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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

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

D Employer identification number  
48-0543789  
  
E Telephone number  
(785) 354-6000  
  
G Gross receipts \$ 819,998,374

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

Activities & Governance

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, SEX, 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)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	6,020
6	Total number of volunteers (estimate if necessary)	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	30,764
7b	Net unrelated business taxable income from Form 990-T, line 39	12,354

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	732,057	1,165,159
9 Program service revenue (Part VIII, line 2g)	754,374,713	793,122,641
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	4,794,185	14,748,721
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,109,675	8,693,182
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	768,010,630	817,729,703

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	943,489	1,653,870
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)	447,273,608	460,419,224
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)	285,774,858	298,172,238
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	733,991,955	760,245,332
19 Revenue less expenses. Subtract line 18 from line 12	34,018,675	57,484,371

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	834,176,342	1,007,583,672
21 Total liabilities (Part X, line 26)	367,307,784	486,309,903
22 Net assets or fund balances. Subtract line 21 from line 20	466,868,558	521,273,769

Part II

Signature Block

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

Sign Here

Signature of officer

PEG BURNETTE SR VP AND CFO

2021-08-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ BKD LLP

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

Preparer's signature

Date 2021-08-15

Check ☐ if self-employed

Firm's EIN ▶

Phone no. (816) 221-6300

PTIN P00482834

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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 \$ 645,703,999 including grants of \$ 1,653,870 ) (Revenue \$ 793,122,641 )  
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 ▶ 645,703,999

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<b>23</b>	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	<b>24a</b>	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	Yes
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25b</b>	No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	Yes
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<b>33</b>	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	217
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes

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

Form **990** (2019)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	15	
	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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	12	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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	
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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).		
<b>16a</b>	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>b</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 AVENUE TOPEKA, KS 66604 (785) 354-6000

## 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

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.

[illegible]





## Part VIII

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

Check if Schedule C contains a response or note to any item in this Part VII			(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	1,047,569					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	117,590					
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f . . . . . ▶		1,165,159					
Program Service Revenue			Business Code					
	2a NET PATIENT SERVICE REVENUE	621300	787,655,474	787,655,474				
	b PHARMACY	621910	612,639	581,875	30,764			
	c NUTRITIONAL SERVICES	621300	1,476,382	1,476,382				
	d EDUCATION SERVICES/SCHOOL OF NURS	621300	2,276,318	2,276,318				
	e OTHER SERVICE REVENUE	621300	1,101,828	1,101,828				
	f All other program service revenue.							
	9 Total. Add lines 2a-2f. . . . . ▶		793,122,641					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,744,606			1,744,606		
	4 Income from investment of tax-exempt bond proceeds ▶		0					
	5 Royalties . . . . . ▶		0					
	6a Gross rents	6a	(i) Real	(ii) Personal	467,839		467,839	
			467,839					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	467,839				0
	d Net rental income or (loss) . . . . . ▶		467,839					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	13,004,115		13,004,115	
			15,272,786					
		b Less: cost or other basis and sales expenses	7b					2,268,671
		c Gain or (loss)	7c	15,272,786				-2,268,671
	d Net gain or (loss) . . . . . ▶		13,004,115					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a			0			
			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			
			0					
		b Less: direct expenses . . . .	9b	0				
c Net income or (loss) from gaming activities . . . ▶		0						
10aGross sales of inventory, less returns and allowances . . .	10a			0				
		0						
	b Less: cost of goods sold . . .	10b	0					
c Net income or (loss) from sales of inventory . . . ▶		0						
Miscellaneous Revenue		Business Code						
11aEARNINGS - EQUITY INVESTEES		900099		4,663,602		4,663,602		
b MISCLLANEOUS INCOME		900099		3,561,741		3,561,741		
c								
d All other revenue . . . . .								
e Total. Add lines 11a-11d . . . . . ▶				8,225,343				
12 Total revenue. See instructions . . . . . ▶				817,729,703	793,091,877	30,764	23,441,900	

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,653,870	1,653,870		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	11,045,903	9,456,404	1,589,499	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	63,485		63,485	
<b>7</b> Other salaries and wages . . . . .	379,750,372	324,972,663	54,777,709	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	16,133,027	12,307,886	3,825,141	
<b>9</b> Other employee benefits . . . . .	29,953,960	24,289,891	5,664,069	
<b>10</b> Payroll taxes . . . . .	23,472,477	19,558,674	3,913,803	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	803,369	612,890	190,479	
<b>b</b> Legal . . . . .	712,437		712,437	
<b>c</b> Accounting . . . . .	155,982		155,982	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	735,160		735,160	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,591,987	19,681,281	3,910,706	
<b>12</b> Advertising and promotion . . . . .	603,760	7,161	596,599	
<b>13</b> Office expenses . . . . .	7,873,342	5,344,145	2,529,197	
<b>14</b> Information technology . . . . .	15,994,610	10,736,151	5,258,459	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	9,323,579	7,860,731	1,462,848	
<b>17</b> Travel . . . . .	378,512	269,040	109,472	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	116,302	72,052	44,250	
<b>20</b> Interest . . . . .	5,210,784	3,975,307	1,235,477	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,431,025	21,670,932	4,760,093	
<b>23</b> Insurance . . . . .	6,501,998	5,262,957	1,239,041	
<b>24</b> 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.)				
<b>a</b> Supplies	129,816,678	125,814,672	4,002,006	
<b>b</b> Repairs & Maintenance	9,407,109	3,642,475	5,764,634	
<b>c</b> Nutrition & Food Service	1,901,781	1,357,735	544,046	
<b>d</b> Bad Debt Expense	38,573,179	38,573,179		
<b>e</b> All other expenses	20,040,644	8,583,903	11,456,741	
<b>25</b> Total functional expenses. Add lines 1 through 24e	760,245,332	645,703,999	114,541,333	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		111,048,991	<b>1</b>	237,742,584	
	<b>2</b>	Savings and temporary cash investments . . . . .		1,246,770	<b>2</b>	81,511	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		90,824,227	<b>4</b>	93,110,167	
	<b>5</b>	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	<b>5</b>	0	
	<b>6</b>	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	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		11,537,573	<b>8</b>	12,158,564	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		8,538,330	<b>9</b>	7,859,217	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	545,314,042			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	296,233,145	230,508,319	<b>10c</b>	249,080,897
	<b>11</b>	Investments—publicly traded securities . . . . .		177,433,405	<b>11</b>	177,526,826	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		166,790,939	<b>12</b>	186,174,058	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		25,925,102	<b>13</b>	22,506,766	
	<b>14</b>	Intangible assets . . . . .		3,372,387	<b>14</b>	2,813,536	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		6,950,299	<b>15</b>	18,529,546	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		834,176,342	<b>16</b>	1,007,583,672		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		84,158,814	<b>17</b>	206,633,686	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		173,561,838	<b>20</b>	165,921,535	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	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	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		2,250,000	<b>23</b>	2,050,000	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	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		107,337,132	<b>25</b>	111,704,682	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		367,307,784	<b>26</b>	486,309,903		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		465,795,277	<b>27</b>	520,947,052	
	<b>28</b>	Net assets with donor restrictions . . . . .		1,073,281	<b>28</b>	326,717	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		466,868,558	<b>32</b>	521,273,769	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		834,176,342	<b>33</b>	1,007,583,672		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	817,729,703
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	760,245,332
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	57,484,371
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	466,868,558
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,604,393
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-8,683,553
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	521,273,769

