THEY PRESENT FOR SERVICE, MAKING INFORMATION AVAILABLE IN REGISTRATION WAITING ROOMS, INCLUDING INFORMATION ON PATIENT BILLING STATEMENTS, MENTIONING THE FAP WHEN DISCUSSING AN INDIVIDUAL'S BILL OVER THE TELEPHONE AND BY PUBLICIZING THE FAP TO COMMUNITY HEALTH CENTERS AND SOCIAL SERVICE AGENCIES. STORMONT VAIL ALSO ASSISTS PATIENTS IN OBTAINING COVERAGE THROUGH GOVERNMENTAL PROGRAMS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	TOPEKA IS THE MAJOR URBAN CENTER IN SHAWNEE COUNTY. WITH A POPULATION OF 177,499, SHAWNEE COUNTY IS THE THIRD LARGEST COUNTY IN THE STATE. IT IS ONE OF THE FEW URBAN COUNTIES IN KANSAS. THEREFORE, IT IS MORE RACIALLY DIVERSE AND HAS A HIGHER RATE OF POVERTY THAN MOST OF THE STATE. AFRICAN AMERICAN POPULATION IN SHAWNEE COUNTY IS 8.5% VERSUS 6.1% STATEWIDE. HISPANIC OR LATINO IN SHAWNEE COUNTY IS 12.8% VERSUS 12.2% STATEWIDE. PERSONS IN POVERTY IN SHAWNEE COUNTY IS 11.7% WHILE IN THE STATE, 11.4% LIVE IN POVERTY. THE PERCENTAGE OF SHAWNEE COUNTY CHILDREN LIVING IN POVERTY IS 15%, AND 31% OF CHILDREN LIVE IN SINGLE-PARENT HOUSEHOLDS.
SCHEDULE H, PART VI, LINE 5	STORMONT VAIL IS A NON-PROFIT CORPORATION SO ANY SURPLUS FUNDS ARE RE-INVESTED BACK INTO THE ORGANIZATION AND NOT PAID TO INVESTORS. THE HEALTH SYSTEM IS MANAGED BY A LOCAL BOARD OF DIRECTORS WHO ARE COMMUNITY LEADERS. STORMONT VAIL ACCEPTS ALL PATIENTS REGARDLESS OF INSURANCE COVERAGE SO THAT CARE IS PROVIDED TO ALL WHO NEED CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	NONE
SCHEDULE H, PART VI, LINE 7	KS

Additional Data

Software ID:

Software Version:

EIN: 48-0543789

Name: STORMONT-VAIL HEALTHCARE INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVE TOPEKA, KS 66604 WWW.STORMONTVAIL.ORG H-089-003	X	X					X			

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	SINCE THE DEVELOPMENT OF THE 2015 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), HEARTLAND HEAL THY NEIGHBORHOODS (HHN) HAS LED THE CHIP EFFORTS FOR TOPEKA AND SHAWNEE COUNTY. THE CHIP S TEERING COMMITTEE, CONSISTING OF HHN'S CURRENT CHAIR, VICE-CHAIR, IMMEDIATE PAST CHAIR, SH AWNEE COUNTY HEALTH DEPARTMENT'S COMMUNITY HEALTH PLANNER AND THE DIRECTOR OF STRATEGY AND BUSINESS DEVELOPMENT FOR STORMONT VAIL HEALTH, HAS SPEARHEADED THE DEVELOPMENT PROCESS OF THIS MOST RECENT CHIP WITH ASSISTANCE FROM HHN WORKGROUPS, COMMUNITY ORGANIZATIONS, AND T WO CONSULTANTS FROM THE KANSAS HEALTH INSTITUTE. FOR THE CURRENT ROUND OF COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLANNING, A CONSULTANT (VVV CONSULTANTS LLC), WAS HIRED BY STO RMONT VAIL HEALTH TO CONDUCT THE CHNA. THE CHNA PROCESS CONSISTED OF: 1) A COMMUNITY HEALT H NEEDS ASSESSMENT (CHNA) COMMUNITY SURVEY, WHICH WAS DISTRIBUTED IN THE SUMMER OF 2018. 2) COMPILATION OF SECONDARY DATA OF HEALTH OUTCOMES AND HEALTHCARE DELIVERY SERVICES IN THE COUNTY, INCLUDING COUNTY HEALTH RANKINGS AND OTHER MEASURES OF MORBIDITY AND MORTALITY. A S OF APRIL 2019, SHAWNEE COUNTY IS RANKED 59TH FOR HEALTH FACTORS, AND 79TH FOR HEALTH OUT COMES OUT OF 102 RANKED COUNTIES IN KANSAS. YEARS OF POTENTIAL LIFE LOST (YPLL) FROM MORTA LITY DUE TO CHRONIC DISEASES, DRUG OVERDOSES AND SUICIDE, IS A MEASURE FROM THE COUNTY HEA LTH RANKINGS THAT CONTRIBUTES MOST TO LOWERING SHAWNEE COUNTY'S RANKING. 3) TOWN HALL MEET INGS ACROSS THE COUNTY TO PRESENT AND DISCUSS THE SURVEY AND DATA. DURING THE TOWN HALLS, PARTICIPANTS WERE GIVEN THE CHANCE TO PROVIDE INPUT ON WHAT THEY PERCEIVED TO BE THE TOP H EALTH ISSUES FOR SHAWNEE COUNTY. THAT LIST OF ISSUES IS WHAT WAS USED FOR CHIP PRIORITIZAT ION. A LIST OF THE TOP ISSUES FROM THE CHNA COMMUNITY SURVEY AND THE LIST OF TOP ISSUES FR OM THE TOWN HALL MEETINGS WERE COMBINED AND USED FOR PRIORITIZATION OF ISSUES FOR THE CHIP . THE TOP ISSUES FROM THE CHNA SURVEY AND CHNA TOWN HALL MEETINGS WERE EVALUATED AGAINST T HE FOLLOWING CRITERIA: - SERIOUSNESS - HOW MUCH OF AN IMPACT DOES THE POTENTIAL PRIORITY A REA HAVE ON THE MORBIDITY, MORTALITY AND QUALITY OF LIFE IN THE COMMUNITY? - FEASIBILITY - HOW LIKELY IS IT THAT THE CHIP CAN HAVE AN IMPACT ON THE POTENTIAL PRIORITY AREA? - ALIGN MENT - HOW WELL DOES THE POTENTIAL PRIORITY AREA SUPPORT OTHER EFFORTS IN THE COMMUNITY? - MEASURABILITY - IS IT POSSIBLE TO MEASURE PROGRESS IN THE POTENTIAL PRIORITY AREA? - CONC ERN - WHAT IS THE LEVEL OF CONCERN IN THE COMMUNITY REGARDING THE POTENTIAL PRIORITY AREA? PARTICIPANTS AT TWO COMMUNITY MEETINGS, HELD ON MARCH 29, 2019, AND APRIL 8, 2019, REPRES ENTING OVER 100 COMMUNITY VOICES, COMPLETED THE PRIORITIZATION PROCESS. FOR EACH ISSUE IN THE LIST, THEY WERE INSTRUCTED TO JUDGE THE ISSUE AGAINST THE FIVE CRITERIA AND RATE THE I SSUE FROM 1 (LOWEST) TO 5 (HIGHEST) FOR EACH OF THE CRITERIA. USING THE RESULTS FROM THE P RIORITIZATION PROCESS, FOUR ISSUES ROSE TO THE TOP AS PRIORITIES TO FOCUS ON DURING THE CH IP PROCESS. THE CHIP STEERING

