

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization SHAWNEE MISSION MEDICAL CENTER INC
Doing business as ADVENTHEALTH SHAWNEE MISSION
Number and street (or P O box if mail is not delivered to street address) Room/suite 9100 W 74TH STREET
City or town, state or province, country, and ZIP or foreign postal code SHAWNEE MISSION, KS 66204

D Employer identification number 48-0637331
E Telephone number (913) 676-2000

F Name and address of principal officer SAM HUENERGARDT 9100 W 74TH STREET SHAWNEE MISSION, KS 66204

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number 1071

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

J Website: ADVENTHEALTH.COM/HOSPITAL/ADVENTHEALTH-SHAWNEE

K Form of organization Corporation Trust Association Other

L Year of formation 1956

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE PROVISION OF MEDICAL CARE TO THE COMMUNITY THROUGH THE OPERATION OF A 503 BED HOSPITAL

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (18), 4 Number of independent voting members (12), 5 Total number of individuals employed (3,989), 6 Total number of volunteers (654), 7a Total unrelated business revenue (1,208,111), 7b Net unrelated business taxable income (122,657).

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 8-12 Revenue (Total 523,963,878), 13-19 Expenses (Total 468,960,126), 20-22 Net Assets or Fund Balances (Total 589,502,498).

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 LYNN C ADDISCOTT ASSISTANT SECRETARY, Date 2019-11-13

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION AND ALL ITS SUBSIDIARY ORGANIZATIONS WERE ESTABLISHED BY THE SEVENTH-DAY ADVENTIST CHURCH TO BRING A MINISTRY OF HEALING AND HEALTH TO THE COMMUNITIES SERVED OUR MISSION IS TO EXTEND THE HEALING MINISTRY OF CHRIST THE HOSPITAL AND HEALTHCARE SYSTEM WHOSE PARENT IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION IS KNOWN AS ADVENTHEALTH ADVENTHEALTH SEEKS TO BE WIDELY RESPECTED AS A CONSUMER-FOCUSED ORGANIZATION THAT ENGAGES INDIVIDUALS IN THEIR HEALTH BY DELIVERING WHOLISTIC, BEST PRACTICE CARE ACROSS A CONNECTED, COMPREHENSIVE CONTINUUM OF SERVICES WITH CHRIST AS OUR EXAMPLE, ADVENTHEALTH CARES FOR AND NURTURES PEOPLE OUR EMPLOYEES, OUR COMMUNITIES, OUR HEALTHCARE PROFESSIONALS, AND THOSE WHO TRUST US FOR CARE AND HEALING

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 \$ 436,594,652 including grants of \$ 1,398,282) (Revenue \$ 511,930,735)
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 ▶ 436,594,652

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	3,989		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (1a: 18, 1b: 12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (2: Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (3: No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (4: No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (5: No); 6 Did the organization have members or stockholders? (6: Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (7a: Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (7b: Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (8a: Yes); 8b Each committee with authority to act on behalf of the governing body? (8b: Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (9: No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (10a: No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (10b:); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (11a: Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 (11b:); 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (12a: Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (12b: Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (12c: Yes); 13 Did the organization have a written whistleblower policy? (13: Yes); 14 Did the organization have a written document retention and destruction policy? (14: Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (15a: No); 15b Other officers or key employees of the organization (15b: No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (16a: Yes); 16b 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, [X] 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: KARSTEN RANDOLPH 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 (913) 676-2152

Part VII

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

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

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

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

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

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

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

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

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	4,729,202	8,893,387	1,031,403

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 220

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION CO 1220 WASHINGTON ST 100 KANSAS CITY, MO 64105	CONSTRUCTION	9,122,027
PT SOLUTIONS HOLDINGS LLC 1100 CIRCLE 7T PKWY 1400 ATLANTA, GA 30339	THERAPY SERVICES	4,768,897
WALZ TETRICK ADVERTISING 6299 NALL AVE 300 MISSION, KS 66205	ADVERTISING	1,933,125
EM SPECIALISTS PA 9100 W 74TH STREET SHAWNEE MISSION, KS 66204	PHYSICIAN SERVICES	1,566,290
KELLY CONSTRUCTION 4021 E 143RD STREET GRANDVIEW, MO 64030	CONSTRUCTION	1,330,780

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 82

Part VIII Statement of Revenue

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



		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	503,072		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		503,072			

Program Service Revenue			Business Code			
	2a NET PATIENT REVENUE		622110	506,643,346	506,643,346	
b DAYCARE REVENUE		622110	2,294,668	2,294,668		
c CAFETERIA REVENUE		622110	1,711,812	1,711,812		
d PHARMACY		622110	828,060	211,156	616,904	
e TIMESHARE/MOB		622110	526,088	451,555	74,533	
f All other program service revenue			1,134,872	618,198	516,674	
g Total. Add lines 2a-2f			513,138,846			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,250,861			8,250,861
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		227,906					
	b Less rental expenses		0				
	c Rental income or (loss)		227,906				
	d Net rental income or (loss)			227,906			227,906
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			8,976,250				
	b Less cost or other basis and sales expenses		3,051,792	4,081,265			
	c Gain or (loss)		-3,051,792	4,894,985			
	d Net gain or (loss)			1,843,193			1,843,193
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			523,963,878	511,930,735	1,208,111	10,321,960	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,398,282	1,398,282		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,715,351		3,715,351	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	180,310,088	180,188,265	121,823	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,553,632	6,429,755	123,877	
9 Other employee benefits	35,783,522	34,693,925	1,089,597	
10 Payroll taxes	12,938,275	12,695,316	242,959	
11 Fees for services (non-employees)				
a Management				
b Legal	829,015		829,015	
c Accounting	94,220		94,220	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,561,261		1,561,261	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,098,856	36,575,411	10,523,445	
12 Advertising and promotion	3,021,150		3,021,150	
13 Office expenses	10,008,371	6,694,673	3,313,698	
14 Information technology	19,598,246	17,465,420	2,132,826	
15 Royalties				
16 Occupancy	13,989,121	13,989,121		
17 Travel	1,278,085	412,725	865,360	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	290,140		290,140	
20 Interest	4,635,822	4,635,822		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,738,408	28,738,408		
23 Insurance	2,652,246		2,652,246	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	80,962,843	80,962,843		
b REPAIRS & MAINTENANCE	11,574,669	11,574,669		
c				
d				
e All other expenses	1,928,523	140,017	1,788,506	
25 Total functional expenses. Add lines 1 through 24e	468,960,126	436,594,652	32,365,474	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,446	1	7,400
	2 Savings and temporary cash investments	303,058,099	2	317,342,209
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,697,770	4	66,710,022
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	149,550	7	127,740
	8 Inventories for sale or use	6,749,109	8	7,467,297
	9 Prepaid expenses and deferred charges	13,373,277	9	14,965,797
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 634,822,460		
	b Less accumulated depreciation	10b 265,049,187	337,700,769	10c 369,773,273
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	10,696,391	12	10,825,626
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	4,485,121	14	4,340,861
	15 Other assets See Part IV, line 11	15,010,561	15	12,494,672
16 Total assets. Add lines 1 through 15 (must equal line 34)	752,929,093	16	804,054,897	
Liabilities	17 Accounts payable and accrued expenses	27,308,658	17	36,971,262
	18 Grants payable		18	
	19 Deferred revenue	1,030,870	19	998,303
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	181,822,594	25	176,582,834
	26 Total liabilities. Add lines 17 through 25	210,162,122	26	214,552,399
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	542,715,325	27	589,463,830
	28 Temporarily restricted net assets	51,646	28	38,668
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	542,766,971	33	589,502,498	
34 Total liabilities and net assets/fund balances	752,929,093	34	804,054,897	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	523,963,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	468,960,126
3	Revenue less expenses Subtract line 2 from line 1	3	55,003,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	542,766,971
5	Net unrealized gains (losses) on investments	5	-12,709,912
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,441,687
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	589,502,498

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 48-0637331

Name: SHAWNEE MISSION MEDICAL CENTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

OPERATION OF A 503-BED ACUTE CARE HOSPITAL THERE WERE 21,695 PATIENT ADMISSIONS, 89,351 PATIENT DAYS, 198,017 OUTPATIENT VISITS, AND 367,973 PHYSICIAN PRACTICE PATIENT VISITS IN THE CURRENT YEAR

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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
HAFFNER PHD RANDALL CHAIRMAN	2 00	X						0	2,960,838	312,821
BACON KENNETH CEO/TRUSTEE (END 4/18)	50 00	X		X				0	988,303	46,329
BERNARD ROGER TRUSTEE	1 00	X						0	1,645	0
BRADY MD MARK TRUSTEE	3 10	X						16,250	0	0
CARLSONRONALD TRUSTEE	1 00	X						0	1,645	0
CORIDAN DEAN TRUSTEE	1 00	X						0	1,545	0
CRIPPIN KENT TRUSTEE (END 4/18)	1 00	X						0	0	0
CUSICK BARBARA TRUSTEE	1 00	X						0	0	0
GERLACH CARL TRUSTEE	1 00	X						0	0	0
HUENERGARDT SAM CEO/TRUSTEE (BEG 5/18)	50 00	X		X				0	579,457	63,491

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			
KELLEY GORDON TRUSTEE (BEG 1/18)	1 00 0 00	X						0	0	0
MADDUX GREG TRUSTEE	1 00 0 00	X						0	0	0
MARSHALL-CHURA PHD PENNY TRUSTEE	1 00 0 00	X						0	0	0
PEOPLES TROY K TRUSTEE	1 00 2 00	X						0	2,395	0
PISHNY LYLE TRUSTEE	1 00 1 00	X						0	0	0
REID EDD JD RALPH TRUSTEE	1 00 1 00	X						0	1,645	0
REUBEN MD JOSEPH TRUSTEE	5 00 0 00	X						31,250	0	0
RODGERS TIMOTHY VICE CHAIRMAN	1 00 2 00	X						0	0	0
SEIFERT LEWIS TRUSTEE (END 1/18)	1 00 50 00	X						0	827,832	26,364
SOLER EDDIE TRUSTEE (BEG 1/18)	1 00 50 00	X						0	1,502,312	183,336

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			
THURBER GARY F VICE CHAIRMAN	1 00 2 00	X						0	2,395	0
RANDOLPH KARSTEN G CFO	50 00 1 00			X				0	587,265	80,357
KNECHT MICHAEL COO	50 00 1 00				X			0	471,420	67,206
BOTTS MD LARRY CMO	50 00 1 00				X			0	554,291	44,768
HAWKINS SHERI CNO	50 00 1 00				X			0	410,399	42,460
AL CHEKAKIEMD M OBADAH PHYSICIAN	50 00 0 00					X		1,223,671	0	39,671
LOVICK MD DARREN PHYSICIAN	50 00 0 00					X		921,799	0	39,450
O'BOYNICK MD PAUL PHYSICIAN	50 00 0 00					X		904,170	0	31,981
HABIB MD AMMAR PHYSICIAN	50 00 0 00					X		901,533	0	21,319
HENRY JR MD CLARKE PHYSICIAN	50 00 0 00					X		730,529	0	31,850

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number

48-0637331

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 48-0637331

Name: SHAWNEE MISSION MEDICAL CENTER INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
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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 SHAWNEE MISSION MEDICAL CENTER INC	Employer identification number 48-0637331
----------------------------------------------------------------	----------------------------------------------

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		22,334
j Total Add lines 1c through 1i			22,334
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	DUES WERE PAID TO THE AMERICAN HOSPITAL ASSOCIATION AND KANSAS HOSPITAL ASSOCIATION

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number
48-0637331

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|-----------------------------------------|--------|
| 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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
- | | | |
|--------------------------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		35,857,639		35,857,639
b Buildings		329,363,085	131,871,844	197,491,241
c Leasehold improvements				
d Equipment		194,971,596	122,857,864	72,113,732
e Other		74,630,140	10,319,479	64,310,661
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				369,773,273

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO RELATED	8,683,090
PAYABLE TO THIRD PARTIES	1,652,495
CREDIT BALANCES IN A/R	3,578,180
INTERCO ALLOC OF TE BOND PROCEEDS	154,975,656
DUE TO AFFILIATED	603,638
OTHER LIABILITIES	7,089,775
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	176,582,834

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE FILING ORGANIZATION IS A SUBSIDIARY ORGANIZATION WITHIN ADVENTHEALTH THE CONSOLIDATED FINANCIAL STATEMENTS OF ADVENTHEALTH CONTAIN THE FOLLOWING FIN 48 (ASC 740) FOOTNOTE PLEASE NOTE THAT DOLLAR AMOUNTS ARE IN THOUSANDS HEALTHCARE CORPORATION AND ITS AFFILIATED ORGANIZATIONS, OTHER THAN NORTH AMERICAN HEALTH SERVICES, INC AND ITS SUBSIDIARY (NAHS), ARE EXEMPT FROM STATE AND FEDERAL INCOME TAXES ACCORDINGLY, HEALTHCARE CORPORATION AND ITS TAX-EXEMPT AFFILIATES ARE NOT SUBJECT TO FEDERAL, STATE OR LOCAL INCOME TAXES EXCEPT FOR ANY NET UNRELATED BUSINESS TAXABLE INCOME NAHS IS A WHOLLY OWNED, FOR-PROFIT SUBSIDIARY OF HEALTHCARE CORPORATION NAHS AND ITS SUBSIDIARY ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES NAHS FILES A CONSOLIDATED FEDERAL INCOME TAX RETURN AND, WHERE APPROPRIATE, CONSOLIDATED STATE INCOME TAX RETURNS ALL TAXABLE INCOME WAS FULLY OFFSET BY NET OPERATING LOSS CARRYFORWARDS FOR FEDERAL INCOME TAX PURPOSES, AS SUCH, THERE IS NO PROVISION FOR CURRENT FEDERAL OR STATE INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017 NAHS ALSO HAS TEMPORARY DEDUCTIBLE DIFFERENCES OF APPROXIMATELY \$53,000 AND \$55,700 AT DECEMBER 31, 2018 AND 2017, RESPECTIVELY, PRIMARILY AS A RESULT OF NET OPERATING LOSS CARRYFORWARDS AT DECEMBER 31, 2018, NAHS HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$54,500 EXPIRING BEGINNING IN 2022 THROUGH 2026 DEFERRED TAXES HAVE BEEN PROVIDED FOR THESE AMOUNTS, RESULTING IN A NET DEFERRED TAX ASSET OF APPROXIMATELY \$13,400 AND \$14,100 AT DECEMBER 31, 2018 AND 2017, RESPECTIVELY NAHS REMEASURED ITS DEFERRED TAX ASSETS AND LIABILITIES BASED ON THE RATES AT WHICH THEY ARE EXPECTED TO REVERSE IN THE FUTURE, WHICH IS GENERALLY 21% A FULL VALUATION ALLOWANCE HAS BEEN PROVIDED AT DECEMBER 31, 2018 AND 2017 TO OFFSET THE DEFERRED TAX ASSET, SINCE HEALTHCARE CORPORATION HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THE BENEFIT OF THE NET OPERATING LOSS CARRYFORWARDS WILL NOT BE REALIZED IN FUTURE YEARS THE INCOME TAXES TOPIC OF THE ASC (ASC 740) PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017 ON DECEMBER 22, 2017, THE UNITED STATES ENACTED TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAX CUTS AND JOBS ACT (ACT), RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING LAW CERTAIN PROVISIONS WILL IMPACT TAX-EXEMPT ORGANIZATIONS, INCLUDING REVISIONS TO TAXES ON UNRELATED BUSINESS ACTIVITIES, EXCISE TAXES ON COMPENSATION OF CERTAIN EMPLOYEES, AND VARIOUS OTHER PROVISIONS THE REGULATIONS NECESSARY TO IMPLEMENT THE LAW HAVE NOT YET BEEN PROMULGATED, AND THE ULTIMATE OUTCOME OF THESE REGULATIONS AND THE IMPACT TO THE SYSTEM CANNOT BE DETERMINED PRESENTLY THE SYSTEM WILL CONTINUE TO</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	REVIEW AND ASSESS THE IMPACT OF THE LEGISLATION TO THE CONSOLIDATED FINANCIAL STATEMENTS, BUT DOES NOT EXPECT THAT THE IMPACT WILL BE SIGNIFICANT

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

Name of the organization
 SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number
 48-0637331

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b	No

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			12,060,976		12,060,976	2 570 %
b Medicaid (from Worksheet 3, column a)			32,807,138	21,773,654	11,033,484	2 350 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			44,868,114	21,773,654	23,094,460	4 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,757,754		1,757,754	0 370 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			452,809		452,809	0 100 %
j Total. Other Benefits			2,210,563		2,210,563	0 470 %
k Total. Add lines 7d and 7j			47,078,677	21,773,654	25,305,023	5 390 %

Part III 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			521,882		521,882	0 110 %
10 Total			521,882		521,882	0 110 %

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	Yes	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	32,735,623	
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	2,080,818	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	96,661,072
6 Enter Medicare allowable costs of care relating to payments on line 5	6	100,140,920
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,479,848
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
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	No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 SHAWNEE MISSION PRAIRIE STAR SURGERY CENTER LLC	AMBULATORY SURGERY SERVICES	50 000 %	0 %	50 000 %
2 2 SHAWNEE MISSION SURGERY CENTER LLC	AMBULATORY SURGERY SERVICES	50 000 %	0 %	50 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, PAGE 8</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, PAGE 8</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SHAWNEE MISSION MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

SHAWNEE MISSION MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	e <input type="checkbox"/> Other (describe in Section C)			
	f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