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 48-0543789

**Name:** STORMONT-VAIL HEALTHCARE INC

Form 990 (2019)

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FLORIN NICOLAE ..... PHYSICIAN	50.0 ..... 0.0					X		1,590,311	0	45,348
BENJAMIN BOUDREAU ..... PHYSICIAN	50.0 ..... 0.0					X		1,446,553	0	49,651
MATTHEW WILLS ..... PHYSICIAN	50.0 ..... 0.0					X		1,375,152	0	37,048
KELLI CRABTREE WILSON ..... PHYSICIAN	50.0 ..... 0.0					X		1,316,462	0	15,380
TEWODROS ADDISSE ..... PHYSICIAN	50.0 ..... 0.0					X		1,188,211	0	22,755
ROBERT KENAGY ..... PRESIDENT CEO	49.0 ..... 1.0	X		X				1,025,848	0	47,329
WILLIAM SACHS ..... VP SURGICAL SERVICES AND PHYSI	50.0 ..... 0.0				X			961,245	0	74,949
JANET STANEK ..... SR VP RETIRED 4/2019	0.0 ..... 0.0						X	873,553	0	157,494
SALAH NAJM ..... VP ACUTE CARE AND PHYSICIAN	50.0 ..... 0.0				X			970,409	0	42,497
RANDALL PETERSON ..... PRESIDENT CEO RETIRED 3/2019	0.0 ..... 0.0						X	736,639	0	14,970

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			
KEVIN DISHMAN ..... DIRECTOR/Physician	50.0 ..... 0.0	X						562,430	0	93,949
ERIC VOTH ..... VP PRIMARY CARE AND PHYSICIAN	50.0 ..... 0.0				X			575,276	0	66,254
ROBERT O LANGLAND ..... VICE PRESIDENT/CFO	50.0 ..... 1.0			X				541,196	0	83,976
CAROL PERRY ..... SVP AND CHIEF NURSING OFFICER	50.0 ..... 0.0				X			480,752	0	82,082
TRACY O'ROURKE ..... SVP AND CHIEF ADMIN. Officer	50.0 ..... 0.0				X			463,470	0	87,989
CLIFTON JONES ..... VP AND PHYSICIAN	50.0 ..... 0.0				X			513,453	0	37,554
SRIDEVI DONEPUDI ..... SVP AND CHIEF MEDICAL QUUALITY	50.0 ..... 0.0				X			450,979	0	89,356
DARLENE STONE ..... SVP & CHIEF EXPERIENCE OFFICer	50.0 ..... 1.0				X			441,013	0	88,079
DEBRA YOCUM ..... VP CLINIC OPERATIONS	50.0 ..... 0.0				X			451,922	0	70,597
DAVID CUNNINGHAM ..... VP AND FACILITIES OFFICER	50.0 ..... 1.0				X			382,805	0	77,481

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			
JUDY CORZINE ..... VP AND CHIEF INFORMATION OFFIC	50.0 ..... 0.0				X			370,166	0	47,335
AILEEN MCCARTHY ..... DIRECTOR/PHYSICIAN	50.0 ..... 0.0	X						309,129	0	32,655
AMY KINCADE ..... VP POPULATION HEALTH	50.0 ..... 0.0				X			281,091	0	47,311
MICHAEL KONGS ..... DIRECTOR FINANCIAL MANAGEMENT	50.0 ..... 1.0				X			253,626	0	41,270
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
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



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICK WIENCKOWSKI ..... DIRECTOR/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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			



Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization STORMONT-VAIL HEALTHCARE INC	Employer identification number 48-0543789
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		26,461
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		3,226
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			29,687
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B	THE GRANTS TO ORGANIZATIONS FOR LOBBYING REPRESENTS 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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

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	266,314
b Contributions . . . . .					
c Net investment earnings, gains, and losses		18,160	-2,671	697	9,910
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	276,224

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 ▶ 100.000 % .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

	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 . . . . .		25,027,745		25,027,745
b Buildings . . . . .		308,462,449	133,081,743	175,380,706
c Leasehold improvements				
d Equipment . . . . .		197,959,788	163,151,402	34,808,386
e Other . . . . .		13,864,060		13,864,060
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				249,080,897

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	186,174,058	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	186,174,058	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Accrued Pension Obligation	99,067,506
(3) Due to Related Parties	-1,339
(4) 2016 Bonds Interest Payable	426,106
(5) Lease ROU Liabilities	12,212,409
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	111,704,682

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	806,305,366
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	5,604,393
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	22,279,609
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	27,884,002
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	778,421,364
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	735,160
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	38,573,179
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	39,308,339
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	817,729,703