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	COMMITTEE SUMMARIZED THESE TOP PRIORITIES INTO THE FOLLOWING FOUR PRIORITY AREAS: 1. BEHAV IORAL HEALTH 2. ACCESS TO FOOD 3. SUBSTANCE USE 4. HEALTH EQUITY CHIP WORKGROUPS FOR EACH PRIORITY AREA WERE CREATED FROM EXISTING AND NEWLY-FORMED HHN WORKGROUPS, COMMUNITY ORGANI ZATIONS, AND OTHER STAKEHOLDERS. A SCHEMATIC DIAGRAM OF THE WORKGROUPS PRIORITY AREA CAN B E FOUND IN APPENDIX E. THIS CHIP AIMS TO INCREASE COMMUNITY CAPACITY BY REMOVING BARRIERS FOR COLLABORATION. BY COLLABORATING WITH EXISTING ORGANIZATIONS, HHN LEADERSHIP ALSO AIMS TO BUILD COMMUNITY CAPACITY AND SUSTAINABILITY OF CHIP EFFORTS. THE CHIP STEERING COMMITTE E DEVELOPED THE GOALS UNDER EACH PRIORITY AREA AND SOUGHT FEEDBACK FROM THE HHN WORKGROUPS AND OTHER COMMUNITY PARTNERS ON THE CONTENT OF THESE PRIORITY AREAS AND GOALS. OBJECTIVES FOR EACH PRIORITY AREA WERE DRAFTED BY THE CHIP STEERING COMMITTEE AND REFINED BY COLLABO RATING WITH EXISTING ORGANIZATIONS, HHN LEADERSHIP ALSO AIMS TO BUILD ON COMMUNITY CAPACIT Y AND SUSTAINABILITY OF CHIP EFFORTS. THE CHIP STEERING COMMITTEE DEVELOPED THE GOALS UNDE R EACH PRIORITY AREA AND SOUGHT FEEDBACK FROM THE HHN WORKGROUPS AND OTHER COMMUNITY PARTN ERS ON THE CONTENT OF THESE PRIORITY AREAS AND GOALS. OBJECTIVES FOR EACH PRIORITY AREA WE RE DRAFTED BY THE CHIP STEERING COMMITTEE AND REFIND BY COLLABORATING WITH EXISTING ORGANI ZATIONS, HHN LEADERSHIP ALSO AIMS TO BUILD COMMUNITY CAPACITY AND SUSTAINABILITY OF CHIP E FFORTS. THE CHIP STEERING COMMITTEE DEVELOPED THE GOALS UNDER EACH PRIORITY AREA AND SOUGH T FEEDBACK FROM THE HHN WORKGROUPS AND OTHER COMMUNITY PARTNERS ON THE CONTENT OF THESE PR IORITY AREAS AND GOALS. OBJECTIVES FOR EACH PRIORITY AREA WERE DRAFTED BY THE CHIP STEERIN G COMMITTEE AND REFINDED BASED ON FEEDBACK FROM THE CHIP WORKGROUPS AND PARTNERING COMMUNI TY. EXAMINED SHAWNEE COUNTY DATA TRENDS OVER TIME IN ORDER TO CREATE FEASIBLE OUTCOME OBJE CTIVES WITHIN THE GIVEN TIMEFRAME. THE DEGREE OF CHANGE FROM YEAR-TO-YEAR WAS USED TO ESTA BLISH A REASONABLE MEASURE OF CHANGE BY THE YEAR 2022. ADDITIONALLY, THE GROUP CONSIDERED THAT HEALTH PEOPLE 2020 (HP 2020) OBJECTIVES TYPICALLY AIM FOR A 10 PERCENT IMPROVEMENT OV ER THE COURSE OF 10 YEARS. BECAUSE THIS CHIP COVERS A SPAN OF THREE YEARS, EXPECTATIONS WE RE ADJUSTED ACCORDINGLY. THE BENCHMARKING AGAINST HP 2020 TARGETS PROVIDED A GENERAL ESTIM ATE, WHILE THE TREND ANALYSIS (IF AVAILABLE) PROVIDED MORE SPECIFICITY TO THE LOCAL MEASUR ES. FINALIZED INTERVENTIONS AND ACTIVITIES TO BE UNDERTAKEN WERE DEVELOPED BY THE WORKGROU PS AND PARTNERING ORGANIZATIONS FOR EACH PRIORITY AREA CHOSEN TO ACHIEVE THE OBJECTIVES IN THE CHIP ADDRESS AREAS OF BOTH MIDSTREAM AND UPSTREAM HEALTH, AND WILL CONTINUE TO EVOLVE AND EMERGE IN ACCORDANCE WITH THE COMMUNITY CONTEXT IN PREPARATION FOR THE CHIP'S IMPLEME NTATION. ADDITIONALLY, THE CHIP INCLUDES INTERVENTIONS THAT ADDRESS BOTH INDIVIDUAL SOCIAL NEEDS, AS WELL AS IMPROVING COMMUNITY CONDITIONS THAT WILL SUPPORT HEALTHIER LIVES FOR AL L SHAWNEE COUNTY RESIDENTS. TH

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	ROUGHOUT THE DEVELOPMENT OF THE CHIP, THE STEERING COMMITTEE CONSIDERED UPSTREAM SOUTIONS THAT ADDRESSED THE SOCIAL DETERMINANTS OF HEALTH AND FOCUSED ON POLICIES, SYSTEM, AND ENVI RONMENT CHANGES IN EACH OF THE PRIORITY AREAS.