SHAWNEE MISSION MEDICAL CENTER

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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 30

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THE FILING ORGANIZATION WAS A WHOLLY OWNED SUBSIDIARY OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) DURING ITS CURRENT TAX YEAR. DURING THE CURRENT YEAR, AHSSHC SERVED AS A PARENT ORGANIZATION TO 24 TAX-EXEMPT 501(C)(3) HOSPITAL ORGANIZATIONS AND A NUMBER OF OTHER HEALTH CARE FACILITIES THAT OPERATED IN 10 STATES WITHIN THE U.S. THE SYSTEM OF ORGANIZATIONS UNDER THE CONTROL AND OWNERSHIP OF AHSSHC IS KNOWN AS "ADVENTHEALTH." ALL HOSPITAL ORGANIZATIONS WITHIN ADVENTHEALTH COLLECT, CALCULATE, AND REPORT THE COMMUNITY BENEFITS THEY PROVIDE TO THE COMMUNITIES THEY SERVE. ADVENTHEALTH ORGANIZATIONS EXIST SOLELY TO IMPROVE AND ENHANCE THE LOCAL COMMUNITIES THEY SERVE. ADVENTHEALTH HAS A SYSTEM-WIDE COMMUNITY BENEFITS ACCOUNTING POLICY THAT PROVIDES GUIDELINES FOR ITS HEALTH CARE PROVIDER ORGANIZATIONS TO CAPTURE AND REPORT THE COSTS OF SERVICES PROVIDED TO THE UNDERPRIVILEGED AND TO THE BROADER COMMUNITY. EACH ADVENTHEALTH HOSPITAL FACILITY REPORTS THEIR COMMUNITY BENEFITS TO THEIR BOARD OF DIRECTORS AND STRIVES TO COMMUNICATE THEIR COMMUNITY BENEFITS TO THEIR LOCAL COMMUNITIES. ADDITIONALLY, THE FILING ORGANIZATION'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AND ASSOCIATED IMPLEMENTATION STRATEGY CAN BE ACCESSED ON THE FILING ORGANIZATION'S WEBSITE.
PART I, LINE 7	THE AMOUNTS OF COSTS REPORTED IN THE TABLE IN LINE 7 OF PART I OF SCHEDULE H WERE DETERMINED BY UTILIZING A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, CONTAINED IN THE SCHEDULE H INSTRUCTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	SHAWNEE MISSION MEDICAL CENTER (THE HOSPITAL) IS INVOLVED WITH AND SUPPORTIVE OF VARIOUS OTHER COMMUNITY AGENCIES IN ITS SERVICE AREA THAT WORK COLLABORATIVELY TO HELP THOSE IN NEED AND TO IMPROVE THE HEALTH AND SAFETY OF THE RESIDENTS OF THE COMMUNITY THE HOSPITAL PARTICIPATES WITH A NUMBER OF OTHER COMMUNITY ORGANIZATIONS TO ADDRESS THE HEALTHCARE NEEDS OF THE COMMUNITY, SUCH AS THE HEALTH PARTNERSHIP OF JOHNSON COUNTY WHO SPECIALIZES IN TREATING LOW INCOME PERSONS IN ADDITION TO OFFERING NUMEROUS CLASSES AND A SPIRITUAL WELLNESS PROGRAM, THE HOSPITAL IS SUPPORTIVE OF OTHER HEALTH AND WELLNESS EVENTS CURRENTLY CONDUCTED IN ITS COMMUNITY, SUCH AS THE AMERICAN HEART ASSOCIATION HEART WALK THE HOSPITAL ALSO PROVIDES FINANCIAL SUPPORT AND ASSISTANCE TO OTHER COMMUNITY GROUPS THROUGH THE PROVISION OF GRANTS TO ORGANIZATIONS, SUCH AS THE SHAWNEE MISSION EDUCATION FOUNDATION AND BLUE VALLEY EDUCATION FOUNDATION
PART III, LINE 2	THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON LINE 2 OF SECTION A OF PART III IS RECORDED IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO 15 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS ADJUSTMENTS TO REVENUE, NOT BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	<p>METHODOLOGY FOR DETERMINING THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE THAT MAY REPRESENT PATIENTS WHO COULD HAVE QUALIFIED UNDER THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY SELF-PAY PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE BY COMPLETING A FINANCIAL ASSISTANCE APPLICATION FORM (FAA FORM) IF AN INDIVIDUAL DOES NOT SUBMIT A COMPLETE FAA FORM WITHIN 240 DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS SENT TO THE INDIVIDUAL, AN INDIVIDUAL MAY BE CONSIDERED FOR PRESUMPTIVE ELIGIBILITY BASED UPON A SCORING TOOL THAT IS DESIGNED TO CLASSIFY PATIENTS INTO GROUPS OF VARYING ECONOMIC MEANS THE SCORING TOOL USES ALGORITHMS THAT INCORPORATE DATA FROM CREDIT BUREAUS, DEMOGRAPHIC DATABASES, AND HOSPITAL SPECIFIC DATA TO INFER AND CLASSIFY PATIENTS INTO RESPECTIVE ECONOMIC MEANS CATEGORIES INDIVIDUALS WHO EARN A CERTAIN SCORE ON THE SCORING TOOL ARE CONSIDERED TO QUALIFY AS ELIGIBLE FOR THE MOST GENEROUS FINANCIAL ASSISTANCE UNDER THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY AS DETERMINED BY THE FILING ORGANIZATION, A NOMINAL AMOUNT OF SUCH A PATIENT'S BILL IS WRITTEN OFF AS BAD DEBT EXPENSE, WHILE THE REMAINING PORTION OF THE PATIENT'S BILL IS CONSIDERED NON-STATE CHARITY THE AMOUNT WRITTEN OFF AS BAD DEBT EXPENSE FOR THOSE PATIENTS WHO POTENTIALLY QUALIFY AS NON-STATE CHARITY USING THE SCORING TOOL IS THE AMOUNT SHOWN ON LINE 3 OF SECTION A OF PART III RATIONALE FOR INCLUDING CERTAIN BAD DEBTS IN COMMUNITY BENEFIT THE FILING ORGANIZATION IS DEDICATED TO THE VIEW THAT MEDICALLY NECESSARY HEALTH CARE FOR EMERGENCY AND NON-ELECTIVE PATIENTS SHOULD BE ACCESSIBLE TO ALL, REGARDLESS OF AGE, GENDER, GEOGRAPHIC LOCATION, CULTURAL BACKGROUND, PHYSICIAN MOBILITY, OR ABILITY TO PAY THE FILING ORGANIZATION TREATS EMERGENCY AND NON-ELECTIVE PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OR THE AVAILABILITY OF THIRD-PARTY COVERAGE BY PROVIDING HEALTH CARE TO ALL WHO REQUIRE EMERGENCY OR NON-ELECTIVE CARE IN A NON-DISCRIMINATORY MANNER, THE FILING ORGANIZATION IS PROVIDING HEALTH CARE TO THE BROAD COMMUNITY IT SERVES AS A 501(C)(3) HOSPITAL ORGANIZATION, THE FILING ORGANIZATION MAINTAINS A 24/7 EMERGENCY ROOM PROVIDING CARE TO ALL WHOM PRESENT WHEN A PATIENT'S ARRIVAL AND/OR ADMISSION TO THE FACILITY BEGINS WITHIN THE EMERGENCY DEPARTMENT, TRIAGE AND MEDICAL SCREENING ARE ALWAYS COMPLETED PRIOR TO REGISTRATION STAFF PROCEEDING WITH THE DETERMINATION OF A PATIENT'S SOURCE OF PAYMENT IF THE PATIENT REQUIRES ADMISSION AND CONTINUED NON-ELECTIVE CARE, THE FILING ORGANIZATION PROVIDES THE NECESSARY CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY THE FILING ORGANIZATION'S OPERATION OF A 24/7 EMERGENCY DEPARTMENT THAT ACCEPTS ALL INDIVIDUALS IN NEED OF CARE PROMOTES THE HEALTH OF THE COMMUNITY THROUGH THE PROVISION OF CARE TO ALL WHOM PRESENT CURRENT INTERNAL REVENUE SERVICE GUIDANCE THAT TAX-EXEMPT HOSPITALS MAINTAIN SUCH EMERGENCY ROOMS WAS ESTABLISHED TO ENSURE THAT EMERGENCY CARE WOULD BE PROVIDED TO ALL WITHOUT DISCRIMINATION THE TREATMENT OF ALL AT THE FILING ORGANIZATION'S EMERGENCY DEPARTMENT IS A COMMUNITY BENEFIT UNDER THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, EVERY EFFORT IS MADE TO OBTAIN A PATIENT'S NECESSARY FINANCIAL INFORMATION TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE HOWEVER, NOT ALL PATIENTS WILL COOPERATE WITH SUCH EFFORTS AND A FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION CANNOT BE MADE BASED UPON INFORMATION SUPPLIED BY THE INDIVIDUAL IN THIS CASE, A PATIENT'S PORTION OF A BILL THAT REMAINS UNPAID FOR A CERTAIN STIPULATED TIME PERIOD IS WHOLLY OR PARTIALLY CLASSIFIED AS BAD DEBT BAD DEBTS ASSOCIATED WITH PATIENTS WHO HAVE RECEIVED CARE THROUGH THE FILING ORGANIZATION'S EMERGENCY DEPARTMENT SHOULD BE CONSIDERED COMMUNITY BENEFIT AS CHARITABLE HOSPITALS EXIST TO PROVIDE SUCH CARE IN PURSUIT OF THEIR PURPOSE OF MEETING THE NEED FOR EMERGENCY MEDICAL CARE SERVICES AVAILABLE TO ALL IN THE COMMUNITY</p>
PART III, LINE 4	<p>FINANCIAL STATEMENT FOOTNOTE RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE FINANCIAL INFORMATION OF THE FILING ORGANIZATION IS INCLUDED IN A CONSOLIDATED AUDITED FINANCIAL STATEMENT FOR THE CURRENT YEAR THE APPLICABLE FOOTNOTE FROM THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ADDRESSES ACCOUNTS RECEIVABLE, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, AND THE PROVISION FOR BAD DEBTS CAN BE FOUND ON PAGES 8-9 PLEASE NOTE THAT DOLLAR AMOUNTS ON THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE IN THOUSANDS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	<p>COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO RATIONALE FOR INCLUDING A MEDICARE SHORTFALL AS COMMUNITY BENEFIT AS A 501 (C)(3) ORGANIZATION, THE FILING ORGANIZATION PROVIDES EMERGENCY AND NON-ELECTIVE CARE TO ALL REGARDLESS OF ABILITY TO PAY ALL HOSPITAL SERVICES ARE PROVIDED IN A NON-DISCRIMINATORY MANNER TO PATIENTS WHO ARE COVERED BENEFICIARIES UNDER THE MEDICARE PROGRAM AS A PUBLIC INSURANCE PROGRAM, MEDICARE PROVIDES A PRE-ESTABLISHED REIMBURSEMENT RATE/AMOUNT TO HEALTH CARE PROVIDERS FOR THE SERVICES THEY PROVIDE TO PATIENTS IN SOME CASES, THE REIMBURSEMENT AMOUNT PROVIDED TO A HOSPITAL MAY EXCEED ITS COSTS OF PROVIDING A PARTICULAR SERVICE OR SERVICES TO A PATIENT IN OTHER CASES, THE MEDICARE REIMBURSEMENT AMOUNT MAY RESULT IN THE HOSPITAL EXPERIENCING A SHORTFALL OF REIMBURSEMENT RECEIVED OVER COSTS INCURRED IN THOSE CASES WHERE AN OVERALL SHORTFALL IS GENERATED FOR PROVIDING SERVICES TO ALL MEDICARE PATIENTS, THE SHORTFALL AMOUNT SHOULD BE CONSIDERED AS A BENEFIT TO THE COMMUNITY TAX-EXEMPT HOSPITALS ARE REQUIRED TO ACCEPT ALL MEDICARE PATIENTS REGARDLESS OF THE PROFITABILITY, OR LACK THEREOF, WITH RESPECT TO THE SERVICES THEY PROVIDE TO MEDICARE PATIENTS THE POPULATION OF INDIVIDUALS COVERED UNDER THE MEDICARE PROGRAM IS SUFFICIENTLY LARGE SO THAT THE PROVISION OF SERVICES TO THE POPULATION IS A BENEFIT TO THE COMMUNITY AND RELIEVES THE BURDENS OF GOVERNMENT IN THOSE SITUATIONS WHERE THE PROVISION OF SERVICES TO THE TOTAL MEDICARE PATIENT POPULATION OF A TAX-EXEMPT HOSPITAL DURING ANY YEAR RESULTS IN A SHORTFALL OF REIMBURSEMENT RECEIVED OVER THE COST OF PROVIDING CARE, THE TAX-EXEMPT HOSPITAL HAS PROVIDED A BENEFIT TO A CLASS OF PERSONS BROAD ENOUGH TO BE CONSIDERED A BENEFIT TO THE COMMUNITY DESPITE A FINANCIAL SHORTFALL, A TAX-EXEMPT HOSPITAL MUST AND WILL CONTINUE TO ACCEPT AND CARE FOR MEDICARE PATIENTS TYPICALLY, TAX-EXEMPT HOSPITALS PROVIDE HEALTH CARE SERVICES BASED UPON AN ASSESSMENT OF THE HEALTH CARE NEEDS OF THEIR COMMUNITY AS OPPOSED TO THEIR TAXABLE COUNTERPARTS WHERE PROFITABILITY OFTEN DRIVES DECISIONS ABOUT PATIENT CARE SERVICES THAT ARE OFFERED PATIENT CARE PROVIDED BY TAX-EXEMPT HOSPITALS THAT RESULTS IN MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS PROVIDING A BENEFIT TO THE COMMUNITY AND RELIEVING THE BURDENS OF GOVERNMENT</p>
PART III, LINE 9B	<p>COLLECTION POLICIES THE HOSPITAL FILING ORGANIZATION'S COLLECTION PRACTICES ARE IN CONFORMITY WITH THE REQUIREMENTS SET FORTH IN THE 2014 FINAL REGULATIONS REGARDING THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(R)(4) - (R)(6) NO EXTRAORDINARY COLLECTION ACTIONS (ECA'S) ARE INITIATED BY THE HOSPITAL FILING ORGANIZATION IN THE 120-DAY PERIOD FOLLOWING THE DATE AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS SENT TO THE INDIVIDUAL (OR, IF LATER, THE SPECIFIED DEADLINE GIVEN IN A WRITTEN NOTICE OF ACTIONS THAT MAY BE TAKEN, AS DESCRIBED BELOW) INDIVIDUALS ARE PROVIDED WITH AT LEAST ONE WRITTEN NOTICE (NOTICE OF ACTIONS THAT MAY BE TAKEN) AND A COPY OF THE FILING ORGANIZATION'S PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY THAT INFORMS THE INDIVIDUAL THAT THE HOSPITAL FILING ORGANIZATION MAY TAKE ACTIONS TO REPORT ADVERSE INFORMATION TO CREDIT REPORTING AGENCIES/BUREAUS IF THE INDIVIDUAL DOES NOT SUBMIT A FINANCIAL ASSISTANCE APPLICATION FORM (FAA FORM) OR PAY THE AMOUNT DUE BY A SPECIFIED DEADLINE THE SPECIFIED DEADLINE IS NOT EARLIER THAN 120 DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS SENT TO THE INDIVIDUAL AND IS AT LEAST 30 DAYS AFTER THE NOTICE IS PROVIDED A REASONABLE ATTEMPT IS ALSO MADE TO ORALLY NOTIFY AN INDIVIDUAL ABOUT THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FAA FORM DURING THE 240-DAY PERIOD FOLLOWING THE DATE ON WHICH THE FIRST POST-DISCHARGE BILLING STATEMENT WAS SENT TO THE INDIVIDUAL, THE HOSPITAL FILING ORGANIZATION SUSPENDS ANY REPORTING TO CONSUMER CREDIT REPORTING AGENCIES/BUREAUS (OR CEASES ANY OTHER ECA'S) AND PROVIDES A WRITTEN NOTICE TO THE INDIVIDUAL DESCRIBING WHAT ADDITIONAL INFORMATION OR DOCUMENTATION IS NEEDED TO COMPLETE THE FAA FORM THIS WRITTEN NOTICE CONTAINS CONTACT INFORMATION INCLUDING THE TELEPHONE NUMBER AND PHYSICAL LOCATION OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY, AS WELL AS CONTACT INFORMATION OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS OR, ALTERNATIVELY, A NONPROFIT ORGANIZATION OR GOVERNMENTAL AGENCY THAT CAN PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS IF THE HOSPITAL FACILITY IS UNABLE TO DO SO IF AN INDIVIDUAL SUBMITS A COMPLETE FAA FORM WITHIN A REASONABLE TIME-PERIOD AS SET FORTH IN THE NOTICE DESCRIBED ABOVE, THE HOSPITAL FILING ORGANIZATION WILL SUSPEND ANY ADVERSE REPORTING TO CONSUMER CREDIT REPORTING AGENCIES/BUREAUS UNTIL A FINANCIAL ASSISTANCE POLICY ELIGIBILITY DETERMINATION CAN BE MADE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SUPPLEMENTAL SCHEDULE TO SCHEDULE H, PART III, SECTION B, LINE 8</p>	<p>RECONCILIATION OF SCHEDULE H REPORTED MEDICARE SURPLUS/(SHORTFALL) TO UNREIMBURSED MEDICARE COSTS ASSOCIATED WITH THE PROVISION OF SERVICES TO ALL MEDICARE BENEFICIARIES THE MEDICARE REVENUE AND ALLOWABLE COSTS OF CARE REPORTED IN SECTION B OF PART III OF SCHEDULE H ARE BASED UPON THE AMOUNTS REPORTED IN THE FILING ORGANIZATION'S MEDICARE COST REPORT IN ACCORDANCE WITH THE IRS INSTRUCTIONS FOR SCHEDULE H ON AN ANNUAL BASIS, THE FILING ORGANIZATION ALSO DETERMINES ITS TOTAL UNREIMBURSED COSTS