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	741,372,935
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	20,435,942
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	20,435,942
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	720,936,993
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	735,160
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	38,573,179
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	39,308,339
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	760,245,332

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



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

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

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

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

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATION REVENUE \$ 26,807,961 ELIMINATIONS (4,528,352) ----- \$ 22,279,609

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE \$ 38,573,179

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATION Expenses \$ 22,526,275 ELIMINATIONS (2,090,333) ----- \$ 20,435,942

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE \$ 38,573,179

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- **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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	0	0	Investments		521,718
<b>3a</b> Sub-total . . . . .	0	0			521,718
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			521,718



**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
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) . . . . .			16,008,999		16,008,999	2.220 %
b Medicaid (from Worksheet 3, column a) . . . . .			75,174,916	51,848,157	23,326,759	3.240 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			91,183,915	51,848,157	39,335,758	5.460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			716,863	178,601	538,262	0.070 %
f Health professions education (from Worksheet 5) . . . . .			3,847,677	2,292,740	1,554,937	0.220 %
g Subsidized health services (from Worksheet 6) . . . . .			4,657,326	2,473,227	2,184,099	0.310 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			48,520		48,520	0.010 %
j Total. Other Benefits . . . . .			9,270,386	4,944,568	4,325,818	0.610 %
k Total. Add lines 7d and 7j . . . . .			100,454,301	56,792,725	43,661,576	6.070 %

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

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

38,573,179

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

245,537,736

6

Enter Medicare allowable costs of care relating to payments on line 5

6

325,071,912

7

Subtract line 6 from line 5. This is the surplus (or shortfall)

7

-79,534,176

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

(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 URISH MEDICAL PLAZA	REAL ESTATE	0 %	0 %	0 %
2 SVHC RADIATION LLC	ONCOLOGY SERVICES	74 %	0 %	0 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
STORMONT VAIL HEALTHCARE INC**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>13</b>	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150.</u> % and FPG family income limit for eligibility for discounted care of <u>400.</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> 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
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

STORMONT VAIL HEALTHCARE INC

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 38

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 PERCENTAGE WAS \$38,573,179

**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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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			

**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 3J	THE SHAWNEE COUNTY HEALTH NEEDS ASSESSMENT IDENTIFIED 14 HEALTH ISSUES THE HEALTHCARE COMMUNITY SHOULD ADDRESS. THE FINAL REPORT HAS A DETAILED ANALYSIS OF EACH ISSUE THAT INCLUDES: DATA SOURCES, SHAWNEE COUNTY'S CURRENT PERFORMANCE, DISCUSSION OF THE ISSUE AND BARRIERS TO OVERCOME AND HEALTHY PEOPLE 2020 TARGETS.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 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	<p>SINCE THE DEVELOPMENT OF THE 2015 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), HEARTLAND HEALTHY NEIGHBORHOODS (HHN) HAS LED THE CHIP EFFORTS FOR TOPEKA AND SHAWNEE COUNTY. THE CHIP STEERING COMMITTEE, CONSISTING OF HHN'S CURRENT CHAIR, VICE-CHAIR, IMMEDIATE PAST CHAIR, SHAWNEE 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 TWO 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 STORMONT VAIL HEALTH TO CONDUCT THE CHNA. THE CHNA PROCESS CONSISTED OF: 1) A COMMUNITY HEALTH 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. AS OF APRIL 2019, SHAWNEE COUNTY IS RANKED 59TH FOR HEALTH FACTORS, AND 79TH FOR HEALTH OUTCOMES OUT OF 102 RANKED COUNTIES IN KANSAS. YEARS OF POTENTIAL LIFE LOST (YPLL) FROM MORTALITY DUE TO CHRONIC DISEASES, DRUG OVERDOSES AND SUICIDE, IS A MEASURE FROM THE COUNTY HEALTH RANKINGS THAT CONTRIBUTES MOST TO LOWERING SHAWNEE COUNTY'S RANKING. 3) TOWN HALL MEETINGS 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 HEALTH ISSUES FOR SHAWNEE COUNTY. THAT LIST OF ISSUES IS WHAT WAS USED FOR CHIP PRIORITIZATION. A LIST OF THE TOP ISSUES FROM THE CHNA COMMUNITY SURVEY AND THE LIST OF TOP ISSUES FROM 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 THE FOLLOWING CRITERIA: - SERIOUSNESS - HOW MUCH OF AN IMPACT DOES THE POTENTIAL PRIORITY AREA 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? - ALIGNMENT - 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? - CONCERN - 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, REPRESENTING 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 ISSUE FROM 1 (LOWEST) TO 5 (HIGHEST) FOR EACH OF THE CRITERIA. USING THE RESULTS FROM THE PRIORITIZATION PROCESS, FOUR ISSUES ROSE TO THE TOP AS PRIORITIES TO FOCUS ON DURING THE CHIP PROCESS. THE CHIP STEERING</p>