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 6A	UNIVERSITY OF KANSAS HOSPITAL SYSTEM - ST. FRANCIS CAMPUS

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 6B	THE FOLLOWING IS A LIST OF PARTNERS AND COMMUNITY ORGANIZATIONS INVOLVED WITH HHN: ADVENTU RE DENTAL AND VISION ALDERSGATE VILLAGE AMERICAN HEART ASSOCIATION ANGELS CARE HOME HEALTH AUBURN WASHBURN - USD 437 BAJILLION AGENCY BAKER UNIVERSITY SCHOOL OF NURSING BLUE CROSS AND BLUE SHIELD OF KANSAS BOYS AND GIRLS CLUB OF TOPEKA BREAKTHROUGH HOUSE, INC. BREWSTER PLACE CAREGIVERS HOME HEALTH CHILDCARE AWARE OF EASTERN KANSAS CITY OF TOPEKA COMMUNITY AC TION HEAD START COMMUNITY ACTION, INC. COMMUNITY RESOURCES COUNCIL COMMUNITY VOLUNTEERS EL CENTRO OF TOPEKA FAMILY SERVICE AND GUIDANCE CENTER FIRST LUTHERAN CHURCH FLORENCE CRITTE NTON SERVICES OF TOPEKA, INC. GRACEMED GREATER TOPEKA PARTNERSHIP HARVESTERS HARVESTERS CO MMUNITY FOOD NETWORK HEALTHACCESS INTERIM HEALTH CARE JAYHAWK AREA AGENCY ON AGING K-STATE RESEARCH AND EXTENSION KANSAS BREASTFEEDING COALITION, INC. KANSAS CHILDREN'S SERVICE LEA GUE KANSAS DEPARTMENT OF CHILDREN AND FAMILIES KANSAS FOUNDATION FOR MEDICAL CARE, INC. KA NSAS HEALTH INSTITUTE KANSAS REHABILITATION HOSPITAL LINCOLN CENTER MIDLAND CARE MIDWEST H EALTH NAMI TOPEKA NEW DAWN WELLNESS AND RECOVERY ONE HEART PROJECT ORAL HEALTH KANSAS POSI TIVE CONNECTIONS PREVENTION AND RECOVERY SERVICES, INC. SAFE STREETS SEAMAN USD 345 SHAWNE E COUNTY COMMISSION SHAWNEE COUNTY HEALTH DEPARTMENT SHAWNEE COUNTY PARKS AND RECREATION S TORMONT VAIL HEALTH TANGLEWOOD HEALTH AND REHABILITATION TARC, INC. TOPEKA AND SHAWNEE COU NTY PUBLIC LIBRARY TOPEKA CHAPTER OF THE LINKS, INC. TOPEKA COMMON GROUND TOPEKA COMMUNITY CYCLE PROJECT TOPEKA COMMUNITY FOUNDATION TOPEKA DOULA PROJECT TOPEKA HOUSING AUTHORITY T OPEKA JUMP TOPEKA KANSAS BLACK NURSES ASSOCIATION TOPEKA METRO TOPEKA METROPOLITAN TRANSIT AUTHORITY TOPEKA POLICE DEPARTMENT TOPEKA PUBLIC SCHOOLS PARENTS AS TEACHERS TOPEKA PUBLI C SCHOOLS USD 501 UNITED WAY OF GREATER TOPEKA VALEO BEHAVIORAL HEALTH CARE WASHBURN UNIVE RSITY THE FOLLOWING IS A LIST OF ORGANIZATIONS REPRESENTED IN THE COMMUNITY PRIORITIZATION MEETINGS: ADVISORS EXCEL BAKER SCHOOL OF NURSING BARTLETT AND WEST BLUE CROSS AND BLUE SH IELD OF KANSAS CAPITOL FEDERAL SAVINGS BANK CENTRAL NATIONAL BANK CHAOS LIMITED CIRCLES OF GREATER TOPEKA CITY OF TOPEKA CITY OF TOPEKA POLICE DEPARTMENT CLAYTON WEALTH PARTNERS CO MMUNITY ACTION, INC. COMMUNITY MEMBERS CORE FIRST BANK AND TRUST COX COMMUNICATIONS EAST T OPEKA SENIOR CENTER EL CENTRO OF TOPEKA FAMILY SERVICE AND GUIDANCE CENTER FLORENCE CRITTE NTON SERVICES OF TOPEKA GLASS ASSOCIATION OF NORTH AMERICA GOODELL, STRATTON, EDMONDS AND PALMER, LLP GRACEMED GREATER TOPEKA CHAMBER OF COMMERCE GREATER TOPEKA PARTNERSHIP HARVEST ERS HEARTLAND VISIONING JOHN B. TURNEY CHARTERED K-STATE RESEARCH AND EXTENSION KANSAS ASS OCIATION FOR THE MEDICALLY UNDERSERVED KANSAS BUREAU OF INVESTIGATION KANSAS CHILDREN'S SE RVICE LEAGUE KANSAS DEPARTMENT FOR AGING DISABILITY SERVICES KANSAS DEPARTMENT FOR CHILDRE N AND FAMILIES KANSAS DEPARTMENT OF REVENUE KANSAS HEALTH INSTITUTE KANSAS INDEPENDENT COL LEGE ASSOCIATION KANSAS STATE

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 6B	UNIVERSITY KEARNEY AND ASSOCIATES KUJIMA COLLECTIVE MCPHERSON CONTRACTORS, INC. MIDLAND CA RE NEW DAWN WELLNESS AND RECOVERY PARENTS AS TEACHERS PREVENTION AND RECOVERY SERVICES (PA RS) SEAMAN USD 345 SECURITY BENEFIT SHAWNEE COUNTY BOARD OF COUNTY COMMISSIONERS SHAWNEE C OUNTY DEPARTMENT OF CORRECTIONS SHAWNEE COUNTY HEALTH DEPARTMENT SHAWNEE COUNTY PARKS AND RECREATION SHAWNEE HEIGHTS HIGH SCHOOL SOWARDS GLASS STORMONT VAIL HEALTH SUCCESSFUL CONNE CTION (CHILD CARE AWARE) SUPREME COURT OF KANSAS LAW LIBRARY THE VILLAGES INC. TOPEKA AND SHAWNEE COUNTY PUBLIC LIBRARY TOPEKA CAPITAL-JOURNAL TOPEKA COMMUNITY FOUNDATION TOPEKA FI RE DEPARTMENT TOPEKA HOUSING AUTHORITY TOPEKA POLICE DEPARTMENT TOPEKA PUBLIC SCHOOLS UNIT ED STATES AIR FORCE AIR NATIONAL GUARD 190TH UNITED WAY OF GREATER TOPEKA U.S. BANK VALEO WASHBURN UNIVERSITY WESTAR ENERGY WIBW

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 7A	THE COMPLETED CHNA REPORT CAN BE FOUND AT: HTTPS://WWW.STORMONTVAIL.ORG/WE-ARE-STORMONT/COMMUNITY-CONNECTION/ COMMUNITY-HEALTH-PLANNING