ASSOCIATED WITH PROVIDING SERVICES TO ALL MEDICARE PATIENTS UNREIMBURSED COSTS ARE CONSIDERED A COMMUNITY BENEFIT TO THE ELDERLY AND ARE COMBINED INTO AN ANNUAL COMMUNITY BENEFIT STATEMENT PREPARED BY ADVENTHEALTH THE PRIMARY RECONCILING ITEMS BETWEEN THE MEDICARE SURPLUS/(SHORTFALL) SHOWN ON LINE 7 OF SECTION B OF PART III OF SCHEDULE H AND THE FILING ORGANIZATION'S UNREIMBURSED COSTS OF SERVICES PROVIDED TO ALL MEDICARE PATIENTS ARE AS FOLLOWS - MEDICARE SURPLUS/(SHORTFALL) SHOWN ON LINE 7 OF SECTION B OF SCHEDULE H \$ (3,479,848)- DIFFERENCE IN COSTING METHODOLOGY (18,519,160)- UNREIMBURSED COSTS INCURRED FOR SERVICES PROVIDED TO MEDICARE PATIENTS THAT ARE NOT INCLUDED IN THE ORGANIZATION'S MEDICARE COST REPORT (15,417,606) -----TOTAL UNREIMBURSED COSTS OF SERVING ALL MEDICARE PATIENTS PER THE FILING ORGANIZATION'S COMMUNITY BENEFIT REPORTING \$(37,416,614) AS INDICATED ABOVE, THE PRIMARY DIFFERENCES BETWEEN THE MEDICARE SURPLUS/(SHORTFALL) REPORTED ON SCHEDULE H, PART III, SECTION B, LINE 7 AND THE FILING ORGANIZATION'S PORTION OF THE COMPANY'S ANNUAL COMMUNITY BENEFIT STATEMENT IS DUE TO A DIFFERENCE IN THE COSTING METHODOLOGY AND DIFFERENCES IN THE POPULATION OF MEDICARE PATIENTS WITHIN THE CALCULATION THE COST METHODOLOGY UTILIZED IN CALCULATING ANY MEDICARE SURPLUS/(SHORTFALL) FOR PURPOSES OF THE ANNUAL COMMUNITY BENEFIT REPORTING IS BASED UPON THE COST-TO-CHARGE RATIO OUTLINED IN WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS THE SAME COST-TO-CHARGE RATIO IS USED TO DETERMINE THE COSTS ASSOCIATED WITH SERVICES PROVIDED TO CHARITY CARE PATIENTS AND MEDICAID PATIENTS AS REPORTED IN SCHEDULE H, PART I, LINE 7 IN ADDITION, THE MEDICARE COST REPORT EXCLUDES SERVICES PROVIDED TO MEDICARE PATIENTS FOR PHYSICIAN SERVICES, SERVICES PROVIDED TO PATIENTS ENROLLED IN MEDICARE HMOS, AND CERTAIN SERVICES PROVIDED BY OUTPATIENT DEPARTMENTS OF THE FILING ORGANIZATION THAT ARE REIMBURSED ON A FEE SCHEDULE THE COMPANY'S OWN COMMUNITY BENEFIT STATEMENT CAPTURES THE UNREIMBURSED COST OF PROVIDING SERVICES TO ALL MEDICARE BENEFICIARIES THROUGHOUT THE ORGANIZATION</p>
<p>PART VI, LINE 2</p>	<p>THE HOSPITAL CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) DURING 2013 AND 2016 IT'S 2016 CHNA WAS ADOPTED BY ITS GOVERNING BOARD BY DECEMBER 31, 2016, THE END OF THE HOSPITAL'S TAXABLE YEAR IN WHICH IT CONDUCTED THE CHNA THE HOSPITAL'S 2016 CHNA COMPLIED WITH THE GUIDANCE SET FORTH BY THE IRS IN FINAL REGULATION SECTION 1 501(R)-3 IN ADDITION TO THE CHNA DISCUSSED ABOVE, A VARIETY OF PRACTICES AND PROCESSES ARE IN PLACE TO ENSURE THAT THE FILING ORGANIZATION IS RESPONSIVE TO THE HEALTH NEEDS OF ITS COMMUNITY SUCH PRACTICES AND PROCESSES INVOLVE THE FOLLOWING 1 A HOSPITAL OPERATING/COMMUNITY BOARD COMPOSED OF INDIVIDUALS BROADLY REPRESENTATIVE OF THE COMMUNITY, COMMUNITY LEADERS, AND THOSE WITH SPECIALIZED MEDICAL TRAINING AND EXPERTISE, 2 POST-DISCHARGE PATIENT FOLLOW-UP RELATED TO THE ON-GOING CARE AND TREATMENT OF PATIENTS WHO SUFFER FROM CHRONIC DISEASES, 3 SPONSORSHIP AND PARTICIPATION IN COMMUNITY HEALTH AND WELLNESS ACTIVITIES THAT REACH A BROAD SPECTRUM OF THE FILING ORGANIZATION'S COMMUNITY, AND 4 COLLABORATION WITH OTHER LOCAL COMMUNITY GROUPS TO ADDRESS THE HEALTH CARE NEEDS OF THE FILING ORGANIZATION'S COMMUNITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE FINANCIAL ASSISTANCE POLICY (FAP), FINANCIAL ASSISTANCE APPLICATION FORM (FAA FORM), AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (PLS) OF THE FILING ORGANIZATION'S HOSPITAL FACILITY ARE TRANSPARENT AND AVAILABLE TO ALL INDIVIDUALS SERVED AT ANY POINT IN THE CARE CONTINUUM THE FAP, FAA FORM, PLS, AND CONTACT INFORMATION FOR THE HOSPITAL FACILITY'S FINANCIAL COUNSELORS ARE PROMINENTLY AND CONSPICUOUSLY POSTED ON THE FILING ORGANIZATION'S HOSPITAL FACILITY'S WEBSITE THE WEBSITE INDICATES THAT A COPY OF THE FAP, FAA FORM, AND PLS IS AVAILABLE AND HOW TO OBTAIN SUCH COPIES IN THE PRIMARY LANGUAGES OF ANY POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY (REFERRED TO BELOW AS LEP DEFINED POPULATIONS) SIGNAGE IS DISPLAYED IN PUBLIC LOCATIONS OF THE FILING ORGANIZATION'S HOSPITAL FACILITY, INCLUDING AT ALL POINTS OF ADMISSION AND REGISTRATION AND THE EMERGENCY DEPARTMENT THE SIGNAGE CONTAINS THE HOSPITAL FACILITY'S WEBSITE ADDRESS WHERE THE FAP, FAA FORM, AND PLS CAN BE ACCESSED AND THE TELEPHONE NUMBER AND PHYSICAL LOCATION THAT INDIVIDUALS CAN CALL OR VISIT TO OBTAIN COPIES OF THE FAP, FAA FORM AND PLS OR TO OBTAIN MORE INFORMATION ABOUT THE HOSPITAL FACILITY'S FAP, FAA FORM AND PLS PAPER COPIES OF THE HOSPITAL FACILITY'S FAP, FAA FORM AND PLS ARE AVAILABLE UPON REQUEST AND WITHOUT CHARGE, BOTH IN PUBLIC LOCATIONS IN THE HOSPITAL FACILITY AND BY MAIL PAPER COPIES ARE MADE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGES OF ANY LEP DEFINED POPULATIONS THE FILING ORGANIZATION'S HOSPITAL FACILITY'S FINANCIAL COUNSELORS SEEK TO PROVIDE PERSONAL FINANCIAL COUNSELING TO ALL INDIVIDUALS ADMITTED TO THE HOSPITAL FACILITY WHO ARE CLASSIFIED AS SELF-PAY DURING THE COURSE OF THEIR HOSPITAL STAY OR AT TIME OF DISCHARGE TO EXPLAIN THE FAP AND FAA FORM AND TO PROVIDE INFORMATION CONCERNING OTHER SOURCES OF ASSISTANCE THAT MAY BE AVAILABLE, SUCH AS MEDICAID A PAPER COPY OF THE HOSPITAL FACILITY'S PLS WILL BE OFFERED TO EVERY PATIENT AS A PART OF THE INTAKE OR DISCHARGE PROCESS A CONSPICUOUS WRITTEN NOTICE IS INCLUDED ON ALL BILLING STATEMENTS SENT TO PATIENTS THAT NOTIFIES AND INFORMS RECIPIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, INCLUDING THE FOLLOWING 1) THE TELEPHONE NUMBER OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATION ABOUT THE FAP AND THE FAA FORM, AND 2) THE WEBSITE ADDRESS WHERE COPIES OF THE FAP, FAA FORM AND PLS MAY BE OBTAINED REASONABLE ATTEMPTS ARE MADE TO INFORM INDIVIDUALS ABOUT THE HOSPITAL FACILITY'S FAP IN ALL ORAL COMMUNICATIONS REGARDING THE AMOUNT DUE FOR THE INDIVIDUAL'S CARE COPIES OF THE PLS ARE DISTRIBUTED TO MEMBERS OF THE COMMUNITY IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE</p>
PART VI, LINE 4	<p>THE FILING ORGANIZATION (THE HOSPITAL) IS LOCATED IN MERRIAM, KANSAS, AND IS LICENSED FOR 503 ACUTE CARE BEDS THE HOSPITAL'S 54-ACRE CAMPUS INCLUDES AN OUTPATIENT SURGERY CENTER, SIX MEDICAL OFFICE BUILDINGS AND AN ASSOCIATE CHILD CARE CENTER IN ADDITION TO OPERATING A HOSPITAL, THE FILING ORGANIZATION ALSO RUNS TWO SATELLITE CAMPUSES WHICH INCLUDE HOSPITAL-BASED EMERGENCY DEPARTMENTS AND OTHER AMBULATORY SERVICES, AND VARIOUS OCCUPATIONAL MEDICINE, REHABILITATION AND URGENT CARE CLINICS IN THE KANSAS CITY AREA THE FILING ORGANIZATION EMPLOYS MORE THAN 3,300 LOCAL RESIDENTS AND SUPPORTS AN EXCEPTION STAFF OF NEARLY 700 PHYSICIANS, THE LARGEST FULL-SERVICE MEDICAL STAFF IN KANSAS CITY ADVENTHEALTH SHAWNEE MISSION (AHSM) IS A CRUCIAL COMMUNITY AND REGIONAL ASSET AHSM HAS THE BUSIEST EMERGENCY DEPARTMENT IN JOHNSON COUNTY, THE AREA'S FIRST ACCREDITED CHEST PAIN EMERGENCY CENTER, DELIVERS MORE BABIES THAN ANY OTHER HOSPITAL IN THE METROPOLITAN AREA, AND SINCE 1986 HAS BEEN OPERATING NURSELINE, WHICH ALLOWS INDIVIDUALS IN THE COMMUNITY TO SEEK FREE AND DEPENDABLE HEALTH INFORMATION FROM A REGISTERED NURSE 24 HOURS A DAY A TOTAL OF FIVE OTHER COMPETING HOSPITALS ARE LOCATED WITHIN A RADIUS OF 12 MILES OR LESS FROM THE HOSPITAL'S PRIMARY HOSPITAL FACILITY MERRIAM, KANSAS IS LOCATED IN JOHNSON COUNTY THE HOSPITAL'S PRIMARY MARKET HAS A POPULATION OF APPROXIMATELY 803,000, WITH AN ESTIMATED 92,000 OVER THE AGE OF 65 THE WEIGHTED AVERAGE HOUSEHOLD INCOME, BASED ON POPULATION, IN THE PRIMARY MARKET IS APPROXIMATELY \$81,121 HIGH SCHOOL GRADUATES ACCOUNT FOR APPROXIMATELY 96% OF JOHNSON COUNTY, WITH AN ESTIMATED 54% HAVING A BACHELOR'S DEGREE OR HIGHER IT IS ESTIMATED THAT 5% OF THE INDIVIDUALS RESIDING IN JOHNSON COUNTY LIVE BELOW THE POVERTY LEVEL AND THE UNEMPLOYMENT RATE IS 2.6% " APPROXIMATELY 42% OF THE HOSPITAL'S PATIENTS DURING 2018 WERE MEDICARE PATIENTS, ABOUT 7.3% WERE MEDICAID PATIENTS, ABOUT 5.5% WERE SELF-PAY PATIENTS, AND THE REMAINING PERCENTAGE WERE PATIENTS COVERED UNDER COMMERCIAL INSURANCE IN 2018, ABOUT 56.8% OF THE HOSPITAL'S IN-PATIENTS WERE ADMITTED THROUGH THE HOSPITAL'S EMERGENCY DEPARTMENT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE PROVISION OF COMMUNITY BENEFIT IS CENTRAL TO SHAWNEE MISSION MEDICAL CENTER'S MISSION OF SERVICE AND COMPASSION RESTORING AND PROMOTING THE HEALTH AND QUALITY OF LIFE OF THOSE IN THE COMMUNITIES SERVED BY THE HOSPITAL IS A FUNCTION OF "EXTENDING THE HEALING MINISTRY OF CHRIST AND EMBODIES THE HOSPITAL'S COMMITMENT TO ITS VALUES AND PRINCIPLES THE HOSPITAL COMMITS SUBSTANTIAL RESOURCES TO PROVIDE A BROAD RANGE OF SERVICES TO BOTH THE UNDERPRIVILEGED AS WELL AS THE BROADER COMMUNITY IN ADDITION TO THE COMMUNITY BENEFIT AND COMMUNITY BUILDING INFORMATION PROVIDED IN PARTS I, II AND III OF THIS SCHEDULE H, THE HOSPITAL CAPTURES AND REPORTS THE BENEFITS PROVIDED TO ITS COMMUNITY THROUGH FAITH-BASED CARE EXAMPLES OF SUCH BENEFITS INCLUDE THE COST ASSOCIATED WITH CHAPLAINCY CARE PROGRAMS AND MISSION PEER REVIEWS AND MISSION CONFERENCES DURING THE CURRENT YEAR, THE HOSPITAL PROVIDED \$510,304 OF BENEFIT WITH RESPECT TO THE FAITH-BASED AND SPIRITUAL NEEDS OF THE COMMUNITY IN CONJUNCTION WITH ITS OPERATION OF A COMMUNITY HOSPITAL THE HOSPITAL ALSO PROVIDES BENEFITS TO ITS COMMUNITY'S INFRASTRUCTURE BY INVESTING IN CAPITAL IMPROVEMENTS TO ENSURE THAT FACILITIES AND TECHNOLOGY PROVIDE THE BEST POSSIBLE CARE TO THE COMMUNITY DURING THE CURRENT YEAR, THE HOSPITAL EXPENDED \$57,332,091 IN NEW CAPITAL IMPROVEMENTS AS A FAITH-BASED MISSION-DRIVEN COMMUNITY HOSPITAL, THE HOSPITAL IS CONTINUALLY INVOLVED IN MONITORING ITS COMMUNITY, IDENTIFYING UNMET HEALTH CARE NEEDS AND DEVELOPING SOLUTIONS AND PROGRAMS TO ADDRESS THOSE NEEDS IN ACCORDANCE WITH ITS CONSERVATIVE APPROACH TO FISCAL RESPONSIBILITY, SURPLUS FUNDS OF THE HOSPITAL ARE CONTINUALLY BEING INVESTED IN RESOURCES THAT IMPROVE THE AVAILABILITY AND QUALITY OF DELIVERY OF HEALTH CARE SERVICES AND PROGRAMS TO ITS COMMUNITY</p>
PART VI, LINE 6	<p>SHAWNEE MISSION MEDICAL CENTER IS A PART OF A FAITH-BASED HEALTHCARE SYSTEM OF ORGANIZATIONS WHOSE PARENT IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) THE SYSTEM IS KNOWN AS ADVENTHEALTH AHSSHC IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) AHSSHC AND ITS SUBSIDIARY ORGANIZATIONS OPERATE 44 HOSPITALS THROUGHOUT THE U S , PRIMARILY IN THE SOUTHEASTERN PORTION OF THE U S AHSSHC AND ITS SUBSIDIARIES ALSO OPERATE 11 NURSING HOME FACILITIES AND OTHER ANCILLARY HEALTH CARE PROVIDER FACILITIES, SUCH AS AMBULATORY SURGERY CENTERS AND DIAGNOSTIC IMAGING CENTERS AS THE PARENT ORGANIZATION OF ADVENTHEALTH, AHSSHC PROVIDES EXECUTIVE LEADERSHIP AND OTHER PROFESSIONAL SUPPORT SERVICES TO ITS SUBSIDIARY ORGANIZATIONS PROFESSIONAL SUPPORT SERVICES INCLUDE AMONG OTHERS IT, CORPORATE COMPLIANCE, LEGAL, REIMBURSEMENT, RISK MANAGEMENT, AND TAX AS WELL AS TREASURY FUNCTIONS CERTAIN SUPPORT SERVICES, SUCH AS HUMAN RESOURCES, PAYROLL, A/P, AND SUPPLY CHAIN MANAGEMENT ARE PROVIDED PURSUANT TO A SHARED SERVICES MODEL BY AHSSHC TO ITS SUBSIDIARY ORGANIZATIONS THE PROVISION OF THESE EXECUTIVE AND SUPPORT SERVICES ON A CENTRALIZED BASIS BY AHSSHC PROVIDES AN APPROPRIATE BALANCE BETWEEN PROVIDING EACH ADVENTHEALTH SUBSIDIARY HOSPITAL ORGANIZATION WITH MISSION-DRIVEN CONSISTENT LEADERSHIP AND SUPPORT WHILE ALLOWING THE HOSPITAL ORGANIZATION TO FOCUS ITS RESOURCES ON MEETING THE SPECIFIC HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES THE READER OF THIS FORM 990 SHOULD KEEP IN MIND THAT THIS REPORTING ENTITY MAY DIFFER IN CERTAIN AREAS FROM THAT OF A STAND-ALONE HOSPITAL ORGANIZATION DUE TO ITS INCLUSION IN A LARGER SYSTEM OF HEALTHCARE ORGANIZATIONS AS A PART OF A SYSTEM OF HOSPITAL AND OTHER HEALTH CARE ORGANIZATIONS, THE FILING ORGANIZATION BENEFITS FROM REDUCED COSTS DUE TO SYSTEM EFFICIENCIES, SUCH AS LARGE GROUP PURCHASING DISCOUNTS, AND THE AVAILABILITY OF INTERNAL RESOURCES SUCH AS INTERNAL LEGAL COUNSEL EACH AHS SUBSIDIARY PAYS A MANAGEMENT FEE TO AHSSHC FOR THE INTERNAL SERVICES PROVIDED BY AHSSHC AS A RESULT, MANAGEMENT FEE EXPENSE REPORTED BY AN ADVENTHEALTH SUBSIDIARY ORGANIZATION MAY APPEAR GREATER IN RELATION TO MANAGEMENT FEE EXPENSE THAT MAY BE REPORTED BY A SINGLE STAND-ALONE HOSPITAL THE SINGLE STAND-ALONE HOSPITAL WOULD LIKELY REPORT COSTS ASSOCIATED WITH MANAGEMENT AND OTHER PROFESSIONAL SERVICES ON VARIOUS EXPENSE LINE ITEMS IN ITS STATEMENT OF REVENUE AND EXPENSE AS OPPOSED TO REPORTING SUCH COSTS IN ONE OVERALL MANAGEMENT FEE EXPENSE AS THE REPORTING OF THE FORM 990 IS DONE ON AN ENTITY BY ENTITY BASIS, THERE IS NO SINGLE FORM 990 THAT CAPTURES THE PROGRAMS AND OPERATIONS OF ADVENTHEALTH AS A WHOLE THE READER IS DIRECTED TO VISIT THE WEB-SITE OF ADVENTHEALTH AT WWW ADVENTHEALTH COM TO LEARN MORE ABOUT THE MISSION AND OPERATIONS OF ADVENTHEALTH</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	THE FILING ORGANIZATION DOES NOT FILE AN ANNUAL COMMUNITY BENEFIT REPORT WITH ANY STATE AGENCIES