**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	<p>COMMITTEE SUMMARIZED THESE TOP PRIORITIES INTO THE FOLLOWING FOUR PRIORITY AREAS: 1. BEHAVIORAL HEALTH 2. ACCESS TO FOOD 3. SUBSTANCE USE 4. HEALTH EQUITY CHIP</p> <p>WORKGROUPS FOR EACH PRIORITY AREA WERE CREATED FROM EXISTING AND NEWLY-FORMED HHN WORKGROUPS, COMMUNITY ORGANIZATIONS, AND OTHER STAKEHOLDERS. A SCHEMATIC DIAGRAM OF THE WORKGROUPS PRIORITY AREA CAN BE 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 COMMITTEE 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 COLLABORATING WITH EXISTING ORGANIZATIONS, HHN LEADERSHIP ALSO AIMS TO BUILD COMMUNITY CAPACITY AND SUSTAINABILITY OF CHIP EFFORTS. THE CHIP STEERING COMMITTEE 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 BASED ON FEEDBACK FROM THE CHIP WORKGROUPS AND PARTNERING COMMUNITY. EXAMINING SHAWNEE COUNTY DATA TRENDS OVER TIME IN ORDER TO CREATE FEASIBLE OUTCOME OBJECTIVES WITHIN THE GIVEN TIMEFRAME. THE DEGREE OF CHANGE FROM YEAR-TO-YEAR WAS USED TO ESTABLISH 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 OF THE COURSE OF 10 YEARS. BECAUSE THIS CHIP COVERS A SPAN OF THREE YEARS, EXPECTATIONS WERE ADJUSTED ACCORDINGLY. THE BENCHMARKING AGAINST HP 2020 TARGETS PROVIDED A GENERAL ESTIMATE, WHILE THE TREND ANALYSIS (IF AVAILABLE) PROVIDED MORE SPECIFICITY TO THE LOCAL MEASURES. FINALIZED INTERVENTIONS AND ACTIVITIES TO BE UNDERTAKEN WERE DEVELOPED BY THE WORKGROUPS AND PARTNERING ORGANIZATIONS FOR EACH PRIORITY AREA CHOSEN TO ACHIEVE THE OBJECTIVES IN THIS 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 IMPLEMENTATION. ADDITIONALLY, THE CHIP INCLUDES INTERVENTIONS THAT ADDRESS BOTH INDIVIDUAL SOCIAL NEEDS, AS WELL AS IMPROVING COMMUNITY CONDITIONS THAT WILL SUPPORT HEALTHIER LIVES FOR ALL SHAWNEE COUNTY RESIDENTS. THROUGHOUT THE DEVELOPMENT OF THE CHIP, THE STEERING COMMITTEE CONSIDERED UPSTREAM SOLUTIONS THAT ADDRESSED THE SOCIAL DETERMINANTS OF HEALTH AND FOCUSED ON POLICIES, SYSTEM, AND ENVIRONMENT CHANGES IN EACH OF THE PRIORITY AREAS.</p>



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 & GIRLS CLUB OF TOPEKA BREAKTHROUGH HOUSE, INC. BREWSTER PL ACE CAREGIVERS HOME HEALTH CHILDCARE AWARE OF EASTERN KANSAS CITY OF TOPEKA COMMUNITY ACTI ON HEAD START COMMUNITY ACTION, INC. COMMUNITY RESOURCES COUNCIL COMMUNITY VOLUNTEERS EL C ENTRO OF TOPEKA FAMILY SERVICE & GUIDANCE CENTER FIRST LUTHERAN CHURCH FLORENCE CRITTENTON SERVICES OF TOPEKA, INC. GRACEMED GREATER TOPEKA PARTNERSHIP HARVESTERS HARVESTERS COMMUN ITY FOOD NETWORK HEALTHACCESS INTERIM HEALTH CARE J AYHAWK AREA AGENCY ON AGING K-STATE RE SEARCH AND EXTENSION KANSAS BREASTFEEDING COALITION, INC. KANSAS CHILDREN'S SERVICE LEAGUE KANSAS DEPARTMENT OF CHILDREN AND FAMILIES KANSAS FOUNDATION FOR MEDICAL CARE, INC. KANSA S HEALTH INSTITUTE KANSAS REHABILITATION HOSPITAL LINCOLN CENTER MIDLAND CARE MIDWEST HEAL TH NAMI TOPEKA NEW DAWN WELLNESS AND RECOVERY ONE HEART PROJECT ORAL HEALTH KANSAS POSITIV E CONNECTIONS PREVENTION AND RECOVERY SERVICES, INC. SAFE STREETS SEAMAN USD 345 SHAWNEE C OUNTY COMMISSION SHAWNEE COUNTY HEALTH DEPARTMENT SHAWNEE COUNTY PARKS AND RECREATION STOR MONT VAIL HEALTH TANGLEWOOD HEALTH & REHABILITATION TARC, INC. TOPEKA AND SHAWNEE COUNTY P UBLIC LIBRARY TOPEKA CHAPTER OF THE LINKS, INC. TOPEKA COMMON GROUND TOPEKA COMMUNITY CYCL E PROJECT TOPEKA COMMUNITY FOUNDATION TOPEKA DOULA PROJECT TOPEKA HOUSING AUTHORITY TOPEKA JUMP TOPEKA KANSAS BLACK NURSES ASSOCIATION TOPEKA METRO TOPEKA METROPOLITAN TRANSIT AUTH ORITY TOPEKA POLICE DEPARTMENT TOPEKA PUBLIC SCHOOLS PARENTS AS TEACHERS TOPEKA PUBLIC SCH OOLS USD 501 UNITED WAY OF GREATER TOPEKA VALEO BEHAVIORAL HEALTH CARE WASHBURN UNIVERSITY THE FOLLOWING IS A LIST OF ORGANIZATIONS REPRESENTED IN THE COMMUNITY PRIORITIZATION MEET INGS: ADVISORS EXCEL BAKER SCHOOL OF NURSING BARTLETT AND WEST BLUE CROSS AND BLUE SHIELD OF KANSAS CAPITOL FEDERAL SAVINGS BANK CENTRAL NATIONAL BANK CHAOS LIMITED CIRCLES OF GREA TER TOPEKA CITY OF TOPEKA CITY OF TOPEKA POLICE DEPARTMENT CLAYTON WEALTH PARTNERS COMMUNI TY ACTION, INC. COMMUNITY MEMBERS CORE FIRST BANK & TRUST COX COMMUNICATIONS EAST TOPEKA S ENIOR CENTER EL CENTRO OF TOPEKA FAMILY SERVICE AND GUIDANCE CENTER FLORENCE CRITTENTON SE RVICES OF TOPEKA GLASS ASSOCIATION OF NORTH AMERICA GOODELL, STRATTON, EDMONDS & PALMER, L LP GRACEMED GREATER TOPEKA CHAMBER OF COMMERCE GREATER TOPEKA PARTNERSHIP HARVESTERS HEART LAND VISIONING JOHN B. TURNEY CHARTERED K-STATE RESEARCH AND EXTENSION KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED KANSAS BUREAU OF INVESTIGATION KANSAS CHILDREN'S SERVICE LEA GUE KANSAS DEPARTMENT FOR AGING DISABILITY SERVICES KANSAS DEPARTMENT FOR CHILDREN AND FAM ILIES KANSAS DEPARTMENT OF REVENUE KANSAS HEALTH INSTITUTE KANSAS INDEPENDENT COLLEGE ASSO CIATION KANSAS STATE UNIVERSIT