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 7B	THE COMPLETED CHNA REPORT CAN BE FOUND AT: HTTPS://WWW.SNCO.US/HD/DOCUMENT/2018_COMMUNITY_HEALTH _ASSESSMENT.PDF

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10a	THE IMPLEMENTATION STRATEGY CAN BE FOUND AT: HTTPS://WWW.STORMONTVAIL.ORG/WE-ARE-STORMONT/COMMUNITY-CONNECTION/ COMMUNITY-HEALTH-PLANNING/

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	IN THE FISCAL YEAR 2019 STRATEGIC PLANNING EFFORT, STORMONT VAIL IDENTIFIED THE IMPORTANCE OF ADDING A COMMUNITY HEALTH PILLAR TO OUR PLAN. THIS ADDITION WILL CODIFY THE IMPORTANT ROLE STORMONT VAIL HEALTH PLAYS IN SHAWNEE COUNTY AS THE LARGEST EMPLOYER AND HEALTH CARE SYSTEM OF CHOICE IN IMPROVING THE HEALTH OF OUR COMMUNITY. THIS STRATEGIC FOCUS IS BASED UPON THE INPUT WE GATHERED DURING THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT AND 2019 COMMUNITY HEALTH IMPROVEMENT PLANS. OUR COMMUNITY PILLAR IS BROKEN DOWN INTO FIVE AREAS OF FOCUS, AS INDICATED BELOW: 1.)FOOD SECURITY 2.) EDUCATION AND LITERACY 3.)ECONOMIC VITALITY 4.)HEALTH EQUITY 5.)COMMUNITY LEADERSHIP THESE AREAS OF FOCUS DIRECTLY TIE BACK TO THE AREAS OF NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT. IN ADDITION, STORMONT VAIL ALSO IDENTIFIED A NEED FOR GROWTH OF OUR BEHAVIORAL HEALTH SERVICE LINE IN RESPONSE TO THE NEEDS IDENTIFIED. WE HAVE ALWAYS COMPLETED SERVICE LINE PLANNING FOR A SUBSET OF OUR 32 SERVICE LINES. THIS YEAR, WE HAVE ADDED BEHAVIORAL HEALTH AS A PRIORITY SERVICE LINE IN OUR YEARLY STRATEGIC PLANNING CYCLE WITH SPECIFIC FOCUS ON ACCESS TO SERVICES. BELOW IS A LIST OF STRATEGIC PLAN ACTION ITEMS INCLUDED IN OUR COMMUNITY PILLAR: FOOD SECURITY 1.) CONFIRM AND/OR EXPAND PARTNER (HARVESTERS) PARTICIPATION WITH THE GOAL TO INCREASE PATIENT ACCESS TO PRESCRIPTIVE FOOD PANTRY SERVICES. 2.) PATICIPATE IN SHAWNEE COUNTY FARM AND FOOD COUNCIL AND SUPPORT ALIGNED FOOD ACCESS INITIATIVES AS THEY ARE DEVELOPED. EDUCATION AND LITERACY 1.) EXPLORE OFFERING MENTAL HEALTH/BEHAVIORAL HEALTH WORKSHOPS AND RESOURCES (PROFESSIONAL ASSISTANT HOTLINE) TO TEACHERS AND STAFF IN THE SCHOOL DISTRICTS 2.) EVALUATE OPPORTUNITIES TO SUPPORT AND/OR REMOVE BARRIERS (E.G. WIFI ACCESS) FOR REMOTE LEARNING THROUGH BUILDING BLOCKS, POZEZ OR OTHER SYSTEM RESOURCES. ECONOMIC VITALITY 1.) DEVELOP A HEALTH CARE CAREER PATHWAY AND TRAINING PROGRAM WITH TCALC (OR OTHER PARTNERS) BEGINNING WITH MA/PCT HIGH SCHOOL AND COLLEGE-BOUND STUDENTS. HEALTH EQUITY 1.) EXPAND LINK PARTNERSHIP TO INCREASE NUMBER OF LOW-INCOME ENROLLEES AND INCLUDE ADDITIONAL COMMUNITY PARTNERS (E.G. PINE RIDGE CLINIC) 2.) IDENTIFY AND CONNECT WITH AFRICAN AMERICAN AND HISPANIC COMMUNITY GROUPS TO LISTEN AND ADDRESS HEALTH CARE BARRIERS, EXPERIENCES AND OPPORTUNITIES. 3.) OPERATIONALIZE THE STORMONT VAIL MOBILE CLINIC WITHIN NORTH TOPEKA, EAST TOPEKA AND OAKLAND. COMMUNITY LEADERSHIP 1.)CREATE A PROCESS FOR CAPTURING AND DOCUMENTING COMMUNITY VOLUNTEER HOURS FOR OUR TEAM MEMBERS 2.)INVESTIGATE AN ADDITIONAL PTO BENEFIT DEDICATED TO VOLUNTEER OPPORTUNITIES

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 16a	The FAP can be found at: HTTPS://WWW.STORMONTVAIL.ORG/PATIENT-RESOURCES/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE/

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 16b	The FAP can be found at: HTTPS://WWW.STORMONTVAIL.ORG/PATIENT-RESOURCES/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE/