Additional Data**Software ID:****Software Version:****EIN:** 48-0637331**Name:** SHAWNEE MISSION MEDICAL CENTER INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	ADVENTHEALTH SHAWNEE MISSION 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 WWW ADVENTHEALTH COM/HOSPITAL/ADVENTHE H-046-004	X	X		X			X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
SHAWNEE MISSION MEDICAL CENTER	PART V, SECTION B, LINE 5 SHAWNEE MISSION MEDICAL CENTER (HOSPITAL) IS A 503-BED FACILITY WITH MORE THAN 22,000 INPATIENT ADMISSIONS AND 220,000 OUTPATIENT ADMISSIONS ANNUALLY THE HOSPITAL HAS THE BUSIEST EMERGENCY DEPARTMENT IN JOHNSON COUNTY, THE AREA'S FIRST ACCREDITED CHEST PAIN EMERGENCY CENTER AND DELIVERS MORE BABIES EACH YEAR THAN ANY OTHER HOSPITAL IN THE METROPOLITAN AREA THE HOSPITAL'S PRIMARY SERVICE AREA COVERS ALL OF JOHNSON COUNTY AND THREE ZIP CODES IN WYANDOTTE COUNTY, IN EASTERN KANSAS THE HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN COLLABORATION WITH THE JOHNSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT, WYANDOTTE COUNTY-HEALTH COMMUNITIES WYANDOTTE, AND HEALTHY KC A COMMUNITY HEALTH SURVEY AND A FOCUS GROUP WERE CONDUCTED TO OBTAIN INPUT FROM THE COMMUNITY AND SPECIFICALLY TO GET INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY SERVED IN 2016, SEVEN RANDOM HOUSEHOLDS WITHIN EACH OF THE 30 CENSUS BLOCKS WERE RANDOMLY SELECTED TO PARTICIPATE IN THE CHNA SURVEY JUST OVER 80 PERCENT (181) OF THE HOUSEHOLDS COMPLETED THE SURVEY ADDITIONALLY, A COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE WAS FORMED WITH KEY COMMUNITY GROUPS TO ENSURE REPRESENTATION ACROSS SOCIO-ECONOMIC GROUPS PARTICIPANTS IN THE FOCUS GROUP CONSISTED OF REPRESENTATIVES FROM THE HOSPITAL, JOHNSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT, HEALTH PARTNERSHIP CLINICS OF JOHNSON COUNTY, WYANDOTTE COUNTY HEALTH COUNCIL, MID-AMERICA HEALTH COUNCIL, REACH HEALTHCARE FOUNDATION AND SHAWNEE MISSION SCHOOL DISTRICT THESE GROUPS WERE CHOSEN BECAUSE OF THEIR KNOWLEDGE OF HEALTH NEEDS IN THE COMMUNITY, PARTICULARLY THOSE WHO ARE UNDERSERVED AND/OR MIGHT BE UNDERREPRESENTED IN THE COMMUNITY SURVEY

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
SHAWNEE MISSION MEDICAL CENTER	PART V, SECTION B, LINE 6B JOHNSON COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT, WYANDOTTE COUNTY-HEALTHY COMMUNITIES WYANDOTTE, AND HEALTHY KC

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
SHAWNEE MISSION MEDICAL CENTER	PART V, SECTION B, LINE 7D THE HOSPITAL HAS ADOPTED A POLICY THAT ADDRESSES THE PUBLIC POSTING REQUIREMENTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT UNDER THIS POLICY, THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS MUST BE POSTED ON THE HOSPITAL'S WEBSITE AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE WIDELY AVAILABLE ON ITS WEBSITE ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS THE HOSPITAL WILL ALSO MAKE A PAPER COPY OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND WITHOUT CHARGE, AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE AVAILABLE FOR PUBLIC INSPECTION ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS

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
SHAWNEE MISSION MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 THE INFORMATION PROVIDED BELOW EXPLAINS HOW THE HOSPITAL FACILITY ADDRESSED IN 2018 THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ITS 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, AND ANY SUCH NEEDS THAT WERE NOT ADDRESSED AND THE REASONS WHY SUCH NEEDS WERE NOT ADDRESSED THE HOSPITAL FACILITY CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 AND ADOPTED AN IMPLEMENTATION STRATEGY TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT IN 2017 PRIOR TO MAY 15, 2017 SHAWNEE MISSION MEDICAL CENTER, INC., D/B/A ADVENTHEALTH SHAWNEE MISSION WILL BE REFERRED TO IN THIS DOCUMENT AS ADVENTHEALTH SHAWNEE MISSION OR "THE HOSPITAL " IN JANUARY 2019, EVERY WHOLLY-OWNED ENTITY ACROSS OUR ORGANIZATION ADOPTED THE ADVENTHEALTH SYSTEM BRAND OUR ENTITY HAS BEEN UNIFIED TO REPRESENT THE FULL CONTINUUM OF CARE OUR SYSTEM OFFERS THROUGHOUT THIS REPORT, WE WILL REFER TO OUR HOSPITAL BY ADVENTHEALTH SHAWNEE MISSION OR THE HOSPITAL ANY REFERENCE TO OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OR 2017 COMMUNITY HEALTH PLAN (CHP) WILL UTILIZE OUR NEW NAME FOR CONSISTENCY ADVENTHEALTH SHAWNEE MISSION IS PART OF THE MID-AMERICA REGION OF THE MULTI-STATE DIVISION THE MID-AMERICAN REGION INCLUDES TWO HOSPITAL FACILITIES, ADVENTHEALTH DURAND AND ADVENTHEALTH SHAWNEE MISSION ADVENTHEALTH SHAWNEE MISSION INCLUDES THREE CAMPUSES, ADVENTHEALTH SHAWNEE MISSION, ADVENTHEALTH LENEXA, AND ADVENTHEALTH SOUTH OVERLAND PARK CAMPUSES THIS IS THE SECOND-YEAR UPDATE FOR THE HOSPITAL'S 2017-2019 COMMUNITY HEALTH PLAN (IMPLEMENTATION STRATEGY) THE HOSPITAL DEVELOPED THIS PLAN AND POSTED IT BY MAY 15, 2017 AS PART OF ITS 2016 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOR THE DEVELOPMENT OF BOTH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH PLAN (IMPLEMENTATION STRATEGY), THE HOSPITAL WORKED TO DEFINE AND ADDRESS THE NEEDS OF LOW-INCOME, MINORITY AND UNDERSERVED POPULATIONS IN OUR SERVICE AREA THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT USED PRIMARY DATA INTERVIEWS AND SURVEYS, SECONDARY DATA FROM LOCAL, REGIONAL AND NATIONAL HEALTH-RELATED SOURCES, AND HOSPITAL PREVALENCE DATA TO HELP THE HOSPITAL DETERMINE THE HEALTH NEEDS OF THE COMMUNITY WE SERVE ONCE THE DATA WAS GATHERED, THE PRIMARY ISSUES IDENTIFIED IN THE NEEDS ASSESSMENT WERE PRIORITIZED BY COMMUNITY AND HOSPITAL STAKEHOLDERS, WHO THEN SELECTED KEY ISSUES FOR THE HOSPITAL TO ADDRESS IN ITS 2017-2019 COMMUNITY HEALTH PLAN THE SECOND-YEAR PROGRESS ON THE COMMUNITY HEALTH PLAN IS NOTED BELOW THE NARRATIVE DESCRIBES THE ISSUES IDENTIFIED IN 2016 AND GIVES AN UPDATE ON THE STRATEGIES ADDRESSING THOSE ISSUES THERE IS ALSO A DESCRIPTION OF THE IDENTIFIED ISSUES THAT THE HOSPITAL IS NOT ADDRESSING ADVENTHEALTH SHAWNEE MISSION CHOSE FOUR AREAS OF FOCUS FOR THEIR 2017-2019 COMMUNITY HEALTH PLAN 1 CHRONIC DISEASE AND RISK REDUCTION 2 ACCESS TO CARE 3 MENTAL HEALTH 4 IMPROVING PREGNANCY OUTCOMES PRIORITY CHRONIC DISEASE AND RISK REDUCTION</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
SHAWNEE MISSION MEDICAL CENTER	<p>16 DESCRIPTION OF THE ISSUE THE HOUSEHOLD SURVEY OF OUR COMMUNITY HEALTH ASSESSMENT IDENTIFIED 35 PERCENT OF THOSE IN OUR SERVICE AREA SELF-REPORTED HIGH BLOOD PRESSURE, 35 PERCENT REPORTED HIGH CHOLESTEROL AND 60 PERCENT REPORTED BEING OVERWEIGHT OR OBESE 13.4 PERCENT OF OUR SERVICE AREA REPORTED EXPERIENCING FOOD INSECURITY AT SOME POINT DURING THE PREVIOUS TWELVE-MONTH PERIOD WYANDOTTE COUNTY HAS THE HIGHEST DIABETES OCCURRENCE IN THE STATE OF KANSAS AND HAS A FOOD INSECURITY RATE OF 17.87 PERCENT 2018 UPDATE ADVENTHEALTH SHAWNEE MISSION HAS WORKED TO INCREASE ACCESS TO HEALTHY FOOD AS WELL AS PROVIDE EDUCATION AND SUPPORT BY PARTNERING WITH SEVERAL COMMUNITY ORGANIZATIONS THE PARTNER'S INITIATIVE WAS PILOTTED WITH FOUR OF THE HOSPITAL'S DEPARTMENTS IN ORDER TO DETERMINE FEASIBILITY AND IDENTIFY AND STREAMLINE A PROCESS FOR THE FOOD PANTRY THE PURPOSE OF THIS INITIATIVE IS TO HELP INCREASE CAPACITY FOR THE SHAWNEE COMMUNITY SERVICE FOOD PANTRY HOSPITAL TEAM MEMBERS DONATED TIME TO COLLECT FRESH PRODUCE FOR THE CLIENTS THE PARTNERS IN PRODUCE INITIATIVE WILL CONTINUE REGULARLY SCHEDULED PRODUCE COLLECTIONS THROUGHOUT 2019 WE ADDED OUR SECOND FOOD PANTRY PARTNER WITH CATHOLIC CHARITIES CATHOLIC CHARITIES RECEIVED A CASH DONATION FOR THE PURCHASE OF FRESH PRODUCE FROM ADVENTHEALTH SHAWNEE MISSION IN ADDITION TO THESE DONATIONS, THE HOSPITAL SERVES ON THE PLANNING COMMITTEE FOR HUNGER-FREE HEALTH CARE KC THIS COMMITTEE INCLUDES HARVESTERS (OUR FEEDING AMERICA AGENCY), JOHNSON COUNTY HEALTH AND ENVIRONMENT, THE FOOD EQUITY NETWORK, AND ST LUKE'S HOSPITALS THE PLANNING COMMITTEE'S OBJECTIVE IS TO ADVANCE BEST PRACTICES FOR ADDRESSING HUNGER IN HEALTH CARE SETTINGS OUR SECOND ANNUAL SUMMIT WAS HELD IN SEPTEMBER 2018 AND A PANEL PRESENTATION WAS GIVEN AT THE HEALTH EQUITY CONFERENCE IN KANSAS CITY, KANSAS THE HOSPITAL ESTABLISHED A MULTI-DISCIPLINARY TASK FORCE TO ADVANCE THE ROLE OF OUR HOSPITAL AND PHYSICIAN PRACTICES TO ADDRESS HUNGER AND ACCESS TO HEALTHY FOOD THE HUNGER-FREE HEALTH CARE TASK FORCE IS WORKING IN PARTNERSHIP WITH THE JOHNSON COUNTY FOOD POLICY COUNCIL ON A RESEARCH PROJECT AN OUTSIDE RESEARCH CONSULTANT WAS HIRED BY THE HOSPITAL TO DEVELOP AND VALIDATE QUESTIONS FOR A HUNGER SCREENING TOOL THIS TOOL WAS DEVELOPED AND TESTED WITH A FOCUS GROUP COMPRISED OF COMMUNITY PARTNERS WORKING IN FOOD SECURITY THE PROCESSES AND TOOLS DEVELOPED WILL BENEFIT OTHERS IN HEALTHCARE TO ADVANCE ADDRESSING AND RESPONDING TO THE LACK OF HEALTHY FOOD IN OUR COMMUNITY MULTIPLE EDUCATION STRATEGIES WERE ALSO IMPLEMENTED IN OUR COMMUNITY TO PROMOTE HEALTHY LIFESTYLES DUE TO LOW ENROLLMENT AND PARTICIPATION IN THE DIABETES PREVENTION PROGRAM, THIS PROGRAM IS NO LONGER OFFERED THIRTY-SIX COMMUNITY MEMBERS PARTICIPATED IN THE WEIGHT MANAGEMENT UNIVERSITY PROGRAM AND STOP DIABETES NOW PROGRAMS WHILE PARTICIPANTS IN THESE PROGRAMS ACHIEVED POSITIVE RESULTS, IT WAS DETERMINED THAT TO EXPAND THE IMPACT, NEW PROGRAMMING WITH AN UP</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
SHAWNEE MISSION MEDICAL CENTER	<p>DATED APPROACH WAS NECESSARY CURRENTLY A COMMITTEE IS WORKING ON NEW PROGRAMMING TO ADDRESS NUTRITION, OBESITY AND PRE-DIABETES OUR COMMUNITY HEALTH AND WELL-BEING PROGRAMS RESULTED IN 403 PARTICIPANTS ATTENDING AND 89 PERCENT REPORTING INCREASED KNOWLEDGE THE CHRONIC DISEASE WELLNESS CENTER AVERAGES 105 PARTICIPANTS MONTHLY IN WYANDOTTE COUNTY, ADVENTHEALTH SHAWNEE MISSION PARTNERED WITH NOURISH KC TO DEVELOP A MOBILE MARKET WHICH PROVIDES HEALTHY FOOD, INCLUDING FRESH PRODUCE, WITH STOPS IN AREAS IDENTIFIED AS FOOD DESERTS THE HOSPITAL PROVIDED FINANCIAL SUPPORT, WHILE NOURISH KC MANAGED AND OPERATED THE MOBILE MARKET IN ADDITION TO COMMUNITY PARTNERS, COMMUNITY MEMBERS WERE ENGAGED IN THE DEVELOPMENT OF THIS SOLUTION, INCLUDING SELECTION OF LOCATION STOPS FOR THE MARKET NOURISH KC EXPERIENCED SIGNIFICANT CHANGE IN DECEMBER 2018 WHICH RESULTED IN DISCONTINUING THEIR ROLE AS MANAGER OF THE MOBILE MARKET CURRENTLY THE MOBILE MARKET LAUNCH IS ON HOLD WHILE DETERMINING A NEW MANAGING ORGANIZATION SEE CONTINUATION</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 LINES 7A AND 10A	LINE 7A THE CHNA REPORT CAN BE FOUND AT URL HTTPS //WWW ADVENTHEALTH COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS LINE 10A THE HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE FOUND AT HTTPS //WWW ADVENTHEALTH COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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, LINE 16A, 16B, AND 16C	LINE 16A THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT THE FOLLOWING WEBSITE HTTPS //WWW ADVENTHEALTH COM/LEGAL/FINANCIAL-ASSISTANCE LINE 16B THE FINANCIAL ASSISTANCE POLICY APPLICATION CAN BE FOUND AT THE FOLLOWING WEBSITE HTTPS //WWW ADVENTHEALTH COM/LEGAL/FINANCIAL-ASSISTANCE LINE 16C THE PLAIN LANGUAGE SUMMARY CAN BE FOUND AT THE FOLLOWING WEBSITE HTTPS //WWW ADVENTHEALTH COM/LEGAL/FINANCIAL-ASSISTANCE