**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	Y KEARNEY AND ASSOCIATES KUJIMA COLLECTIVE MCPHERSON CONTRACTORS, INC. MIDLAND CARE NEW DA WN WELLNESS AND RECOVERY PARENTS AS TEACHERS PREVENTION AND RECOVERY SERVICES (PARS) SEAMA N USD 345 SECURITY BENEFIT SHAWNEE COUNTY BOARD OF COUNTY COMMISSIONERS SHAWNEE COUNTY DEP ARTMENT OF CORRECTIONS SHAWNEE COUNTY HEALTH DEPARTMENT SHAWNEE COUNTY PARKS AND RECREATIO N SHAWNEE HEIGHTS HIGH SCHOOL SOWARDS GLASS STORMONT VAIL HEALTH SUCCESSFUL CONNECTION (CH ILD CARE AWARE) SUPREME COURT OF KANSAS LAW LIBRARY THE VILLAGES INC. TOPEKA AND SHAWNEE C OUNTY PUBLIC LIBRARY TOPEKA CAPITAL-JOURNAL TOPEKA COMMUNITY FOUNDATION TOPEKA FIRE DEPART MENT TOPEKA HOUSING AUTHORITY TOPEKA POLICE DEPARTMENT TOPEKA PUBLIC SCHOOLS UNITED 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: <a href="https://www.stormontvail.org/wp-content/uploads/2019/03/Community-Health-Needs-Assessment-2018.pdf">https://www.stormontvail.org/wp-content/uploads/2019/03/Community-Health-Needs-Assessment-2018.pdf</a>

## 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: <a href="https://www.snco.us/HD/Document/2018_community_health_assessment.pdf">https://www.snco.us/HD/Document/2018_community_health_assessment.pdf</a>

**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: <a href="http://WWW.STORMONTVAIL.ORG/WP-CONTENT/UPLOADS/2021/06/SNCO-CHIP_FULL-APPROVED-2019-9-9.PDF">WWW.STORMONTVAIL.ORG/WP-CONTENT/UPLOADS/2021/06/SNCO-CHIP_FULL-APPROVED-2019-9-9.PDF</a>

**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	<p>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</p>

**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: <a href="https://www.stormontvail.org/wp-content/uploads/2020/10/Administrative-Financial-Assistance-38173_-1-10.1.20.pdf">https://www.stormontvail.org/wp-content/uploads/2020/10/Administrative-Financial-Assistance-38173_-1-10.1.20.pdf</a>



**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 application can be found at: <a href="https://www.stormontvail.org/wp-content/uploads/2020/09/Financial-Assistance-Application.pdf">https://www.stormontvail.org/wp-content/uploads/2020/09/Financial-Assistance-Application.pdf</a>

## 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: <a href="https://www.stormontvail.org/wp-content/uploads/2020/09/Plain-Language-Summary-100120.pdf">https://www.stormontvail.org/wp-content/uploads/2020/09/Plain-Language-Summary-100120.pdf</a>

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

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 MRI 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

**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)
<b>31</b> STORMONT VAIL PAIN MANAGEMENT CENTER 823 SW MULVANE ST TOPEKA, KS 66606	PHYSICIAN OFFICE
<b>1</b> COTTON O'NEIL LEOB CLINIC 118 W 4TH ST LEBO, KS 66856	PHYSICIAN OFFICE
<b>2</b> COTTON O'NEIL MERIDEN CLINIC 407 E WYANDOTTE MERIDEN, KS 66512	PHYSICIAN CLINIC
<b>3</b> COTTON O'NEIL ROSSVILLE CLINIC 423 MAIN ST ROSSVILLE, KS 66533	PHYSICIAN CLINIC
<b>4</b> COTTON O'NEIL LAWRENCE CLINIC 330 ARKANSAS LAWRENCE, KS 66044	PHYSICIAN OFFICE
<b>5</b> COTTON O'NEIL NETAWAKA CLINIC 200 WHITE WAY ST NETAWAKA, KS 66516	PHYSICIAN OFFICE
<b>6</b> COTTON O'NEIL FOOT & ANKLE CLINIC 1315 SW 6TH AVE SUITE A TOPEKA, KS 66606	PHYSICIAN OFFICE
<b>7</b> COTTON O'NEIL PEDIATRICS MISSION WOODS 2860 SW MISSION WOODS DR TOPEKA, KS 66614	PHYSICIAN OFFICE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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 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) GRACEMED 1122 N TOPEKA ST WICHITA, KS 67214	48-0980926	501 (C) (3)	8,800				SUPPORT
(2) STORMONT VAIL FOUNDATION 1500 SW10TH AVE TOPEKA, KS 66604	48-0980926	501 (C) (3)	1,645,070				

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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	GRANTS ARE HISTORICALLY ONLY MADE TO THE STORMONT-VAIL FOUNDATION, A RELATED 501(C)(3) ORGANIZATION. DUE TO OVERLAP OF OFFICERS/DIRECTORS BETWEEN THE ORGANIZATIONS, NO MONITORING OF THE USAGE OF FUNDS AFTER THE FACT IS DEEMED NECESSARY.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization STORMONT-VAIL HEALTHCARE INC		Employer identification number 48-0543789

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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		<b>1b</b>	
<b>2</b> 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?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	Yes
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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.		<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	



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.