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 16c	THE PLAIN LANGUAGE SUMMARY CAN BE FOUND AT: HTTPS://WWW.STORMONTVAIL.ORG/PATIENT-RESOURCES/FINANCIAL-SERVICES/ 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	COTTON O'NEIL HEART CENTER 929 SW MULVANE ST TOPEKA, KS 66606	PHYSICIAN OFFICE
1	COTTON O'NEIL CANCER CENTER 1414 SW 8TH STREET TOPEKA, KS 66606	CANCER CENTER
2	COTTON O'NEIL GARFIELD 901 SW GARFIELD ST TOPEKA, KS 66606	PHYSICIAN OFFICES
3	COTTON O'NEIL MULVANE 823 SW MULVANE ST TOPEKA, KS 66606	PHYSICIAN OFFICES
4	STORMONT VAIL BEHAVIORAL HEALTH 3707 SW 6TH ST TOPEKA, KS 66606	PSYCHIATRIC SERVICES
5	COTTON O'NEIL KANZA PARK 2660 SW 3RD ST TOPEKA, KS 66606	PHYSICIAN OFFICE
6	STORMONT VAIL SURGERY CENTER 920 SW LANE TOPEKA, KS 66606	SURGERY CENTER
7	COTTON O'NEIL DIGESTIVE HEALTH CLINIC 720 SW LANE ST TOPEKA, KS 66606	PHYSICIAN OFFICE
8	STORMONT VAIL OP SURGERY CENTER 2660 SW 3RD ST TOPEKA, KS 66606	SURGERY CENTER
9	COTTON O'NEIL EMPORIA CLINIC 1301 SW 12TH ST EMPORIA, KS 66801	PHYSICIAN OFFICE
10	COTTON O'NEIL MANHATTAN 1133 COLLEGE ST SUITE E-110 MANHATTAN, KS 66502	PHYSICIAN OFFICE
11	COTTON O'NEIL DERMATOLOGY CLINIC 6650 SW MISSION VALLEY DRIVE TOPEKA, KS 66614	PHYSICIAN OFFICE
12	COTTON O'NEIL DIABETESENDOCRINOLOGY CTR 3520 SW 6TH AVE TOPEKA, KS 66606	PHYSICIAN OFFICE
13	COTTON O'NEIL NORTH 4505 NW FIELDING ROAD TOPEKA, KS 66618	PHYSICIAN OFFICE
14	COTTON O'NEIL URISH CLINIC 6725 SW 29TH TOPEKA, KS 66614	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
16	COTTON O'NEIL PEDIATRIC 4100 SW 15TH ST TOPEKA, KS 66604	PHYSICIAN OFFICE
1	COTTON O'NEIL CROCO CLINIC 2909 SW WALNUT DR TOPEKA, KS 66605	PHYSICIAN OFFICE
2	STORMONT VAIL SLEEP CENTER 1615 SW 8TH AVE TOPEKA, KS 66606	SLEEP CENTER CLINIC
3	COTTON O'NEIL CORPORATE VIEW CLINIC 601 CORPORATE VIEW ROAD TOPEKA, KS 66615	PHYSICIAN OFFICE
4	STORMONT VAIL IMAGING CENTER 830 SW MULVANE ST TOPEKA, KS 66606	IMAGING CENTER
5	COTTON O'NEIL WAMEGO CLINIC 1704 COMMERCIAL CIRCLE WAMEGO, KS 66547	PHYSICIAN OFFICE
6	COTTON O'NEIL NEUROSPINE CLINIC 2660 SW 3RD ST TOPEKA, KS 66606	PHYSICIAN OFFICE
7	COTTON O'NEIL CARBONDALE CLINIC 211 EAST MAIN ST CARBONDALE, KS 66614	PHYSICIAN OFFICE
8	COTTON O'NEIL OSAGE CITY CLINIC 131 WEST MARKET ST OSAGE CITY, KS 66523	PHYSICIAN OFFICE
9	COTTON O'NEIL CARDIAC THORACIC SURGEONS 830 SW MULVANE TOPEKA, KS 66606	PHYSICIAN OFFICE
10	COTTON O'NEIL GENERAL SURGERY 1516 SW 6TH AVE TOPEKA, KS 66606	PHYSICIAN OFFICE
11	COTTON O'NEIL OSKALOOSA CLINIC 209 W JEFFERSON ST OSKALOOSA, KS 66066	PHYSICIAN OFFICE
12	COTTON O'NEIL NOTO CLINIC 1130 N KANSAS AVE TOPEKA, KS 66608	PHYSICIAN OFFICE
13	COTTON O'NEIL EXPRESS CARE MIDTOWN 909 SW MULVANE ST TOPEKA, KS 66604	PHYSICIAN CLINIC
14	STORMONT VAIL WORK CARE 1130 N KANSAS AVE TOPEKA, KS 66606	PHYSICIAN OFFICE

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

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

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

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

	Name and address	Type of Facility (describe)
31	STORMONT VAIL PAIN MANAGEMENT CENTER 823 SW MULVANE ST TOPEKA, KS 66606	PHYSICIAN OFFICE
1	COTTON O'NEIL LEBO CLINIC 118 W 4TH ST LEBO, KS 66856	PHYSICIAN OFFICE
2	COTTON O'NEIL MERIDEN CLINIC 407 E WYANDOTTE MERIDEN, KS 66512	PHYSICIAN CLINIC
3	COTTON O'NEIL ROSSVILLE CLINIC 423 MAIN ST ROSSVILLE, KS 66533	PHYSICIAN CLINIC
4	COTTON O'NEIL LAWRENCE CLINIC 330 ARKANSAS LAWRENCE, KS 66044	PHYSICIAN OFFICE
5	COTTON O'NEIL NETAWAKA CLINIC 200 WHITE WAY ST NETAWAKA, KS 66516	PHYSICIAN OFFICE
6	COTTON O'NEIL FOOT AND ANKLE CLINIC 1315 SW 6TH AVE SUITE A TOPEKA, KS 66606	PHYSICIAN OFFICE
7	COTTON O'NEIL PEDIATRICS MISSION WOODS 2860 SW MISSION WOODS DR TOPEKA, KS 66614	PHYSICIAN OFFICE
8	ASBURY DRIVE CLINIC 2902 SW ASBURY DRIVE TOPEKA, KS 66614	PHYSICIAN OFFICE
9	STORMONT VAIL INFUSION CENTER 909 SW MULVANE ST LOWER LEVEL TOPEKA, KS 66606	INFUSION CENTER
10	COTTON O'NEIL DIGESTIVE HEALTH HYLTON 1213 HYLTON HEIGHTS ROAD SUITE 101 MANHATTAN, KS 66502	PHYSICIAN CLINIC
11	COTTON O'NEIL DIGESTIVE HEALTH POYNTZ 1014 POINTZ AVE SUITE B MANHATTAN, KS 66502	PHYSICIAN OFFICE
12	COTTON O'NEIL DIGESTIVE HEALTH WESTPORT 1419 WESTPORT LANDING PLACE MANHATTAN, KS 66502	PHYSICIAN OFFICE

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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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 3

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	EXCEPT FOR A 5 YEAR COMMITMENT TO GRACEMED, GRANTS ARE HISTORICALLY ONLY MADE TO THE STORMONT-VAIL FOUNDATION, A RELATED 501(C)(3) ORGANIZATION. DUE TO OVERLAP OF OFFICERS/DIRECTORS BETWEEN THE ORGANIZATIONS, NO MONITORING OF THE USAGE OF FUNDS AFTER THE FACT IS DEEMED NECESSARY.