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
<p>SCHEDULE H, PART V SECTION B LINE 11 - CONTINUATION</p>	<p>PRIORITY ACCESS TO CARE 2016 DESCRIPTION OF THE ISSUE THIRTY PERCENT OF THE HOSPITAL'S SERVICE AREA RESIDENTS INDICATED AFFORDABLE HEALTH CARE AS ONE OF THE TOP THREE COMMUNITY HEALTH NEEDS EIGHT PERCENT REPORTED NOT HAVING ANY HEALTH INSURANCE AND 19 PERCENT INDICATED NOT HAVING ENOUGH INSURANCE TWENTY PERCENT OF THOSE SURVEYED REPORTED BEING EITHER WORRIED OR VERY WORRIED ABOUT PAYING MEDICAL BILLS HIGHER HEALTH CARE COSTS AND CONFUSION ABOUT HEALTH INSURANCE RESULTED IN OUR COMMUNITY AVOIDING OR DELAYING NECESSARY CARE ONE IN FOUR OF THOSE PARTICIPATING IN OUR HOUSEHOLD SURVEY INDICATED THEY HAD VISITED AN EMERGENCY DEPARTMENT (ED) TWO OR MORE TIMES IN THE PAST TWELVE MONTHS THIRTEEN PERCENT OF THESE INDIVIDUALS INDICATED THEY RECEIVE THE MAJORITY OF THEIR MEDICAL CARE AT THE ED 2018 UPDATE DURING THE 2018 ACA ENROLLMENT, THE HOSPITAL PARTNERED WITH KANSAS ASSISTERS AND PROVIDED PHONE AND IN-PERSON EDUCATION AND SUPPORT AT OUR SHAWNEE MISSION LOCATION AS A RESULT, 123 INDIVIDUALS WERE SIGNED UP FOR HEALTH COVERAGE THE HOSPITAL ALSO PARTICIPATED IN FOUR COMMUNITY EVENTS AND PROVIDED INFORMATION AND EDUCATION TO 145 INDIVIDUALS HEALTH INSURANCE LITERACY INFORMATION WAS PROVIDED IN A NEWLY DESIGNED BOOKLET FOR TRACKING HEALTH AND WELLNESS AND WAS DISTRIBUTED TO 1,240 IN ATTENDANCE AT THE ANNUAL LIVING IN VITALITY CONFERENCE OUR HEALTHYKC MAGAZINE FEATURED A FULL-PAGE INFOGRAPHIC TO EDUCATE THE COMMUNITY ON HEALTH SAVINGS ACCOUNTS TO MANAGE HEALTH CARE EXPENSES OUR EMERGENCY DEPARTMENT'S BRIDGE CARE PROGRAM CASE-MANAGED 93 PATIENTS WITH VERY HIGH ED UTILIZATION OUR COORDINATORS IDENTIFIED BARRIERS AND GAPS IN SERVICES, ASSISTED WITH GOAL SETTING AND EDUCATED PATIENTS FIFTY-THREE PERCENT OF THESE MANAGED PATIENTS WITHOUT A MEDICAL HOME WERE SUCCESSFULLY REFERRED ONE HUNDRED PERCENT OF PATIENTS WITH COMPLAINTS OF PAIN OR HISTORY OF OPIOID USE COMPLETED A CHRONIC PAIN ASSESSMENT RELATIONSHIPS WITH MANY COMMUNITY RESOURCES ARE ESSENTIAL TO THE WORK OF OUR BRIDGE CARE COORDINATORS PRIORITY MENTAL HEALTH 2016 DESCRIPTION OF THE ISSUE HOUSEHOLD SURVEY RESPONDENTS INDICATED MENTAL HEALTH AS THE SECOND MOST IMPORTANT NEED FOR THEIR COMMUNITY KEY INFORMANT SURVEYS IDENTIFIED MENTAL HEALTH AS THE MOST IMPORTANT HEALTH ISSUE AND REFERENCED THE IMPACT OF THE STATE BUDGET CUTS ON MENTAL HEALTH RESOURCES SEVENTEEN PERCENT OF THE HOUSEHOLD SURVEY RESPONDENTS REPORTED SEEING A MENTAL HEALTH PROVIDER AT LEAST ONCE IN THE LAST MONTH TWENTY-EIGHT PERCENT OF THOSE PARTICIPATING IN OUR HOUSEHOLD SURVEY INDICATED 'THEY HAVE FELT DOWN, DEPRESSED OR HOPELESS' AT LEAST OCCASIONALLY SUICIDE RATES IN JOHNSON COUNTY ARE 14.1 PER 100,000 (2015 DATA) PRESCRIPTION PAIN MEDICATION / OPIATE ADDICTIONS AND DEATHS DUE TO OVERDOSES QUADRUPLED FROM 1999 TO 2014 SPRAIN OF BACK AND NECK ARE IN THE TOP TEN DIAGNOSES FOR THE HOSPITAL ED ADVENTHEALTH SHAWNEE MISSION IS ONE OF THE FEW HOSPITALS IN THE KANSAS CITY METROPOLITAN AREA PROVIDING INPATIENT AND OUTPATIENT</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
<p>SCHEDULE H, PART V SECTION B LINE 11 - CONTINUATION</p>	<p>BEHAVIORAL HEALTH SERVICES 2018 UPDATE THE HOSPITAL'S BEHAVIORAL HEALTH DEPARTMENT CO-LEADS THE JOHNSON COUNTY SUICIDE PREVENTION COALITION THE HOSPITAL HOSTED A MENTAL HEALTH FIRST AID PROGRAM AND SUBSIDIZED HALF THE REGISTRATION COSTS FOR ALL PARTICIPANTS THIS WAS OPEN TO THE COMMUNITY AND TARGETED A POPULATION THAT NEEDED TRAINING BUT HAD COST AS A BARRIER TWENTY-THREE PARTICIPANTS ATTENDED AND MET CERTIFICATION REQUIREMENTS THE HOSPITAL SERVES ON THE PLANNING COMMITTEE AND IS A SPONSOR FOR THE ANNUAL MENTAL HEALTH-KC CONFERENCE THIS CONFERENCE TARGETS MENTAL HEALTH AND HUMAN RESOURCE PROFESSIONALS THE METRO-COUNCIL FOR BEHAVIORAL HEALTH LEADS THIS INITIATIVE AND REPRESENTS MENTAL HEALTH FACILITIES FOR THE KC METRO AREA OTHER PARTNERS INCLUDE CERNER CORPORATION, THE GREATER KC CHAMBER AND THE HEALTH DEPARTMENTS FOUR HUNDRED SEVENTY-TWO ATTENDED THIS CONFERENCE WITH 99 PERCENT REPORTING AN INCREASE IN RELEVANT KNOWLEDGE THE ADVENTHEALTH BEHAVIORAL HEALTH DIRECTOR AND STAFF LED A PANEL PRESENTATION AND DISCUSSION ON SUICIDE THE HOSPITAL ALSO PRESENTED BEHAVIORAL EDUCATION AND RESOURCES AT OUR SPONSORSHIP TABLE ADVENTHEALTH SHAWNEE MISSION SEEKS TO IMPACT OPIOID OVERDOSES AND DEATHS BY INCREASING MEDICALLY ASSISTED TREATMENTS FOR OPIOID ADDICTIONS SUCH AS SUBOXONE THERAPIES, REDUCING ACCESS TO UNUSED PRESCRIPTIONS AND EDUCATING THE COMMUNITY ON APPROPRIATE AND SAFE USE OF OPIOIDS FOR ADDRESSING PAIN ONE OF OUR PHYSICIAN PRACTICES RECEIVED THE WAIVER NECESSARY TO PROVIDE SUBOXONE TREATMENT THIS PRACTICE WILL BEGIN PROVIDING TREATMENTS IN THE FIRST QUARTER OF 2019 AS PART OF A JOINT-HOSPITAL AND COUNTY 'TAKE-BACK' DRUG INITIATIVE, THE HOSPITAL INSTALLED A MED-SAFE DISPOSAL CONTAINER WHICH WAS INSTALLED IN OUR OUT-PATIENT PHARMACY THE HOSPITAL PROVIDED EDUCATION AND MATERIALS AT MULTIPLE COMMUNITY EVENTS AND EDUCATION INFORMATION WAS INCLUDED IN OUR HOSPITAL'S COMMUNITY HEALTH MAGAZINE PRIORITY IMPROVING PREGNANCY OUTCOMES IN WYANDOTTE COUNTY 2016 DESCRIPTION OF THE ISSUE IN WYANDOTTE COUNTY 31.5 PERCENT OF EXPECTANT MOTHERS RECEIVE NO OR LATE PRENATAL CARE AS COMPARED TO 18 PERCENT IN THE ADVENTHEALTH SHAWNEE MISSION SERVICE AREA INFANT MORTALITY RATES IN WYANDOTTE COUNTY ARE 8.4/1,000, WHICH IS ONE OF THE HIGHEST IN THE UNITED STATES IN ADDITION, 8.3 PERCENT OF BABIES ARE BORN AT A LOW BIRTH WEIGHT, WHICH IS AN INDICATOR OF HEALTH PROBLEMS AND HIGHER RISK OF INFANT MORTALITY HIGH INFANT MORTALITY RATE IN WYANDOTTE COUNTY WAS ALSO IDENTIFIED AS A PRIORITY THROUGH THE NEEDS ASSESSMENT FOR CHILDREN'S MERCY HOSPITAL 2018 UPDATE A COLLABORATIVE PARTNERSHIP BETWEEN ADVENTHEALTH SHAWNEE MISSION, CHILDREN'S MERCY HOSPITAL AND OTHER KEY STAKEHOLDERS IN WYANDOTTE COUNTY WAS ESTABLISHED TO DEVELOP AND IMPLEMENT AN EDUCATIONAL CAMPAIGN DELIVERED THROUGH THE FAITH COMMUNITY EVERY BABY TO ONE (EBT1) FOCUSES ON THE THREE S'S - SAFE SLEEP, SAFE SPACE AND SOCIAL SUPPORT ON APRIL 22, 2018, WE LAUNCHED OUR EBT1 EDUCATIONAL CAMPAIGN AT A PR</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
<p>SCHEDULE H, PART V SECTION B LINE 11 - CONTINUATION</p>	<p>EDOMINATELY AFRICAN AMERICAN CHURCH IN WYANDOTTE COUNTY THIS LAUNCH INCLUDED ENGAGING ACTIVITIES AND A MEAL AFTER CHURCH TRAINED BABY AMBASSADORS ARE RESPONSIBLE FOR IMPLEMENTING THE EDUCATION MONTHLY ALTHOUGH THE FINAL ANALYSIS OF THE SURVEYS IS NOT YET FINALIZED, AN EARLY ANALYSIS INDICATES INCREASED LEARNING COMMUNITY NEEDS NOT CHOSEN BY SHAWNEE MISSION ON HEALTH THE PRIMARY AND SECONDARY DATA IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MULTIPLE COMMUNITY ISSUES HOSPITAL AND COMMUNITY STAKEHOLDERS USED THE FOLLOWING CRITERIA TO NARROW THE LARGER LIST TO THE PRIORITY AREAS NOTED ABOVE 1 HOW ACUTE IS THE NEED? (BASED ON DATA AND COMMUNITY CONCERN)2 WHAT IS THE TREND? IS THE NEED GETTING WORSE?3 DO ES THE HOSPITAL PROVIDE SERVICES THAT RELATE TO THE PRIORITY? 4 IS SOMEONE ELSE OR MULTIPLE GROUPS IN THE COMMUNITY ALREADY WORKING ON THIS ISSUE? 5 IF THE HOSPITAL WERE TO ADDRESS THIS ISSUE, ARE THERE OPPORTUNITIES TO WORK WITH COMMUNITY PARTNERS? BASED ON THIS PRIORITIZATION PROCESS, ADVENTHEALTH SHAWNEE MISSION DID NOT CHOOSE THE FOLLOWING COMMUNITY ISSUES THE LIST BELOW INCLUDES THESE ISSUES AND AN EXPLANATION OF WHY THE HOSPITAL IS NOT ADDRESSING THEM POVERTY/LIVABLE WAGETHE HOSPITAL DECIDED TO NOT INCLUDE POVERTY AS ONE OF THE PRIORITIES FOR OUR COMMUNITY HEALTH PLAN BECAUSE WE DO NOT HAVE THE CAPACITY TO MAKE AN IMPACT IT IS OUR EXPECTATION THAT THERE WILL BE OPPORTUNITIES TO POSITIVELY IMPROVE THE HEALTH OF THOSE IN OUR COMMUNITY WHO ARE IMPACTED BY POVERTY HOSPITAL LEADERSHIP DOES PARTICIPATE IN SEVERAL CHAMBERS OF COMMERCE AND ECONOMIC DEVELOPMENT GROUPS WHO ARE WORKING TO CREATE AND SUSTAIN MEANINGFUL JOBS TRANSPORTATIONFORTY-THREE PERCENT OF THE RESPONDENTS IN OUR HOUSEHOLD SURVEY REPORTED TRANSPORTATION AS ONE OF THE TOP THREE NEEDS OF OUR COMMUNITY HOWEVER, ADVENTHEALTH SHAWNEE MISSION DECIDED TO NOT INCLUDE TRANSPORTATION IN OUR COMMUNITY HEALTH PLAN BECAUSE WE DO NOT HAVE THE CAPACITY OR THE INFLUENCE TO MAKE AN IMPACT WHEN DEVELOPING OUR COMMUNITY HEALTH PLAN, WE WILL CONSIDER BARRIERS CREATED BY LACK OF TRANSPORTATION DENTAL DENTAL SERVICES ARE NOT PART OF THE HEALTH CARE SERVICES AND OUT REACH THROUGH ADVENTHEALTH SHAWNEE MISSION THERE HAS BEEN AN INCREASE IN DENTAL SERVICES FOR CHILDREN AND THE UNDERSERVED OVER THE PAST SEVERAL YEARS OTHER ORGANIZATIONS INCLUDING JOHNSON COUNTY AND ORAL HEALTH KANSAS ARE ACTIVELY WORKING ON ISSUES AROUND DENTAL ADVENTHEALTH SHAWNEE MISSION PROVIDES FINANCIAL SUPPORT FOR OUR HEALTH PARTNERSHIP CLINICS WHICH PROVIDES DENTAL SERVICES FOR THE UNDERSERVED</p>

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

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

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

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

Name and address	Type of Facility (describe)
1 2 - ADVENTHEALTH MEDICAL GROUP CARDIOLOGY VAS 9119 W 74TH STREET SUITE 350 MERRIAM, KS 66204	PHYSICIAN CLINIC
1 3 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 7301 FRONTAGE ROAD SUITE 100 MERRIAM, KS 66204	PHYSICIAN CLINIC
2 4 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 23351 PRAIRIE STAR PARKWAY SUITE A245 LENEXA, KS 66227	PHYSICIAN CLINIC
3 5 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 9119 W 74TH STREET STE 150 MERRIAM, KS 66204	PHYSICIAN CLINIC
4 6 - ADVENTHEALTH CENTRA CARE CORPORATE CARE LE 9040 QUIVIRA RD LENEXA, KS 66215	OCCUPATIONAL MEDICINE
5 7 - ADVENTHEALTH MEDICAL GROUP PULMONOLOGY AT 8901 W 74TH STREET SUITE 390 MERRIAM, KS 66204	PHYSICIAN CLINIC
6 8 - ADVENTHEALTH MEDICAL GROUP ENDOCRINOLOGY A 8901 W 74TH STREET SUITE 269 MERRIAM, KS 66204	PHYSICIAN CLINIC
7 9 - ADVENTHEALTH MEDICAL GROUP NEUROLOGY AT SH 8901 W 74TH STREET SUITE 269 MERRIAM, KS 66204	PHYSICIAN CLINIC
8 10 - ADVENTHEALTH CENTRA CARE CORPORATE CARE KA 2025 SWIFT AVENUE KANSAS CITY, MO 64116	OCCUPATIONAL MEDICINE
9 11 - ADVENTHEALTH CENTRA CARE SHAWNEE MISSION 11245 SHAWNEE MISSION PARKWAY SHAWNEE, KS 66203	OUTPATIENT URGENT CARE
10 12 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 8700 BOURGADE STREET STE 2 LENEXA, KS 66219	PHYSICIAN CLINIC
11 13 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 6815 HILLTOP RD SUITE 100 SHAWNEE, KS 66226	PHYSICIAN CLINIC
12 14 - ADVENTHEALTH MEDICAL GROUP INTERNAL MEDICI 7840 W 165TH STREET SUITE 210 OVERLAND PARK, KS 66223	INTERNAL MEDICINE
13 15 - ADVENTHEALTH CENTRA CARE OVERLAND PARK 9099 W 135TH STREET OVERLAND PARK, KS 66221	OUTPATIENT URGENT CARE
14 16 - ADVENTHEALTH CENTRA CARE CORPORATE CARE LE 805 NE RICE ROAD LEES SUMMIT, MO 64086	OCCUPATIONAL MEDICINE