[illegible]

**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	Janet stanek \$ 283,092
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 \$ 22,700 \$ - ROBERT KENAGY \$ 102,206 \$ - Judy Corzine \$ - \$ 12,361 ERIC VOTH \$ 24,583 \$ 16,433 DAVID CUNNINGHAM \$ - \$ 29,309 KEVIN DISHMAN \$ - \$ 48,554 SRIDEVI DONEPUDI \$ - \$ 43,233 AMY KINCADE \$ - \$ 22,000 ROBERT LANGLAND \$ - \$ 48,001 TRACY O'ROURKE \$ - \$ 41,002 CAROL PERRY \$ - \$ 41,571 Salah Najim \$ - \$ 12,750 WILLIAM SACHS \$ - \$ 28,963 DARLENE STONE \$ - \$ 38,411 DEBRA YOCUM \$ - \$ 34,362 JANET STANEK \$ - \$ 122,083
SCHEDULE J, PART I, LINE 5A	EMPLOYED PHYSICIANS MAY EARN ADDITIONAL COMPENSATION IF THE RELATIVE VALUE UNITS THAT ARE GENERATED FROM THEIR PRACTICE Exceeding 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)	714,975	203,123	107,750	13,850	33,479	1,073,177	102,206
	(ii)	0	0	0	0	0	0	
1ROBERT O LANGLAND VICE PRESIDENT/CFO	(i)	413,659	108,537	19,000	61,851	22,125	625,172	
	(ii)	0	0	0	0	0	0	
2AILEEN MCCARTHY DIRECTOR/PHYSICIAN	(i)	250,590	39,539	19,000	13,447	19,208	341,784	
	(ii)	0	0	0	0	0	0	
3KEVIN DISHMAN DIRECTOR/Physician	(i)	435,968	107,462	19,000	61,278	32,671	656,379	
	(ii)	0	0	0	0	0	0	
4RANDALL PETERSON PRESIDENT CEO RETIRED 3/2019	(i)	272,693	444,946	19,000	5,600	9,370	751,609	
	(ii)	0	0	0	0	0	0	
5MATTHEW WILLS PHYSICIAN	(i)	1,323,839	51,313	0	8,250	28,798	1,412,200	
	(ii)	0	0	0	0	0	0	
6BENJAMIN BOUDREAUX PHYSICIAN	(i)	1,426,104	1,945	18,504	13,850	35,801	1,496,204	
	(ii)	0	0	0	0	0	0	
7TEWODROS ADDISSE PHYSICIAN	(i)	1,102,349	67,310	18,552	13,850	8,905	1,210,966	
	(ii)	0	0	0	0	0	0	
8KELLI CRABTREE WILSON PHYSICIAN	(i)	1,296,266	1,196	19,000	13,850	1,530	1,331,842	
	(ii)	0	0	0	0	0	0	
9FLORIN NICOLAE PHYSICIAN	(i)	1,535,882	54,429	0	13,850	31,498	1,635,659	
	(ii)	0	0	0	0	0	0	
10JUDY CORZINE VP AND CHIEF INFORMATION OFFIC	(i)	327,925	42,241	0	26,211	21,124	417,501	
	(ii)	0	0	0	0	0	0	
11DAVID CUNNINGHAM VP AND FACILITIES OFFICER	(i)	295,159	87,646	0	43,159	34,322	460,286	
	(ii)	0	0	0	0	0	0	
12SRIDEVI DONEPUDI SVP AND CHIEF MEDICAL QUALITY	(i)	358,878	73,101	19,000	57,083	32,273	540,335	
	(ii)	0	0	0	0	0	0	
13CLIFTON JONES VP AND PHYSICIAN	(i)	388,503	90,250	34,700	13,850	23,704	551,007	22,700
	(ii)	0	0	0	0	0	0	
14AMY KINCADE VP POPULATION HEALTH	(i)	217,950	63,141	0	34,693	12,618	328,402	
	(ii)	0	0	0	0	0	0	
15SALAH NAJM VP ACUTE CARE AND PHYSICIAN	(i)	900,337	51,072	19,000	26,600	15,897	1,012,906	
	(ii)	0	0	0	0	0	0	
16TRACY O'ROURKE SVP AND CHIEF ADMIN. Officer	(i)	328,498	116,772	18,200	54,852	33,137	551,459	
	(ii)	0	0	0	0	0	0	
17CAROL PERRY SVP AND CHIEF NURSING OFFICER	(i)	353,631	108,121	19,000	55,421	26,661	562,834	
	(ii)	0	0	0	0	0	0	
18WILLIAM SACHS VP SURGICAL SERVICES AND PHYSI	(i)	817,090	125,155	19,000	42,813	32,136	1,036,194	
	(ii)	0	0	0	0	0	0	
19JANET STANEK SR VP RETIRED 4/2019	(i)	412,875	167,694	292,984	135,162	22,332	1,031,047	
	(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				
21DARLENE STONE SVP & CHIEF EXPERIENCE OFFICer	(i)	330,621	109,392	1,000	52,261	35,818	529,092	
	(ii)	0	0	0	0	0	0	
1ERIC VOTH VP PRIMARY CARE AND PHYSICIAN	(i)	428,042	122,651	24,583	30,283	35,971	641,530	24,583
	(ii)	0	0	0	0	0	0	
2DEBRA YOCUM VP CLINIC OPERATIONS	(i)	349,170	102,752	0	48,212	22,385	522,519	
	(ii)	0	0	0	0	0	0	
3MICHAEL KONGS DIRECTOR FINANCIAL MANAGEMENT	(i)	224,171	29,455	0	11,470	29,800	294,896	
	(ii)	0	0	0	0	0	0	

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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
STORMONT-VAIL HEALTHCARE INC

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
48-0543789

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KANSAS DEVELOPMENT FINANCE AUTHORITY	48-1066589	48543BMW5	08-31-2011	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 2016O TAXABLE NOTE		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	17,120,000		675,000		3,730,000		11,390,000	
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		38,656,486		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	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X	X		X	
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
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
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</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			
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X	X			
<b>d</b>	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			
<b>4</b>	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 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %		0 %		0 %		0 %	
<b>6</b>	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b>	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>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		
<b>9</b>	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
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .					X		X	
<b>b</b>	Exception to rebate? . . . . .								
<b>c</b>	No rebate due? . . . . .	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X		X	X		X	
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b>	Name of provider . . . . .	0		0		0		0	
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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 (8/14/2012).



Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A, B & 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, COLUMN A, C & D	THIS IS THE AMOUNT OF BOND PROCEEDS THAT HAVE BEEN USED AS OF THE FISCAL YEAR END TO REFUND PRIOR BONDS.