Additional Data

Software ID:
Software Version:
EIN: 48-0543789
Name: STORMONT-VAIL HEALTHCARE 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
GRACEMED 1122 N TOPEKA ST WICHITA, KS 67214	48-0980926	501(C)(3)	8,800				SUPPORT
STORMONT VAIL FOUNDATION 1500 SW10TH AVE TOPEKA, KS 66604	48-0980926	501(C)(3)	1,066,759				SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KANSAS STATE UNIVERSITY 105 ANDERSON HALL MANHATTAN, KS 66506	48-0771751	501(C)(3)		233,726	FMV	MEDICAL EQUIPMENT	SUPPORT

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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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I 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**	Yes	
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	ERIC VOTH $217,830 JANET STANEK $169,855
SCHEDULE J, PART I, LINE 4B	457F - ANNUAL CONTRIBUTIONS MADE AS PERCENT OF BASE SALARY IN DECEMBER. IF OVER AGE 60 CONTRIBUTIONS ARE VESTED AND TAXES ARE WITHHELD. IF LESS THAN 60 CONTRIBUTIONS DO NOT VEST UNTIL EARLIER OF 5 ANNUAL CONTRIBUTIONS OR AGE 60. ACCOUNT IS NOT DISTRIBUTED UNTIL TERMINATION. ---------- VESTED ACCRUED ---------- ---------- CLIFTON JONES $ 23,381 $ - ROBERT KENAGY $ 120,001 $ - Judy Corzine $ - $ 33,952 DAVID CUNNINGHAM $ - $ 30,169 KEVIN DISHMAN $ - $ 60,002 SRIDEVI DONEPUDI $ - $ 47,464 AMY KINCADE $ - $ 22,662 ROBERT LANGLAND $ 155,338 $ - TRACY O'ROURKE $ $ 45,362 CAROL PERRY $ 168,014 $ - Salah Najim $ - $ 17,256 WILLIAM SACHS $ - $ 29,833 DARLENE STONE $ - $ 41,531 DEBRA YOCUM $ - $ 35,393 AMY MCCARTER $ - $ 12,659 GEORGE WRIGHT $ 3,700 $ - KEVIN STECK $ 45,065 $ -
SCHEDULE J, PART I, LINE 5A	EMPLOYED PHYSICIANS MAY EARN ADDITIONAL COMPENSATION IF THE RELATIVE VALUE UNITS THAT ARE GENERATED FROM THEIR PRACTICE EXCEED CERTAIN LEVELS.
SCHEDULE J, PART II, COLUMN F	COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT KENAGY PRESIDENT CEO	(i)	779,351	327,753	120,001	14,100	33,474	1,274,679	120,001
	(ii)	0	0	0	0	0	0	
1ROBERT O LANGLAND VICE PRES/CFO RETIRED 01/2021	(i)	470,850	163,023	155,338	14,100	22,115	825,426	155,338
	(ii)	0	0	0	0	0	0	
2AILEEN MCCARTHY DIRECTOR/PHYSICIAN	(i)	264,372	29,574	0	13,156	18,563	325,665	
	(ii)	0	0	0	0	0	0	
3KEVIN DISHMAN DIRECTOR/PHYSICIAN	(i)	542,144	176,128	0	80,102	33,200	831,574	
	(ii)	0	0	0	0	0	0	
4MATTHEW WILLS PHYSICIAN	(i)	1,226,426	43,045	0	8,400	25,607	1,303,478	
	(ii)	0	0	0	0	0	0	
5KELLI CRABTREE WILSON PHYSICIAN	(i)	1,287,868	34,916	0	13,850	1,897	1,338,531	
	(ii)	0	0	0	0	0	0	
6FLORIN NICOLAE PHYSICIAN	(i)	1,221,439	53,075	24,299	14,100	28,165	1,341,078	
	(ii)	0	0	0	0	0	0	
7MOHAMMAD SALAMAT PHYSICIAN	(i)	1,150,946	49,776	0	14,100	630	1,215,452	
	(ii)	0	0	0	0	0	0	
8JOHN MA PHYSICIAN	(i)	1,837,841	0	55,359	11,174	26,615	1,930,989	
	(ii)	0	0	0	0	0	0	
9JUDY CORZINE VP/CHIEF INFORMATION OFFICER	(i)	342,785	53,068	0	48,052	24,130	468,035	
	(ii)	0	0	0	0	0	0	
10DAVID CUNNINGHAM VP AND FACILITIES OFFICER	(i)	304,667	94,376	0	44,289	24,161	467,493	
	(ii)	0	0	0	0	0	0	
11SRIDEVI DONEPUDI SVP AND CHIEF MEDICAL QUALITY	(i)	392,631	131,777	0	60,887	30,681	615,976	
	(ii)	0	0	0	0	0	0	
12CLIFTON JONES VP AND PHYSICIAN	(i)	403,186	90,113	23,381	13,704	24,330	554,714	23,381
	(ii)	0	0	0	0	0	0	
13AMY KINCADE VP POPULATION HEALTH	(i)	228,543	70,841	0	35,598	13,447	348,429	
	(ii)	0	0	0	0	0	0	
14SALAH NAJM VP ACUTE CARE AND PHYSICIAN	(i)	1,067,461	61,973	0	31,356	25,639	1,186,429	
	(ii)	0	0	0	0	0	0	
15TRACY O'ROURKE SVP AND CHIEF ADMIN OFFICER	(i)	371,548	131,748	0	59,462	35,327	598,085	
	(ii)	0	0	0	0	0	0	
16CAROL PERRY SVP AND CHIEF NURSING OFFICER	(i)	376,363	125,253	186,089	14,100	24,875	726,680	168,014
	(ii)	0	0	0	0	0	0	
17WILLIAM SACHS VP SURGICAL SERVS & PHYSICIAN	(i)	789,752	117,985	0	43,933	34,642	986,312	
	(ii)	0	0	0	0	0	0	
18DARLENE STONE SVP & CHIEF EXPERIENCE OFFICER	(i)	344,985	123,649	5,719	55,631	36,429	566,413	
	(ii)	0	0	0	0	0	0	
19ERIC VOTH VP PRIMARY CARE AND PHYSICIAN	(i)	262,028	132,070	283,941	3,787	29,780	711,606	
	(ii)	0	0	0	0	0	0	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21DEBRA YOCUM VP CLINIC OPERATIONS	(i)	357,203	110,644	24,437	49,493	23,822	565,599	
	(ii)	0	0	0	0	0	0	
1MICHAEL KONGS DIRECTOR FINANCIAL MANAGEMENT	(i)	255,198	31,718	17,073	13,869	23,113	340,971	
	(ii)	0	0	0	0	0	0	
2RANDALL PETERSON President CEO RETIRED 03/2019	(i)	0	206,449	0	0	1,141	207,590	
	(ii)	0	0	0	0	0	0	
3JANET STANEK SR VP RETIRED 09/2019	(i)	-1,398	97,811	169,855	0	6,299	272,567	
	(ii)	0	0	0	0	0	0	
4KEVIN STECK VP LEGAL & COMPLIANCE	(i)	384,784	68,078	45,065	13,744	9,549	521,220	45,065
	(ii)	0	0	0	0	0	0	
5GEORGE WRIGHT VP PRIMARY CARE PHYSICIAN	(i)	338,142	57,989	3,700	14,100	17,407	431,338	3,700
	(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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	48543BMW5	08-31-2011	61,193,487	SEE PART IV	X			X		X
B	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	485438PD4	11-21-2013	39,321,250	HEALTH FACILITIES		X		X		X
C	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589		12-15-2016	70,350,000	SEE PART IV		X		X		X
D	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589		08-21-2017	31,870,000	REFUND 2016 TAXABLE NOTE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	19,720,000	675,000	6,030,000	14,385,000
2	Amount of bonds legally defeased	35,455,000	0	0	0
3	Total proceeds of issue	61,196,914	39,327,332	70,709,937	31,870,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	32,263	0	15,110	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	830,826	670,848	684,718	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	10,008,295	38,656,483	20,165,265	0
11	Other spent proceeds	50,325,531	0	49,844,844	31,870,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2017	2020	2001

		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 2019, 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 2019, 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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?					X		X	
b	Exception to rebate?								
c	No rebate due?	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, LINE A, COLUMN F	HEALTH FACILITIES, REFUND 2001K BONDS (05/15/2001) AND REFUND 2008E BONDS (04/02/2008).