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

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

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

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

Name and address	Type of Facility (describe)
16 17 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 6240 W 135TH ST SUITE 150 OVERLAND PARK, KS 66223	PHYSICIAN CLINIC
1 18 - ADVENTHEALTH CENTRA CARE LENEXA 9040 QUIVIRA RD LENEXA, KS 66215	OUTPATIENT URGENT CARE
2 19 - ADVENTHEALTH CENTRA CARE OLATHE 14744 W 119TH STREET OLATHE, KS 66062	OUTPATIENT URGENT CARE
3 20 - ADVENTHEALTH MEDICAL GROUP NEUROSURGERY AT 9119 W 74TH ST SUITE 260 MERRIAM, KS 66204	PHYSICIAN CLINIC
4 21 - ADVENTHEALTH MEDICAL GROUP CARDIOLOGY AT L 3601 S 4TH STREET SUITE 4 LEAVENWORTH, KS 66048	PHYSICIAN CLINIC
5 22 - ADVENTHEALTH MEDICAL GROUP GENERAL SURGERY 9301 W 74TH STREET SUITE 110 MERRIAM, KS 66204	PHYSICIAN CLINIC
6 23 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 8960 COMMERCE DR SUITE 4E DESOTO, KS 66018	PHYSICIAN CLINIC
7 24 - ADVENTHEALTH MEDICAL GROUP PRIMARY CARE AT 7501 MISSION RD SUITE 103 PRIARIE VILLAGE, KS 66208	PHYSICIAN CLINIC
8 25 - ADVENTHEALTH SHAWNEE MISSION HOLISTIC CARE 9100 W 74TH STREET MERRIAM, KS 66204	PHYSICIAN CLINIC
9 26 - ADVENTHEALTH CENTRA CARE CORPORATE CARE WA 617 NORTH RIDGEVIEW DRIVE WARRENSBURG, MO 64093	OCCUPATIONAL MEDICINE
10 27 - ADVENTHEALTH MEDICAL GROUP INTERNAL MEDICI 7840 W 165TH STREET SUITE 210 OVERLAND PARK, KS 66223	PHYSICIAN CLINIC
11 28 - ADVENTHEALTH MEDICAL GROUP PSYCHIATRY AT S 9100 WEST 74TH STREET FLOOR 6 TOWER 2 MERRIAM, KS 66204	PSYCHIATRY SERVICES
12 29 - ADVENTHEALTH MEDICAL GROUP CARDIOLOGY AT S 9101 W 74TH STREET MERRIAM, KS 66204	CARDIOLOGY SERVICES
13 30 - ADVENTHEALTH MEDICAL GROUP CARDIOLOGY AT L 23351 PRAIRIE STAR PKWY A275 LENEXA, KS 66227	CARDIOLOGY SERVICES
14 31 - ADVENTHEALTH MEDICAL GROUP CARDIOLOGY AT S 7840 WEST 165TH ST 210 OVERLAND PARK, KS 66223	CARDIOLOGY SERVICES

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**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number
48-0637331

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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
PART I, LINE 2	GRANTS ARE GENERALLY MADE ONLY TO RELATED ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3) AND OTHER ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3) AND 501(C)6) ACCORDINGLY, THE FILING ORGANIZATION HAS NOT ESTABLISHED SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES AS THE FILING ORGANIZATION DOES NOT HAVE A GRANT MAKING PROGRAM THAT WOULD NECESSITATE SUCH PROCEDURES THEREFORE, GRANTS ARE APPROVED ON A CASE-BY-CASE BASIS

Additional Data

Software ID:
Software Version:
EIN: 48-0637331
Name: SHAWNEE MISSION MEDICAL CENTER INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3 & 2 BASEBALL CLUB OF JOHNSON COUNTY INC PO BOX 14011 LENEXA, KS 66285	44-0612233	501(C)(3)	25,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	71,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS AND RECREATION FOUNDATION OF OVERLAND PARK INC PO BOX 26392 OVERLAND PARK, KS 66225	48-1171599	501(C)(3)	24,400				GENERAL SUPPORT
CENTER FOR PRACTICAL BIOETHICS 1111 MAIN STREET 500 KANSAS CITY, MO 64105	48-0985815	501(C)(3)	8,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD 104 OLATHE, KS 66062	48-1115529	501(C)(3)	20,000				GENERAL SUPPORT
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE BERRIEN SPRINGS, MI 49104	38-1627600	501(C)(3)	15,000				SDA BUSINESS TEACHERS CONFERENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS CITY SYMPHONY 1703 WYANDOTTE 200 KANSAS CITY, MO 64108	43-1297475	501(C)(3)	42,000				GENERAL SUPPORT
MIDLAND ADVENTIST ACADEMY 6915 MAURER RD SHAWNEE, KS 66217	48-0774673	501(C)(3)	28,750				CONSTRUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NBC COMMUNITY DEVELOPMENT CORPORATION 745 WALKER AVE KANSAS CITY, KS 66101	45-3682212	501(C)(3)	9,000				GENERAL SUPPORT
SHAWNEE MISSION EDUCATION FDN 7235 ANTIOCH ROAD SHAWNEE MISSION, KS 66204	74-2823938	501(C)(3)	16,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC 9100 W 74TH STEET SHAWNEE MISSION, KS 66204	48-0868859	501(C)(3)		876,107	COST	GENERAL ADMIN SUPPORT	GENERAL SUPPORT
MID-AMERICAN UNION CONFERENCE OF SDA 8307 PINE LAKE ROAD LINCOLN, NE 68516	47-6008606	501(C)(3)		10,000	FMV	ARTWORK	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION COLLEGE 3800 S 48TH STREET LINCOLN, NE 68506	47-0405319	501(C)(3)	52,000				GENERAL SUPPORT
RANSOM MEMORIAL HOSPITAL CHARITABLE ASSOCIATION INC 1301 SOUTH MAIN STREET OTTAWA, KS 66067	48-1097527	501(C)(3)	9,710				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE VALLEY EDUCATIONAL FOUNDATION 15020 METCALF AVE OVERLAND PARK, KS 66223	48-1159744	501(C)(3)	19,505				GENERAL SUPPORT
DOWNTOWN OVERLAND PARK PARTNERSHIP INC 7315 W 79TH STREET OVERLAND PARK, KS 66204	48-1147998	501(C)(6)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOME HOUSE INC 1414 E 27TH STREET KANSAS CITY, MO 64108	43-0984039	501(C)(3)	14,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number
48-0637331

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	<p>THE FILING ORGANIZATION IS A PART OF THE SYSTEM OF HEALTHCARE ORGANIZATIONS KNOWN AS ADVENTHEALTH. MEMBERS OF THE FILING ORGANIZATION'S EXECUTIVE MANAGEMENT TEAM THAT HOLD THE POSITION OF VICE-PRESIDENT OR ABOVE ARE COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF ADVENTHEALTH. AHSSHC IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). THE FILING ORGANIZATION REIMBURSES AHSSHC FOR THE SALARY AND BENEFIT COST OF THOSE EXECUTIVES ON THE PAYROLL OF AHSSHC AT THE DIRECTION OF AHSSHC, AND IN ACCORDANCE WITH THE RESERVED POWERS IN THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, THE EXECUTIVE TEAM LISTED ON PART VII PROVIDES SERVICES TO THE FILING ORGANIZATION. FIRST-CLASS OR CHARTER TRAVEL PURSUANT TO THE ADVENTHEALTH SYSTEM-WIDE GENERAL POLICY REGARDING BUSINESS TRAVEL, NO REIMBURSEMENT WILL BE PROVIDED FOR ANY ADDITIONAL COST INCURRED WITH RESPECT TO FIRST-CLASS OR CHARTER AIR TRAVEL BEYOND THE COST OF A REGULAR COACH AIRFARE AS A MEANS OF PROVIDING ADDITIONAL BUSINESS TRAVEL REIMBURSEMENT FOR THOSE MEMBERS OF THE AHSSHC SENIOR EXECUTIVE MANAGEMENT TEAM THAT TRAVEL FREQUENTLY ON BEHALF OF ADVENTHEALTH, A SPECIAL ANNUAL TRAVEL ALLOWANCE IS PROVIDED FOR THOSE EXECUTIVES AS ADVENTHEALTH OPERATES 44 HOSPITALS IN 9 STATES, THE SENIOR LEADERSHIP OF AHSSHC TRAVEL EXTENSIVELY AND OFTEN VISIT MULTIPLE HOSPITAL LOCATIONS IN DIFFERENT STATES AS A PART OF A SINGLE BUSINESS TRIP. THE SPECIAL TRAVEL ALLOWANCE CAN PROVIDE REIMBURSEMENTS TO THE EXECUTIVE FOR SUCH ITEMS AS THE PURCHASE OF AIR TRAVEL UPGRADE COUPONS, TO COVER THE COST DIFFERENTIAL BETWEEN COACH AND FIRST-CLASS TRAVEL, OR TO COVER THE COST OF A CHARTER FLIGHT. THE SPECIAL TRAVEL ALLOWANCE BENEFIT WAS ORIGINALLY AUTHORIZED BY AND CODIFIED INTO A POLICY BY THE AHSSHC BOARD COMPENSATION COMMITTEE (THE COMMITTEE), AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS, WHO ALSO APPROVES THE ANNUAL CAP ON THE AMOUNT OF THE ALLOWANCE. THE SPECIAL TRAVEL ALLOWANCE HAS AN ANNUAL CAP OF \$24,000 FOR MEMBERS OF THE LEADERSHIP EXECUTIVE TEAM (ADVENTHEALTH CABINET 12 MEMBERS) AND \$15,000 FOR ADVENTHEALTH CORPORATE OFFICE SENIOR VICE PRESIDENTS, REGIONAL CEO'S AND DIVISION CHIEF OFFICERS (GENERALLY 20-30 INDIVIDUAL EXECUTIVES). THE REGIONAL CEO FOR THE ADVENTHEALTH IS A MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION. THE REGIONAL CEO IS CONSIDERED A COMMON LAW EMPLOYEE OF AND IS ON THE PAYROLL OF AHSSHC WHILE THE SPECIAL TRAVEL ALLOWANCE BENEFIT IS AN AHSSHC COMPENSATION POLICY AND PRACTICE, THE COST OF PROVIDING THIS BENEFIT IS ALLOCATED TO AND REIMBURSED BY THE FILING ORGANIZATION. ACCORDINGLY, THE FILING ORGANIZATION HAS CHECKED THE BOX IN SCHEDULE J, PART I, LINE 1A FOR FIRST-CLASS OR CHARTER TRAVEL SINCE IT HAS PAID FOR THE COST OF PROVIDING THIS BENEFIT. THOSE EXECUTIVES WHO RECEIVE THE SPECIAL TRAVEL ALLOWANCE ARE RESPONSIBLE FOR TRACKING THE EXPENSES REIMBURSABLE UNDER THE SPECIAL TRAVEL ALLOWANCE AND MUST SUBMIT SUCH EXPENSES ON THEIR ACCOUNTABLE PLAN EXPENSE REPORT. ANY TAXABLE REIMBURSEMENTS MADE TO EXECUTIVES UNDER THE SPECIAL TRAVEL ALLOWANCE ARRANGEMENT ARE TREATED AS TAXABLE COMPENSATION TO THE EXECUTIVE. TRAVEL FOR COMPANIONS. AHSSHC HAS A CORPORATE EXECUTIVE POLICY THAT PROVIDES A BENEFIT TO ALLOW FOR A TRAVELING AHSSHC EXECUTIVE TO HAVE HIS OR HER SPOUSE ACCOMPANY THE EXECUTIVE ON CERTAIN BUSINESS TRIPS EACH YEAR. TYPICALLY, REIMBURSEMENT IS ONLY PROVIDED TO CERTAIN EXECUTIVE LEADERS AND IS USUALLY LIMITED TO ONE BUSINESS TRIP PER YEAR BEYOND THE ANNUAL ADVENTHEALTH PRESIDENT'S COUNCIL BUSINESS MEETING AND OTHER MEETINGS WHERE THE SPOUSE IS SPECIFICALLY INVITED. THE AHSSHC CORPORATE EXECUTIVE SPOUSAL TRAVEL POLICY WAS ORIGINALLY APPROVED AND REVIEWED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS. ALL SPOUSAL TRAVEL COSTS REIMBURSED TO THE EXECUTIVE ARE CONSIDERED TAXABLE COMPENSATION TO THE EXECUTIVE. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. ADVENTHEALTH HAS A SYSTEM-WIDE POLICY ADDRESSING GROSS-UP PAYMENTS PROVIDED IN CONNECTION WITH EMPLOYER-PROVIDED BENEFITS/OTHER TAXABLE ITEMS. UNDER THE POLICY, CERTAIN TAXABLE BUSINESS-RELATED REIMBURSEMENTS (I.E. TAXABLE BUSINESS-RELATED MOVING EXPENSES, TAXABLE ITEMS PROVIDED IN CONNECTION WITH EMPLOYMENT) PROVIDED TO ANY EMPLOYEE MAY BE GROSSED-UP AT A 25% RATE UPON APPROVAL BY THE FILING ORGANIZATION'S CEO AND CFO. ADDITIONALLY, EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE ARE ELIGIBLE FOR GROSS-UP PAYMENTS ON GIFTS RECEIVED FOR BOARD OF DIRECTOR SERVICES DISCRETIONARY SPENDING ACCOUNT. A NOMINAL DISCRETIONARY SPENDING AMOUNT WAS PROVIDED IN THE CURRENT YEAR TO ALL ELIGIBLE EXECUTIVES WHO ATTEND THE ANNUAL ADVENTHEALTH PRESIDENT'S COUNCIL BUSINESS MEETING (\$500 PER EXECUTIVE) OR THE ANNUAL ADVENTHEALTH CFO CONFERENCE OR CMO/CNO BUSINESS MEETING (\$300 PER EXECUTIVE). OTHER DISCRETIONARY SPENDING ACCOUNTS MAY BE PROVIDED IN CONNECTION WITH OTHER ADVENTHEALTH SPONSORED CONFERENCES BUT TYPICALLY DO NOT EXCEED \$200 PER PARTICIPANT. THE PAYMENT PROVIDED TO EACH EXECUTIVE WAS CONSIDERED TAXABLE COMPENSATION TO THE EXECUTIVE. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE. AHSSHC HAS A CORPORATE EXECUTIVE POLICY THAT ADDRESSES ASSISTANCE TO EXECUTIVES WHO HAVE BEEN RELOCATED BY THE COMPANY DURING THE YEAR. RELOCATION ASSISTANCE PROVIDED TO EXECUTIVES MAY INCLUDE RELOCATION ALLOWANCES TO ASSIST WITH DUPLICATE HOUSING EXPENSES. RELOCATION ASSISTANCE IS ADMINISTERED PER AHSSHC POLICY BY AN EXTERNAL RELOCATION COMPANY. ANY TAXABLE REIMBURSEMENTS MADE TO EXECUTIVES IN CONNECTION WITH RELOCATION ASSISTANCE ARE TREATED AS WAGES TO THE EXECUTIVE AND ARE SUBJECT TO ALL PAYROLL WITHHOLDING AND REPORTING REQUIREMENTS. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES. AHSSHC HAS A CORPORATE EXECUTIVE POLICY THAT ADDRESSES BUSINESS DEVELOPMENT EXPENDITURES. UNDER THIS POLICY, CERTAIN ADVENTHEALTH ELIGIBLE EXECUTIVES MAY BE REIMBURSED FOR MEMBER DUES AND USAGE CHARGES FOR A COUNTRY CLUB OR OTHER SOCIAL CLUB UPON AUTHORIZATION. CLUB MEMBERSHIPS MUST BE RECOMMENDED BY THE CEO OF THE ADVENTHEALTH HOSPITAL ORGANIZATION AND APPROVED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. IN ADDITION, THE PROPOSED MEMBERSHIP MUST BE APPROVED ANNUALLY BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF AHSSHC. ELIGIBLE EXECUTIVES ARE LIMITED TO CERTAIN SENIOR LEVEL EXECUTIVES (HOSPITAL ORGANIZATION CEOS, THE CEO OF THE NURSING HOME REGION OF ADVENTHEALTH, SENIOR VICE PRESIDENTS AT THREE LARGE HOSPITAL ORGANIZATIONS, REGIONAL CEOS AND CFOS AND THE PRESIDENT AND SENIOR VICE PRESIDENTS OF AHSSHC). IN THE CURRENT YEAR, FOR THIS FILING ORGANIZATION, TWO EXECUTIVES WERE ELIGIBLE TO RECEIVE REIMBURSEMENT FOR CLUB FEES. EACH ADVENTHEALTH EXECUTIVE WHO IS APPROVED FOR A CLUB MEMBERSHIP MUST SUBMIT AN ANNUAL REPORT TO THE AHSSHC BOARD COMPENSATION COMMITTEE THAT DESCRIBES HOW THE MEMBERSHIP BENEFITED THEIR ORGANIZATION DURING THE PRECEDING YEAR.</p>