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 III, COLUMN D	NOT REPORTED ON BECAUSE NEW MONEY PROJECT WAS PLACED IN SERVICE PRIOR TO 1/1/2003

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

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 C	THE PROJECT FUND WAS INVESTED FOR 6 MONTHS BEYOND THE 3-YEAR TEMPORARY PERIOD. THE YIELD ON THE INVESTMENTS HELD AFTER THE 3-YEAR TEMPORARY PERIOD WAS BELOW THE BOND YIELD.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	175,000							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	36,265,000							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	365,041							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	35,899,959							
11	Other spent proceeds . . . . .	0							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .				X						



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</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							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		X						
<b>8a</b> 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						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> 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							

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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							

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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**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) \$63,485 D) KEEGAN J HAN IS AN EMPLOYEE OF STORMONT VAIL HEALTHCARE, INC. E) NO

# **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

STORMONT-VAIL HEALTHCARE INC

## **Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

**Employer identification number**

48-0543789

### **990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 3	<p>The COVID pandemic had many impacts upon the operations at Stormont Vail Healthcare. When the COVID outbreak first appeared in March of 2020, all elective procedures in the hospital were discontinued to try and slow down the rates of infection. That decision had a very negative impact upon the financial condition of the organization. In addition, the leadership of Stormont Vail Healthcare spent countless hours planning on the needed actions as the number of COVID patients increased. These actions included adding negative air pressure rooms, expanded training of staff on how to use personal protective items such as N95 ventilators, purchasing equipment to treat COVID patients, deciding how best to try and keep staff as safe as possible, eliminating visitors to patients in the hospital, closing the cafeteria, reducing the number of entrances into the hospital so staff could be screened for COVID, cancelling non-essential meetings and events among others. These plans established various action steps depending on the volume of COVID patients in the hospital. The staff taking care of COVID patients were under a great deal of stress. Many of the staff who were treating patients contracted COVID themselves and were unable to work. The loss of patient care staff created situations where the available staff had to work longer hours to take care of the patients. Several of the physician offices were closed and staff were reassigned to assist in the hospital. Many other non-patient facing staff were transferred to other needed priorities such as door screening in order to check every employee and patient for signs of COVID before being allowing to go into the hospital or clinic. All of these efforts required planning and coordination from an Incident Command committee.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>Stormont Vail HealthCare, Inc. provides quality medical health care regardless of race, creed, sex, national origin, handicap, age, or ability to pay. For the year ended September 30, 2020, 21,899 inpatients, 54,125 emergency room patients, 1,612 newborns, and 371 neonatal intensive care babies were served. Although reimbursement for services rendered is critical to the operation and stability of Stormont Vail, it is recognized that not all individuals possess the ability to purchase essential medical services. Stormont Vail's mission is to serve the community with respect to providing health care services and health care education regardless of ability to pay. As part of this mission, Stormont Vail provides care to persons covered by Medicare and Medicaid patients. Following are some of the benefits provided at reduced rates for the fiscal year: In addition to the charity care provided, Stormont Vail also provided service to patients that resulted in uncollectible amounts as follows: Bad Debt Expense at Cost \$13,283,322 Shortfall of Medicare Payments at Cost \$79,534,175 Shortfall of Medicaid Payments at Cost \$23,326,759 Stormont Vail also provides other health care services and programs for the benefit of the community, free or at reduced rates. Examples of these include: 1. Subsidy of nursing education, medical education, and allied health education 2. Operating the regions only Level III Neonatal Intensive Care Unit (NICU) serving a high percentage of medically indigent patients 3. Operating a Level II Trauma Center serving northeast Kansas 4. Provided donations of healthcare equipment and supplies to regional hospitals and charitable organizations 5. Organized support groups for a variety of topics including Cancer Support Group, Diabetes Adult Support Group and the Pregnancy 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 that is made available to the public free of charge as a medical resource 8. Stormont Vail employees support the Care Line, which is an emergency fund for patients in financial distress, providing services and supplies on a short-term basis 9. Use of Pozez Education Center facilities for a variety of community groups and programs 10. Participated in numerous clinical research trials through the Clinical Research Department 11. Stormont Vail West Behavioral Health Services operates a substance abuse program 12. Operated a Palliative Care program to provide comfort care to patients with chronic conditions 13. Provide support and education for patients with diabetes through the Diabetes Learning Center. 14. Stormont-Vail is a regional network of 36 locations in northeast Kansas improving access to medical care in several cities that otherwise would not have access, particularly on weekends 15. Maternal Fetal Medicine program provided care and access to screenings and genetic counseling for women with at-r</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>risk pregnancies 16. Offered various parenting and childbirth preparation programs through Stormont Vail's website 17. The Health Connection program, which provides physician referral and after-hour access to a nurse, received 581,140 calls 18. Partnered with Building Blocks to provide childcare services to staff and the community 19. Connect with the community through the organization website, <a href="http://www.stormontvail.org">www.stormontvail.org</a> 20. Partnered with Health Innovation Network of Kansas, a coalition that now has 17 hospitals sharing information, education and other needed services 21. Stormont Vail and its employees donated funds and staff time to the Meals on Wheels program including sponsoring a Meals on Wheels route. 22. Stormont Vail and its employees donated funds and staff time to the United Way 23. Implemented the Patient Center Medical Home concept to improve care with the focus on prevention and wellness 24. Work with others in the community to improve safety net services for underinsured and uninsured 25. Provided staff to serve on the Board of Directors for the United Way of Topeka, Topeka Community Foundation, Go Topeka, Harvesters and others. 26. Donated office space to community programs that support the low income and uninsured populations 27. Donated school supplies for Topeka Public Schools 28. Provided transportation to patients who are unable to get to their health care appointments or need transportation to return home. 29. Provide screening and coordination for participants for a drug program benefit to help patients obtain needed medication 30. Provided community leadership through Chair of Heartland Healthy Neighborhoods and assisted in coordination of community Pathways grant .</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
IN ADDITION TO THESE COMMUNITY CONTRIBUTIONS, STORMONT VAIL	<p>provided supervised clinical experience for 1,359 students to the following entities: Name/Location Type of Students 190th ARW Nursing Baker University Nursing Barry University NP Students Benedictine College Nursing Cedarvale NP Students Chamberlain University NP Students Colby Community College PT Creighton University Nursing Creighton University OT Creighton University Pharmacy Emporia State University Nursing Emporia State University Kinesiology Flint Hills Technical College LPN Fort Hays State University Nursing Fort Hays State University Speech Therapists Fort Hays State University Nursing Graceland University Nursing Hutchinson Community College Health Information Hutchinson Community College Nursing Kansas City KS Community College PTA Student University of Kansas Nursing University of Kansas Pharmacy University of Kansas Psychology University of Kansas Social Work University of Kansas PT University of Kansas Medical Center Medical Students University of Kansas Medical Center Nursing Liberty University Nursing Lincoln Memorial University Medical Students Manhattan Technical College Medical Technology Maryville University Nursing Massachusetts College Phys Assistant MidAmerica Nazarene University Nursing University of Missouri KC Nursing Nebraska Medical Center Phys Assistant Neosho Community College Nursing Neosho Community College Health Information University of New England Health Information Newman University OT Oklahoma State University Speech Therapists Research College of Nursing Nursing Rockhurst University PT University of Saint Mary PT Seaman High School H.S. Students University of South Alabama Nursing South University Nursing Texas Wesleyan University CRNA United States University Nursing USD #501 High School Vanderbilt University Nursing Walden University Nursing Washburn University Health Information Washburn University Nursing Washburn University OT Washburn University PT Washburn University Imaging Washburn University Phlebotomy Washburn University Psychology Washburn University Radiation Therapy Washburn University Respiratory Therapy Washburn University Social Work Washburn University Ultrasound Washburn Institute of Technology LPNs Washburn Institute of Technology Surg Techs Washburn Institute of Technology Phlebotomy Washington University PT Wichita State University Medical Technology Wichita State University phys Assistant</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE REVISED BYLAWS were PRESENTED AT THE SEPTEMBER BOARD MEETING WHERE IT WAS RECOMMENDED TO FURTHER AMEND THE LANGUAGE TO ALLOW A DIRECTOR TO SERVE OUT HIS OR HER TERM TO THE DATE OF THE ANNUAL MEETING FOLLOWING THEIR 75TH BIRTHDAY. THIS ADDITIONAL REVISION WAS APPROVED BY THE GOVERNANCE COMMITTEE AT THE OCTOBER 23, 2019 MEETING. REVISIONS SUMMARY: 1. INCREASE BOARD SIZE TO A MAXIMUM OF 20 DIRECTORS 2. IMPLEMENT TERM LIMITS FOR INCOMING DIRECTORS - TOTAL YEARS OF SERVICE NOT TO EXCEED 15 YEARS (FIVE THREE-YEAR TERMS) 3. AGE INELIGIBILITY INCREASED TO 75 YEARS 4. DIRECTORS REACHING THE AGE OF 75 YEARS MID-TERM ALLOWED TO SERVE UNTIL THE FOLLOWING ANNUAL MEETING