Return Reference	Explanation
SCHEDULE K, PART I, LINE C, COLUMN F	HEALTH FACILITIES, REFUND 2007I BONDS (08/29/2007), REFUND 2008f BONDS (04/02/2008) AND REFUND 2012I BONDS (08/14/2012).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMNS A, B AND C	AMOUNT IS NOT EQUAL TO ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMNS A, C AND D	THIS AMOUNT OF BOND PROCEEDS WAS DEPOSITED INTO THE REFUNDING ACCOUNT OR ESCROW FUND AND WAS USED TO REFUND THE PRIOR OBLIGATION(S).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13, COLUMN D	THE PROJECT FINANCED BY THE REFUNDED BONDS HAD AN ORIGINAL PROJECT COMPLETION DATE THAT OCCURRED IN 2001.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN A	THE REBATE CALCULATION WAS COMPLETED AS OF 08/01/2013.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN B	THE REBATE CALCULATION WAS COMPLETED AS OF 11/15/2018.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6, COLUMN B	THE PROJECT FUND WAS INVESTED FOR 6 MONTHS BEYOND THE 3-YEAR TEMPORARY PERIOD. THE INVESTMENT YIELD AFTER 3-YEAR TEMPORARY PERIOD WAS BELOW THE BOND YIELD.

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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.
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OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589		08-19-2019	36,265,000	REFUND PORTION OF 2011 BONDS		X		X		X
B	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589		05-20-2021	35,390,000	HEALTH FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	585,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	36,265,000	35,390,436		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	365,041	364,928		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	35,899,959	19,748,100		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	15,277,408		
13	Year of substantial completion	2013			

		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 2019, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X				

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 PART V					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, LINE 1	A) KEEGAN J HAN B) KEEGAN J HAN HAS A FAMILY RELATIONSHIP WITH KEVIN HAN, WHO IS A FORMER OFFICER OF STORMONT-VAIL HEALTHCARE, INC. C) $70,966 D) KEEGAN J HAN IS AN EMPLOYEE OF STORMONT-VAIL HEALTHCARE, INC. E) NO 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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part III, line 4a	Stormont-Vail HealthCare, Inc. provides quality medical health care regardless of race, cr eed, sex, national origin, handicap, age, or ability to pay. For the year ended September 30, 2021, 21,438 inpatients, 52,288 emergency room patients, 1,548 newborns, and 387 neona tal intensive care babies were served. Although reimbursement for services rendered is cri tical to the operation and stability of the Stormont Vail, it is recognized that not all i ndividuals possess the ability to purchase essential medical services. Stormont Vail's mis sion is to serve the community with respect to providing health care services and health c are education regardless of ability to pay. As part of this mission, Stormont Vail provide s care to persons covered by Medicare and Medicaid. Following are some of the benefits pro vided at reduced rates for the fiscal year: In addition to the charity care provided, Stor mont Vail also provided service to patients that resulted in uncollectible amounts as foll ows: Bad Debt Expense At Cost $13,071,497 Shortfall of Medicare Payments at Cost $81,550,0 95 Shortfall of Medicaid Payments at Cost $28,403,058 Stormont Vail also provides other he ath care services and programs for the benefit of the community, free or at reduced rates. Examples of these include: 1. Subsidy of nursing education, medical education, and allied health education 2. Operating the regions only Level III Neonatal Intensive Care Unit (NI CU) serving a high percentage of medically indigent patients 3. Operating a Level II Traum a Center serving northeast Kansas 4. Provided donations of healthcare equipment and suppli es to regional hospitals and charitable organizations 5. Organized support groups for a va riety of topics including Cancer Support Group, Diabetes Adult Support Group and the Pregn ancy and Infant Loss Support Group 6. Volunteer time was donated to Stormont Vail helping to reduce the cost of providing health care 7. Maintaining the Health Sciences Library tha t is made available to the public free of charge as a medical resource 8. Stormont Vail em ployees support the Care Line, which is an emergency fund for patients in financial distre ss, providing services and supplies on a short-term basis 9. Use of Pozez Education Center facilities for a variety of community groups and programs 10. Participated in numerous cl inical research trials through the Clinical Research Department 11. Stormont-Vail West Beh avioral Health Services operates a substance abuse program 12. Operated a Palliative Care program to provide comfort care to patients with chronic conditions 13. Provided support a nd education for patients with diabetes through the Diabetes Learning Center 14. Stormont- Vail is a regional network of 30+ locations in 17 communities in our region improving acce ss to medical care in several cities that otherwise would not have access, particularly on weekends 15. Maternal Fetal Medicine program provided care and access to screenings and g enetic counseling for women wi