Return Reference	Explanation
PART I, LINE 3	<p>THE INDIVIDUAL WHO SERVES AS THE CEO OF THE FILING ORGANIZATION IS COMPENSATED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) FOR THAT INDIVIDUAL'S ROLE IN SERVING AS THE CEO. COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF AHSSHC THAT ARE DESIGNED TO ENSURE COMPLIANCE WITH THE INTERMEDIATE SANCTIONS LAWS AS SET FORTH IN IRC SECTION 4958. AHSSHC HAS TAKEN STEPS TO ENSURE THAT PROCESSES ARE IN PLACE TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS STANDARD AS SET FORTH IN TREASURY REGULATION 53.4958-6 WITH RESPECT TO ITS ACTIVE EXECUTIVE-LEVEL POSITIONS. THE AHSSHC BOARD COMPENSATION COMMITTEE (THE COMMITTEE) SERVES AS THE GOVERNING BODY FOR ALL EXECUTIVE COMPENSATION MATTERS. THE COMMITTEE IS COMPOSED OF CERTAIN MEMBERS OF THE BOARD OF DIRECTORS (THE BOARD) OF AHSSHC. VOTING MEMBERS OF THE COMMITTEE INCLUDE ONLY INDIVIDUALS WHO SERVE ON THE BOARD AS INDEPENDENT REPRESENTATIVES OF THE COMMUNITY, WHO HOLD NO EMPLOYMENT POSITIONS WITH AHSSHC AND WHO DO NOT HAVE RELATIONSHIPS WITH ANY OF THE INDIVIDUALS WHOSE COMPENSATION IS UNDER THEIR REVIEW THAT IMPACTS THEIR BEST INDEPENDENT JUDGMENT AS FIDUCIARIES OF AHSSHC. THE COMMITTEE'S ROLE IS TO REVIEW AND APPROVE ALL COMPONENTS OF THE EXECUTIVE COMPENSATION PLAN OF AHSSHC. AS AN INDEPENDENT GOVERNING BODY WITH RESPECT TO EXECUTIVE COMPENSATION, IT SHOULD BE NOTED THAT THE COMMITTEE WILL OFTEN CONFER IN EXECUTIVE SESSIONS ON MATTERS OF COMPENSATION POLICY AND POLICY CHANGES. IN SUCH EXECUTIVE SESSIONS, NO MEMBERS OF MANAGEMENT OF AHSSHC ARE PRESENT. THE COMMITTEE IS ADVISED BY AN INDEPENDENT THIRD-PARTY COMPENSATION ADVISOR. THIS ADVISOR PREPARES ALL THE BENCHMARK STUDIES FOR THE COMMITTEE. COMPENSATION LEVELS ARE BENCHMARKED WITH A NATIONAL PEER GROUP OF OTHER NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS OF SIMILAR SIZE AND COMPLEXITY TO ADVENTHEALTH AND EACH OF ITS AFFILIATED ENTITIES. THE FOLLOWING PRINCIPLES GUIDE THE ESTABLISHMENT OF INDIVIDUAL EXECUTIVE COMPENSATION:</p> <ul style="list-style-type: none">- THE SALARY OF THE PRESIDENT/CEO OF ADVENTHEALTH WILL NOT EXCEED THE 50TH PERCENTILE OF COMPARABLE SALARIES PAID BY SIMILARLY SITUATED ORGANIZATIONS, AND- OTHER EXECUTIVE SALARIES SHALL BE ESTABLISHED USING MARKET MEDIANS. <p>THE COMPENSATION PHILOSOPHY, POLICIES, AND PRACTICES OF AHSSHC ARE CONSISTENT WITH THE ORGANIZATION'S FAITH-BASED MISSION AND CONFORM TO APPLICABLE LAWS, REGULATIONS, AND BUSINESS PRACTICES. AS A FAITH-BASED ORGANIZATION SPONSORED BY THE SEVENTH-DAY ADVENTIST CHURCH (THE CHURCH), AHSSHC'S PHILOSOPHY AND PRINCIPLES WITH RESPECT TO ITS EXECUTIVE COMPENSATION PRACTICES REFLECT THE CONSERVATIVE APPROACH OF THE CHURCH'S MISSION OF SERVICE AND WERE DEVELOPED IN COUNSEL WITH THE CHURCH'S LEADERSHIP.</p>

Return Reference	Explanation
PART I, LINE 4B	<p>AS DISCUSSED IN LINE 1A ABOVE, EXECUTIVES ON THE FILING ORGANIZATION'S MANAGEMENT TEAM THAT HOLD THE POSITION OF VICE-PRESIDENT OR ABOVE ARE COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF A HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. IN RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF ADVENTHEALTH, ADVENTHEALTH PROVIDES TO ELIGIBLE EXECUTIVES PARTICIPATION IN THE ADVENTHEALTH EXECUTIVE FLEX BENEFIT PROGRAM (THE PLAN). THE PURPOSE OF THE PLAN IS TO OFFER ELIGIBLE EXECUTIVES AN OPPORTUNITY TO ELECT FROM AMONG A VARIETY OF SUPPLEMENTAL BENEFITS, INCLUDING A SPLIT DOLLAR LIFE INSURANCE POLICY AND LONG-TERM CARE INSURANCE, TO INDIVIDUALLY TAILOR A BENEFITS PROGRAM APPROPRIATE TO EACH EXECUTIVE'S NEEDS. THE PLAN PROVIDES ELIGIBLE PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH IS DEDUCTED THE COST OF MANDATORY AND ELECTIVE EMPLOYEE BENEFITS. THE PRE-DETERMINED BENEFITS ALLOWANCE CREDIT PERCENTAGE IS APPROVED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF AHSSHC. ANY FUNDS THAT REMAIN AFTER THE COST OF MANDATORY AND ELECTIVE BENEFITS ARE SUBTRACTED FROM THE ANNUAL PRE-DETERMINED BENEFITS ALLOWANCE ARE CONTRIBUTED, AT THE EMPLOYEE'S OPTION, TO EITHER AN IRC 457(F) DEFERRED COMPENSATION ACCOUNT OR TO AN IRC 457(B) ELIGIBLE DEFERRED COMPENSATION PLAN. UPON ATTAINMENT OF AGE 65, ALL PREVIOUS 457(F) DEFERRED AMOUNTS ARE PAID IMMEDIATELY TO THE PARTICIPANT AND ANY FUTURE EMPLOYER CONTRIBUTIONS ARE MADE QUARTERLY FROM THE PLAN DIRECTLY TO THE PARTICIPANT. THE PLAN DOCUMENTS DEFINE AN EMPLOYEE WHO IS ELIGIBLE TO PARTICIPATE IN THE PLAN TO GENERALLY INCLUDE THE CHIEF EXECUTIVE OFFICERS OF ADVENTHEALTH ENTITIES AND VICE PRESIDENTS OF ALL ADVENTHEALTH ENTITIES WHOSE BASE SALARY IS AT LEAST \$250,000. THE PLAN PROVIDES FOR A CLASS YEAR VESTING SCHEDULE (2 YEARS FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT. DISTRIBUTIONS COULD ALSO BE MADE FROM THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT UPON ATTAINMENT OF AGE 65 OR UPON AN INVOLUNTARY SEPARATION. THE ACCOUNT IS FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION. IN ADDITION TO THE PLAN, ADVENTHEALTH HAS INSTITUTED A DEFINED BENEFIT, NON-TAX-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES WHO HAVE PROVIDED LENGTHY SERVICE TO ADVENTHEALTH AND/OR TO OTHER SEVENTH-DAY ADVENTIST CHURCH HOSPITALS OR HEALTH CARE INSTITUTIONS. PARTICIPATION IN THE PLAN IS OFFERED TO ADVENTHEALTH EXECUTIVES ON A PRO-RATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF ADVENTHEALTH AND/OR ANOTHER HOSPITAL OR HEALTH CARE INSTITUTION CONTROLLED BY THE SEVENTH-DAY ADVENTIST CHURCH AND WHO SATISFY CERTAIN OTHER QUALIFYING CRITERIA. THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES WITH THE ECONOMIC EQUIVALENT OF AN ANNUAL INCOME BEGINNING AT NORMAL RETIREMENT AGE EQUAL TO 60% OF THE AVERAGE OF THE PARTICIPANT'S THREE, FIVE OR SEVEN HIGHEST YEARS OF BASE SALARY FROM ADVENTHEALTH ACTIVE EMPLOYMENT INCLUSIVE OF INCOME FROM ALL OTHER SEVENTH-DAY ADVENTIST CHURCH HEALTHCARE EMPLOYER-FINANCED RETIREMENT INCOME SOURCES AND INVESTMENT INCOME EARNED ON THOSE CONTRIBUTIONS THROUGH SOCIAL SECURITY NORMAL RETIREMENT AGE AS DEFINED IN THE PLAN. THE NUMBER OF YEARS INCLUDED IN HIGHEST AVERAGE COMPENSATION IS DETERMINED BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE SERP AND BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE ADVENTHEALTH EXECUTIVE FLEX BENEFIT PROGRAM. ADDITIONALLY, ADVENTHEALTH HAS ADOPTED A SENIOR EXECUTIVE DEATH BENEFIT (SEDB) PLAN IN RECOGNITION OF THE CONSIDERABLE AGE AND SERVICE REQUIREMENTS IN THE SERP. THE SEDB PLAN PROVIDES A BENEFIT IN AN AMOUNT EQUAL TO THE AMOUNT THE EXECUTIVE'S BENEFIT WOULD HAVE BEEN UNDER THE SERP PLAN ASSUMING THAT, ON THE DATE OF THE EXECUTIVE'S DEATH (AND NOT BEFORE), THE EXECUTIVE SATISFIED THE LAST OF THE ELIGIBILITY REQUIREMENTS OF THE SERP PLAN WITH PRESENT VALUE RECOGNIZING AN EARLY BENEFIT COMMENCEMENT. AN ELIGIBLE EXECUTIVE BECOMES A PARTICIPANT IN THE SEDB PLAN IF THE EXECUTIVE DIES PRIOR TO TERMINATION OF EMPLOYMENT, PROVIDED THE EXECUTIVE HAS NOT SATISFIED ALL OF THE ELIGIBILITY REQUIREMENTS OF SERP AS OF THE EXECUTIVE'S DATE OF DEATH BUT WOULD HAVE SATISFIED ALL OF THOSE REQUIREMENTS WITHIN FIVE (5) YEARS FOLLOWING DEATH HAD THE EXECUTIVE LIVED AND CONTINUED EMPLOYMENT. THE SEDB PLAN WAS REVIEWED AND APPROVED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS. FLEX PLAN FLEX PLAN/ SERP 457(B) CY CY EMPLOYER CY CONTRIB / DISTRIBUTIONS* CONTRIB DISTRIBUTIONS* PAYMENT ----- KENNETH BACON \$ 25,001 \$ 57,028 \$ 322,330 \$ 0 LARRY BOTTS, MD \$ 54,898 \$ 54,898 \$ 0 \$ 0 SHERI HAWKINS \$ 31,400 \$ 13,371 \$ 50,672 \$ 0 RANDALL HAFFNER \$ 250,270 \$ 267,057 \$ 657,852 \$ 0 SAM HUENERGARDT \$ 38,958 \$ 0 \$ 0 \$ 0 MICHAEL KNECHT \$ 46,011 \$ 56,635 \$ 0 \$ 0 KARSTEN RANDOLPH \$ 36,417 \$ 44,747 \$ 0 \$ 0 LEWIS SEIFERT \$ 17,922 \$ 91,775 \$ 0 \$ 0 EDDIE SOLER \$ 136,730 \$ 149,971 \$ 208,166 \$ 0 *INCLUDING INVESTMENT EARNINGS</p>



Schedule J (Form 990) 2018

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number
48-0637331

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN RODGERS	FAMILY OF BOARD MEMBER	55,659	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number
48-0637331

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART V, LINE 1A	<p>THE PARENT CORPORATION AND SOLE TOP-TIER MEMBER OF SHAWNEE MISSION MEDICAL CENTER, INC (THE FILING ORGANIZATION) IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC) AHSSHC IS A FLORIDA, NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AHSSHC HAS ESTABLISHED A SHARED SERVICE CENTER TO CENTRALIZE THE ACCOUNTS PAYABLE (A/P) FUNCTION FOR ALL AHSSHC SUBSIDIARY ORGANIZATIONS THE FILING ORGANIZATION HAS ENTERED "0" IN PART V, LINE 1A BECAUSE THE FILING ORGANIZATION NO LONGER ISSUES FORM 1099 RETURNS, RATHER, ALL SUCH RETURNS ARE FILED BY AND UNDER THE NAME AND EIN OF AHSSHC AS THE PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION 6041 THE FACTS AND CIRCUMSTANCES SUPPORT A POSITION THAT AHSSHC, AS A PAYOR ON BEHALF OF ITS SUBSIDIARY ORGANIZATIONS IN A SHARED SERVICE ENVIRONMENT, WILL HAVE SUFFICIENT MANAGEMENT AND OVERSIGHT IN CONNECTION WITH THE SUBSIDIARY ORGANIZATIONS' PAYMENTS TO MEET THE STANDARD SET FORTH IN TREAS REG SECTION 1.6041-1(E) AHSSHC WILL NOT MERELY BE MAKING PAYMENTS AT THE DIRECTION OF ITS SUBSIDIARY ORGANIZATIONS ACCORDINGLY, AHSSHC IS CONSIDERED THE PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION 6041</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GREG MADDUX AND EDDIE SOLER - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SHAWNEE MISSION MEDICAL CENTER, INC (THE FILING ORGANIZATION) HAS ONE MEMBER THE SOLE MEMBER OF THE FILING ORGANIZATION IS ADVENTIST HEALTH MID-AMERICA, INC (AHMA) AHMA IS A KANSAS, NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) THERE ARE NO OTHER CLASSES OF MEMBERSHIP IN THE FILING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER OF THE FILING ORGANIZATION IS AHMA. THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION ARE APPOINTED BY THE SOLE MEMBER, AHMA, WHO HAS THE RIGHT TO ELECT, APPOINT OR REMOVE ANY MEMBER OF THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AHMA, AS THE SOLE MEMBER OF THE FILING ORGANIZATION, HAS CERTAIN RESERVED POWERS AS SET FORTH IN THE BYLAWS OF THE FILING ORGANIZATION THESE RESERVED POWERS INCLUDE THE FOLLOWING A) TO APPROVE AND DISAPPROVE THE EXECUTIVE AND/OR ADMINISTRATIVE LEADERSHIP OF THE FILING ORGANIZATION, AND THEIR SALARIES, B) TO ADOPT, AMEND, RESTATE, AND REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THE FILING ORGANIZATION, AND THE MEDICAL STAFF BYLAWS, C) TO SET LIMITS AND TERMS FOR THE BORROWING OF FUNDS, D) TO APPROVE OR DISAPPROVE MAJOR BUILDING PROGRAMS AND/OR PURCHASE OR SALE OF PERSONAL PROPERTY OR REAL PROPERTY EQUAL TO OR IN EXCESS OF ONE MILLION DOLLARS, E) TO APPROVE OR DISAPPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE FILING ORGANIZATION, F) TO DIRECT THE PLACEMENT OF FUNDS AND CAPITAL OF THE FILING ORGANIZATION, G) TO ESTABLISH GENERAL GUIDING POLICIES, TO IMPLEMENT QUALITY ASSESSMENT, IMPROVEMENT AND UTILIZATION REVIEW PROGRAMS, AND H) TO APPROVE THE APPOINTMENT OF AN AUDITING FIRM AND ELECTION OF THE FISCAL YEAR FOR THE FILING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE BOARD CHAIRMAN, BOARD FINANCE COMMITTEE CHAIR, CEO AND BY THE CFO PRIOR TO ITS FILING WITH THE IRS. THE REVIEW CONDUCTED BY THE BOARD CHAIRMAN, BOARD FINANCE COMMITTEE CHAIR, CEO AND THE CFO DID NOT INCLUDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE CURRENT YEAR FORM 990, BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING SCHEDULE S

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY OF THE FILING ORGANIZATION APPLIES TO MEMBERS OF ITS BOARD OF DIRECTORS AND ITS PRINCIPAL OFFICERS (TO BE KNOWN AS INTERESTED PERSONS) IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION OR ANY PRINCIPAL OFFICER OF THE FILING ORGANIZATION (I E INTERESTED PERSONS) MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST WITH THE FILING ORGANIZATION AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS CONCERNING THE FINANCIAL INTEREST/ARRANGEMENT TO THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION OR TO ANY MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS THAT IS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT SUBSEQUENT TO ANY DISCLOSURE OF ANY FINANCIAL INTEREST/ARRANGEMENT AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE RELEVANT BOARD MEMBER OR PRINCIPAL OFFICER, THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS OR COMMITTEE WITH BOARD DELEGATED POWERS SHALL DISCUSS, ANALYZE, AND VOTE UPON THE POTENTIAL FINANCIAL INTEREST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS ACCORDING TO THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OF DIRECTORS (OR COMMITTEE WITH BOARD DELEGATED POWERS), BUT AFTER SUCH PRESENTATION, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST EACH INTERESTED PERSON, AS DEFINED UNDER THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE FILING ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST PRIMARILY ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES THAT PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT THE FILING ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FILING ORGANIZATION'S CEO, OTHER OFFICERS AND KEY EMPLOYEES ARE NOT COMPENSATED BY THE FILING ORGANIZATION SUCH INDIVIDUALS ARE COMPENSATED BY THE RELATED TOP-TIER PARENT ORGANIZATION OF THE FILING ORGANIZATION PLEASE SEE THE DISCUSSION CONCERNING THE PROCESS FOLLOWED BY THE RELATED TOP-TIER PARENT ORGANIZATION IN DETERMINING EXECUTIVE COMPENSATION IN OUR RESPONSE TO SCHEDULE J, LINE 3