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	STORMONT VAIL HEALTHCARE STAFF AND AN INDEPENDENT ACCOUNTING FIRM PREPARES AND THE ACCOUNTING FIRM REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S FINANCE AND AUDIT COMMITTEE. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S STRATEGY AND FINANCE COMMITTEE HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	GALLAGHER CONDUCTED A REVIEW IN 2020

## 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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	Change in Pension Obligation - \$ 8,683,553

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
STORMONT-VAIL HEALTHCARE INC

Employer identification number  
48-0543789

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COTTON-O-NEIL ACO LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 46-5542929	SHARED SAVING	KS	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	No
(1)STORMONT-VAIL FOUNDATION 1500 SW 10TH AVENUE  TOPEKA, KS 66604 48-0980926	FUNDRAISING	KS	501(C)(3)	7	SVHC	Yes	
(2)STORMONT-VAIL HEALTHCARE AUXILIARY 1500 SW 10TH AVENUE  TOPEKA, KS 66604 48-6140517	FUNDRAISING	KS	501(C)(3)	12A	SVHC	Yes	
(3)TOPEKA AIR AMBULANCE INC 1500 SW 10TH AVENUE  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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> URISH MEDICAL PLAZA LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 48-1223819	REAL ESTATE	KS	SVI	N/A								
<b>(2)</b> SVHC RADIATION ONCOLOGY LLC 1500 SW 10TH AVENUE TOPEKA, KS 66604 81-4646356	ONCOLOGY SERV	KS	SVHC	RELATED	6,024,453	0		No		Yes		74.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> STORMONT VAIL INC 901 GARFIELD TOPEKA, KS 66606 48-0782848	RETAIL PHARMA	KS	SVHC	C-CORP	17,778,001	7,182,387	100.000 %	Yes	
<b>(2)</b> 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	
<b>(3)</b> 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.

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

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

Schedule R (Form 990) 2019

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

[illegible]

**Part VII**

**Supplemental Information**

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

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	1,645,070	FMV
STORMONT VAIL FOUNDATION	C	904,144	FMV
STORMONT VAIL AUXILIARY	C	143,425	FMV
SVHC RADIATION ONCOLOGY LLC	F	4,574,245	FMV
URISH MEDICAL PLAZA LLC	F	139,911	FMV
TOPEKA AIR AMBULANCE	S	450,000	FMV
CENTURY HEALTH SOLUTIONS INC	F	50,000	FMV
STORMONT VAIL INC	O	1,240,408	FMV
STORMONT VAIL FOUNDATION	O	459,240	FMV
SVHC RADIATION ONCOLOGY LLC	O	868,390	FMV
CENTURY HEALTH SOLUTIONS INC	O	26,717	FMV
STORMONT VAIL AUXILIARY	Q	339,038	FMV
BUILDING BLOCKS OF TOPEKA	O	1,114,745	FMV
BUILDING BLOCKS OF TOPEKA	Q	1,294,967	FMV