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part III, line 4a	th at-risk pregnancies 16. Offered various parenting and childbirth preparation programs t hrough Stormont-Vail's web site 17. The Health Connection program, which provides physicia n referral and after-hour access to a nurse, received 523,476 calls 18. Partnered with Bui lding Blocks to provide childcare services to staff and the community 19. Connected with t he community through the organization website, www.stormontvail.org 20. Partnered with Hea lth Innovation Network of Kansas, a coalition of 16 hospitals sharing information, educati on and other needed services 21. Stormont Vail and its employees donated funds and staff t ime to the Meals on Wheels program including sponsoring a Meals on Wheels route 22. Stormo nt Vail and its employees donated funds and staff time to the United Way 23. Operated the Patient Center Medical Home concept to improve care with the focus on prevention and welln ess 24. Work with others in the community to improve safety net services for under insured and uninsured 25. Provided staff to serve on the Board of Directors for the United Way of Topeka, Topeka Community Foundation, Go Topeka, and others 26. Donated school supplies fo r Topeka Public Schools 27. Provided transportation to patients who are unable to get to t heir health care appointments or need transportation to return home 28. Provided screening and coordination for participants for a drug program benefit to help patients obtain need ed medication 29. Provided community leadership through Heartland Healthy Neighborhoods an d associated workgroup participation 30. Joined and implemented Healthify, a community res ource platform and referral database to connect patients with needed community resources 3 1. Donated office space, janitorial services, shredding, and phones to house the Shawnee C ounty Medical Society HealthAccess program that helps coordinate donated care for low-inco me uninsured on behalf of the entire medical community In addition to these community cont ributions, Stormont-Vail provided supervised clinical experience for 1,235 students to the following entities: Name/Location Type of Students ---------- ---------- 190th ARW Nursing Baker University Nursing Barton Co Community College EMT Students Benedictine College Nursing Clarkson College Nurse Practitioner Student Chamberlain University Nurse P ractitioner Student Coffey Health System Regional Staff Student Creighton University Nurse Practitioner Student Creighton University Occupational Therapy Emporia State University N ursing Emporia State University Art Therapy Student Fort Hays State University Nurse Pract itioner Student Fort Hays State University Nursing Frontier Nursing University Nurse Pract itioner Student Graceland University Nurse Practitioner Student Hiawatha Community Hospita l Regional Staff Student Highland Community College Nursing Hutchinson Community College N ursing Kansas City KS Community College PTA Student Manhattan Technical College Medical Te chnology Manhattan Technical C

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part III, line 4a	ollege Nursing Maryville University Nurse Practitioner Student Neosho Community College Nu rsing Non-Affiliated Observers Research College Nursing Rockhurst University Physical Ther apy Rockhurst University Speech Language Pathology Seaman High School H.S. Students Work P rogram Texas Wesleyan University CRNA Union College OT/PT/ST Student Union College Physici an Assistant Student University of Missouri-Columbia Nurse Practitioner Student University of Missouri-KC Nurse Practitioner Students University of Kansas Speech Language Pathology University of Kansas CRNA University of Kansas Nurse Practitioner Student University of K ansas Speech Therapy Student University of Kansas Pharmacy Students University of Kansas P sychology Students University of Kansas Med Center Physical Therapy Students University of Kansas Med Center Medical Student University of Kansas Med Center Medical Technology Stud ent University of Kansas Med Center CRNA University of Kansas Med Center Nurse Practitione r Students University of Kansas Med Center Nursing University of Nebraska Med Center Perfu sion Student University of St. Mary Physical Therapy Students University of St. Mary Nurse Practitioner Student University of St. Mary Nursing

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 FINANCE AND AUDIT COMMITTEES. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S FINANCE AND AUDIT COMITTEES HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE BOARD OF DIRECTORS HAS ESTABLISHED AN EXECUTIVE COMPENSATION COMMITTEE THAT IS CHARGED WITH THE OVERSIGHT AND REVIEW OF ALL EXECUTIVE COMPENSATION AND BENEFITS FOR THE CEO, SENIOR VICE PRESIDENTS AND VICE PRESIDENTS OF THE HEALTH SYSTEM. THE COMPENSATION IS REVIEWED ANNUALLY BY AN EXTERNAL INDEPENDENT CONSULTANT, GALLAGHER. GALLAGHER REVIEWS BASE COMPENSATION, INCENTIVE PROGRAMS AND TOTAL CASH COMPENSATION THAT ARE OFFERED ON AN ANNUAL BASIS TO ENSURE IT ALIGNS WITH FAIR MARKET VALUE AND COMPLIES WITH OUR ESTABLISHED COMPENSATION PHILOSOPHY. IN ADDITION, GALLAGHER ON A REGULAR BASIS REVIEWS THE EXECUTIVE BENEFIT PROGRAM TO ALSO ENSURE IT IS APPROPRIATE AND REASONABLE. GALLAGHER CONDUCTED A REVIEW IN 2021.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	Change in Pension Obligation ($52,421,904)

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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

2020

Open to Public Inspection

Name of the organization
STORMONT-VAIL HEALTHCARE INC

Employer identification number
48-0543789

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COTTON O'NEIL ACO LLC 1500 SW 10TH AVE TOPEKA, KS 66604 46-5542929	SHARED SAVING	KS	0	15,747	SVHC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)STORMONT-VAIL FOUNDATION 1500 SW 10TH AVE TOPEKA, KS 66604 48-0980926	FUNDRAISING	KS	501 (C) (3)	7	SVHC	Yes	
(2)STORMONT VAIL HEALTHCARE AUXILIARY 1500 SW 10TH AVE TOPEKA, KS 66604 48-6140517	FUNDRAISING	KS	501 (C) (3)	12C	SVHC	Yes	
(3)TOPEKA AIR AMBULANCE INC 1500 SW 10TH AVE TOPEKA, KS 66604 48-0930553	AIR AMBULANCE	KS	501 (C) (3)	3	SVHC	Yes	
(4)BUILDING BLOCKS OF TOPEKA INC 620 SW LANE TOPEKA, KS 66606 48-1121628	CHILD DAYCARE	KS	501 (C) (3)	10	SVHC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) URISH MEDICAL PLAZA LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 48-1223819	REAL ESTATE	KS	SVI	N/A								
(2) MANHATTAN SURGICAL HOSPITAL LLC 1829 COLLEGE AVE MANHATTAN, KS 66502 48-1202466	SURGERY	KS	SVHC	RELATED	3,552,682	4,049,790		No	0		No	94.430 %

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)STORMONT VAIL INC 901 GARFIELD TOPEKA, KS 66606 48-0782848	RETAIL PHARMA	KS	SVHC	C-CORP	19,533,554	7,605,385	100.000 %	Yes	
(2)CENTURY HEALTH SOLUTIONS INC 2951 SW WOODSIDE DR TOPEKA, KS 66614 48-1206397	INSURANCE ADM	KS	SVHC	C-CORP	76,088	60,568	100.000 %	Yes	
(3)TENTH STREET PROPERTY INC 1500 SW 10TH ST TOPEKA, KS 66604 48-0788844	REAL ESTATE	KS	SVHC	C-CORP	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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
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: 48-0543789
Name: STORMONT-VAIL HEALTHCARE INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
STORMONT VAIL FOUNDATION	B	1,066,759	FMV
STORMONT VAIL FOUNDATION	C	512,562	FMV
STORMONT VAIL AUXILIARY	C	79,044	FMV
URISH MEDICAL PLAZA LLC	F	106,773	FMV
CENTURY HEALTH SOLUTIONS INC	F	58,000	FMV
BUILDING BLOCKS OF TOPEKA	N	1,294,967	FMV
STORMONT VAIL INC	O	1,527,197	FMV
STORMONT VAIL FOUNDATION	O	551,013	FMV
BUILDING BLOCKS OF TOPEKA	O	1,477,559	FMV
STORMONT VAIL AUXILIARY	Q	325,951	FMV