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FILING ORGANIZATION IS A PART OF THE SYSTEM OF HEALTHCARE ORGANIZATIONS KNOWN AS ADVENTHEALTH THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADVENTHEALTH AND OF THE ADVENTHEALTH "OBLIGATED GROUP" ARE FILED ANNUALLY WITH THE MUNICIPAL SECURITIES RULEMAKING BOARD (MSRB) THE "OBLIGATED GROUP" IS A GROUP OF AHSSHC SUBSIDIARIES THAT ARE JOINTLY AND SEVERALLY LIABLE UNDER A MASTER TRUST INDENTURE THAT SECURES DEBT PRIMARILY ISSUED ON A TAX-EXEMPT BASIS UNAUDITED QUARTERLY FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) ARE ALSO FILED WITH MSRB FOR ADVENTHEALTH ON A CONSOLIDATED BASIS AND FOR THE GROUPING OF ADVENTHEALTH SUBSIDIARIES COMPRISING THE "OBLIGATED GROUP" THE FILING ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A	FOR THOSE BOARD OF DIRECTOR MEMBERS AND OFFICER(S) WHO DEVOTE LESS THAN FULL-TIME TO THE FILING ORGANIZATION (BASED UPON THE AVERAGE NUMBER OF HOURS PER WEEK SHOWN IN COLUMN (B) ON PAGE 7 OF THE RETURN) THE COMPENSATION AMOUNTS SHOWN IN COLUMNS (E) AND (F) ON PAGE 7 WERE PROVIDED IN CONJUNCTION WITH THAT PERSON'S RESPONSIBILITIES AND ROLES IN SERVING IN AN EXECUTIVE LEADERSHIP POSITION AS AN EMPLOYEE OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, LINES 7A, B AND C	THE AMOUNT SHOWN IN PART VII, LINE 7C(I) OF THE FORM 990 REPRESENTS AN ALLOCATED SHARE OF CAPITAL GAIN/(LOSS) FROM A SYSTEM WIDE, CORPORATE ADMINISTERED, INVESTMENT PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>PAYMENTS TO HEALTHCARE PROFESSIONALS PROGRAM SERVICE EXPENSES 9,685,719 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,685,719 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,613,706 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,613,706 PURCHASED MEDICAL SERVICES PROGRAM SERVICE EXPENSES 1,438,853 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,438,853 ENVIRONMENTAL SERVICES PROGRAM SERVICE EXPENSES 346,568 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 346,568 TRANSCRIPTION PROGRAM SERVICE EXPENSES 62,767 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,767 RECRUITING PROGRAM SERVICE EXPENSES 579,823 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 579,823 MISCELLANEOUS PURCHASED SERVICES PROGRAM SERVICE EXPENSES 22,847,975 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,847,975 AHS MANAGEMENT FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 4,473,337 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,473,337 BILLING & COLLECTION SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 1,943,253 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,943,253 AHS SHARED SERVICE FEE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 4,106,855 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,106,855</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE AMOUNTS SHOWN ON LINE 2 OF PART X OF THIS RETURN INCLUDES THE FILING ORGANIZATION'S INTEREST IN A CENTRAL INVESTMENT POOL MAINTAINED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, THE FILING ORGANIZATION'S TOP-TIER PARENT THE INVESTMENTS IN THE CENTRAL INVESTMENT POOL ARE RECORDED AT MARKET VALUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ALLOCATIONS TO TAX-EXEMPT PARENT WITH RESPECT TO DEBT -543,747 TRANSFER TO TAX-EXEMPT TOP -TIER PARENT -6,370,141 GAIN ON SALE OF ASSETS TO RELATED AFFLIATE 1,333,333 RELEASE FRO M RESTRICTED FUNDS FOR OPERATIONS -12,978 GIFTS 10,035,218 ROUNDING 2

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SHAWNEE MISSION MEDICAL CENTER INC

Employer identification number

48-0637331

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) SM CORPORATE CARE LLC 9100 W 74TH ST MERRIAM, KS 66204 43-1864343	OCCUPATION MEDICINE BILLING	KS	0	0	SHAWNEE MISSION MEDICAL CENTER INC
(2) SM MEDICAL SERVICES LLC 9100 W 74TH ST MERRIAM, KS 66204 43-1864341	INACTIVE	KS	0	0	SHAWNEE MISSION MEDICAL CENTER INC
(3) STRATEGIC HEALTHCARE RESOURCES LLC 9100 W 74TH ST MERRIAM, KS 66204 48-1219284	INACTIVE	KS	0	0	SHAWNEE MISSION MEDICAL CENTER INC

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.

See Additional Data Table

(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

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	
(1) CLEAR CREEK MOB LTD 2201 S CLEAR CREEK RD KILLEEN, TX 76549 74-2609195	REAL ESTATE	TX	N/A									
(2) FLORIDA HOSPITAL DMERT LLC 500 WINDERLEY PLACE STE 324 MAITLAND, FL 32751 20-2392253	MEDICAL EQUIPMENT	FL	N/A									
(3) FLORIDA HOSPITAL HOME INFUSION LLP 500 WINDERLEY PLACE STE 226 MAITLAND, FL 32751 59-3142824	HOME INFUSION SERVICES	FL	N/A									
(4) FUNCTIONAL NEUROSURGICAL AMBULATORY SURGERY CTR LLC 11 W DRY CREEK CIRCLE 120 LITTLETON, CO 80120 46-4426708	SURGERY CENTER	CO	N/A									
(5) PRINCETON HOMECARE SERVICES LLC 1050 FORRER BLVD KETTERING, OH 45420 81-4196648	OPERATION OF HOME HEALTH AGENCY	FL	N/A									
(6) SAN MARCOS MRI LP 1330 WONDER WORLD DR STE 202 SAN MARCOS, TX 78666 77-0597972	IMAGING & TESTING	TX	N/A									
(7) THE BARIATRIC CENTER OF KANSAS CITY LLC (628-123118) 9100 W 74TH STREET MERRIAM, KS 66204 82-3025378	SURGERY CENTER	KS	N/A									

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.

See Additional Data Table

(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

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

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

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

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

See Additional Data Table

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

Part 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: 48-0637331
Name: SHAWNEE MISSION MEDICAL CENTER INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
9100 W 74TH STREET SHAWNEE MISSION, KS 66204 48-0868859	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	KS	501(C)(3)	LINE 7	SHAWNEE MISSION MEDICAL CENTER INC	Yes	
671 LAKE WINYAH DRIVE ORLANDO, FL 32803 59-3069793	EDUCATION/OPERATION OF SCHOOL	FL	501(C)(3)	LINE 2	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
1301 S MAIN STREET OTTAWA, KS 66067 83-0976641	OPERATION OF HOSPITAL & RELATED SERVICES	KS	501(C)(3)	LINE 3	ADVENTIST HLTH MID-AMERICA INC	Yes	
500 REMINGTON BLVD BOLINGBROOK, IL 60440 65-1219504	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	Yes	
730 COURTLAND STREET ORLANDO, FL 32804 20-5774723	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
701 WINTHROP AVENUE GLENDALE HEIGHTS, IL 60139 36-3208390	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C)(3)	LINE 3	ADVENTIST MIDWEST HEALTH	Yes	
9100 W 74TH STREET SHAWNEE MISSION, KS 66204 52-1347407	SUPPORT OF AFFILIATED HOSPITAL	KS	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
2601 NAVISTAR DR BLDG 4 FINANCE LISLE, IL 60532 36-4138353	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	IL	501(C)(3)	LINE 3	AHS MIDWEST MANAGEMENT INC	Yes	
900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 59-2170012	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 12A, I	N/A		No
1035 RED BUD ROAD CALHOUN, GA 30701 58-1425000	OPERATION OF HOSPITAL & RELATED SERVICES	GA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 59-1479658	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
11801 S FREEWAY BURLESON, TX 76028 74-2578952	LEASING PERSONNEL TO AFFILIATED HOSPITAL	TX	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
120 NORTH OAK STREET HINSDALE, IL 60521 36-2276984	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
2601 NAVISTAR DR BLDG 4 FINANCE LISLE, IL 60532 81-1105774	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	IL	501(C)(3)	LINE 3	AHS MIDWEST MANAGEMENT INC	Yes	
2601 NAVISTAR DR BLDG 4 FINANCE LISLE, IL 60532 36-3354567	OPERATION OF PHYSICIAN PRACTICE MGMT	IL	501(C)(3)	LINE 12A, I	ADVENTIST MIDWEST HEALTH	Yes	
1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2621825	PROVIDE OFFICE SPACE - MEDICAL PROFESSIONALS	TX	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
305 E OAK STREET APOPKA, FL 32703 51-0605694	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 38-1359189	INACTIVE	MI	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
500 REMINGTON BLVD BOLINGBROOK, IL 60440 90-0494445	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		No
950 HIGHPOINT DRIVE HOPKINSVILLE, KY 42240 20-5782342	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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
301 HUGULEY BLVD BURLESON, TX 76028 20-5782243	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TX	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
1333 WEST MAIN PRINCETON, KY 42445 51-0605680	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 45-3739929	SUPPORT OPERATION OF HOSPITAL	TX	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
250 S CHICKASAW TRAIL ORLANDO, FL 32825 51-0605681	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
1220 THIRD AVENUE WEST DURAND, WI 54736 39-1365168	OPERATION OF HOSPITAL & RELATED SERVICES	WI	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
730 COURTLAND STREET ORLANDO, FL 32804 51-0605682	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
107 BOYLES DRIVE RUSSELLVILLE, KY 42276 20-5782260	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
7350 DAIRY ROAD ZEPHYRHILLS, FL 33540 51-0605684	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
250 S CHICKASAW TRAIL ORLANDO, FL 32825 20-5774748	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 58-2171011	INACTIVE	GA	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792 56-0543246	OPERATION OF HOSPITAL & RELATED SVCS	NC	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
3355 E SEMORAN BLVD APOPKA, FL 32703 20-5774761	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
13100 FORT KING ROAD DADE CITY, FL 33525 82-2567308	OPERATION OF HOSPITAL & RELATED SVCS	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
770 WEST GRANADA BLVD 101 ORMOND BEACH, FL 32174 46-2354804	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
2600 WESTHALL LANE 4TH FLOOR MAITLAND, FL 32751 59-3214635	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
1500 SW 1ST AVENUE OCALA, FL 34471 82-4372339	OPERATION OF HOSPITAL & RELATED SVCS	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
12470 TELECOM DR 100 TAMPA, FL 33637 46-2021581	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
1000 WATERMAN WAY TAVARES, FL 32778 59-3140669	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
7050 GALL BLVD ZEPHYRHILLS, FL 33541 59-2108057	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
2600 WESTHALL LANE 4TH FLOOR MAITLAND, FL 32751 55-0789387	IMAGING & TESTING	FL	501(C)(3)	LINE 3	FLORIDA HOSPITAL MEDICAL GROUP INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(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
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 47-2180518	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
701 WINTHROP AVENUE GLENDALE HEIGHTS, IL 60139 36-3926044	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		No
1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-2106043	FUND-RAISING FOR TAX-EXEMPT HOSPITAL/FOUNDATION	FL	501(C)(3)	LINE 12C, III-FI	N/A		No
1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-3690149	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C)(3)	LINE 7	N/A		No
120 NORTH OAK STREET HINSDALE, IL 60521 52-1466387	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		No
480 W CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714 59-2935928	OPERATION OF HOSPICE	FL	501(C)(3)	LINE 10	THE COMFORTER HEALTH CARE GROUP INC	Yes	
480 W CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714 27-1858033	INACTIVE	FL	501(C)(3)	LINE 7	THE COMFORTER HEALTH CARE GROUP INC	Yes	
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 20-8023411	THERAPY SERVICES TO TAX EXEMPT NURSING HOMES	KS	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS INC	Yes	
5101 S WILLOW SPRINGS RD LA GRANGE, IL 60525 30-0247776	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	LINE 7	MIDWEST HLTH FOUNDATION		No
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 81-3923985	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
305 MEMORIAL MEDICAL PKWY 212 DAYTONA BEACH, FL 32117 31-1771522	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C)(3)	LINE 7	N/A		No
301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL 32117 59-0973502	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
701 WEST PLYMOUTH AVENUE DELAND, FL 32720 59-3256803	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	MEMORIAL HLTH SYSTEMS INC	Yes	
60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 59-2951990	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	MEMORIAL HLTH SYSTEMS INC	Yes	
210 MARIE LANGDON DRIVE MANCHESTER, KY 40962 61-0594620	OPERATION OF HOSPITAL & RELATED SERVICES	KY	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
9700 WEST 62ND STREET MERRIAM, KS 66203 36-4595806	LEASE TO RELATED ORGANIZATION	KS	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 74-2225672	OPERATION OF HOSPITAL & RELATED SERVICES	TX	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 11-3762050	PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY	TX	501(C)(3)	LINE 3	METROPLEX ADVENTIST HOSPITAL INC	Yes	
120 NORTH OAK STREET HINSDALE, IL 60521 35-2230515	SUPPORT OF SUBSIDIARY FOUNDATIONS	IL	501(C)(3)	LINE 12B, II	N/A		No
500 BECK LANE MAYFIELD, KY 42066 20-5782320	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 90-0866024	PROVISION OF SUPPORT TO THE NURSING HOME DIVISION	GA	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS INC	Yes	
9100 W 74TH STREET SHAWNEE MISSION, KS 66204 43-1224729	SUPPORT HLTH CARE SERVICES	MO	501(C)(3)	LINE 12D, III-O	ADVENTIST HLTH MID-AMERICA INC	Yes	
301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL 32117 59-1721962	VOLUNTEER SUPPORT SERVICES	FL	501(C)(3)	LINE 12C, III-FI	N/A		No
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 81-3165729	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
6501 WEST 75TH STREET OVERLAND PARK, KS 66204 20-5774821	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
950 HIGHPOINT DRIVE HOPKINSVILLE, KY 42240 51-0605686	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
2600 BRUCE B DOWNS BLVD WESLEY CHAPEL, FL 33544 20-8488713	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0438224	OPERATION OF HOSPITAL & RELATED SERVICES	CO	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
1333 WEST MAIN PRINCETON, KY 42445 20-5782272	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
601 E ROLLINS STREET ORLANDO, FL 32803 59-1191045	PROVISION OF HLTHCARE SERVICES	FL	501(C)(3)	LINE 10	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 26-3789368	HLTHCARE QUALITY SERVICES	FL	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 20-8040875	PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES	FL	501(C)(3)	LINE 12B, II	SUNBELT HLTH CARE CENTERS INC	Yes	
7995 E PRENTICE AVE 204 GREENWOOD VILLAGE, CO 80111 84-0745018	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	CO	501(C)(3)	LINE 7	N/A		No
2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 46-1656773	SUPPORT OPERATION OF HOSPITAL	TX	501(C)(3)	LINE 12A, I	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
683 EAST THIRD STREET RUSSELLVILLE, KY 42276 51-0605691	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
1900 MEDICAL PARKWAY SAN MARCOS, TX 78666 51-0605693	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
1900 MEDICAL PARKWAY SAN MARCOS, TX 78666 20-5782224	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TX	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
6501 WEST 75TH STREET OVERLAND PARK, KS 66204 48-0952508	LEASE TO RELATED ORGANIZATION	KS	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 81-3914908	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
9100 W 74TH STREET SHAWNEE MISSION, KS 66204 48-0637331	OPERATION OF HOSPITAL & RELATED SERVICES	KS	501(C)(3)	LINE 3	ADVENTIST HLTH MID-AMERICA INC	Yes	

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						Yes	No
38250 A AVENUE ZEPHYRHILLS, FL 33542 51-0605679	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168 47-3793197	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
1055 SAXON BLVD ORANGE CITY, FL 32763 59-3281591	MEDICAL OFFICE BUILDING FOR HOSPITAL	FL	501(C)(3)	LINE 12A, I	SOUTHWEST VOLUSIA HLTHCARE CORP	Yes	
1055 SAXON BLVD ORANGE CITY, FL 32763 59-3149293	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 20-8814408	PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY	TX	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEMSUNBELT INC	Yes	
718 GOODWIN LANE LEITCHFIELD, KY 42754 20-5782288	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
305 EAST OAK STREET APOPKA, FL 32703 20-5774856	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 58-1473135	MANAGEMENT SERVICES	TN	501(C)(3)	LINE 12B, II	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 59-2219301	FUND RAISING FOR AFFILIATED TAX-EXEMPT HOSPITALS	FL	501(C)(3)	LINE 7	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-0898901	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	UNIVERSITY COMMUNITY HOSPITAL INC	Yes	
301 HUGULEY BLVD BURLESON, TX 76028 51-0605677	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
718 GOODWIN LANE LEITCHFIELD, KY 42754 51-0605678	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
605 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714 27-1857940	LEASE TO RELATED ORGANIZATION	FL	501(C)(3)	LINE 12C, III-FI	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 59-2486582	VOLUNTEER SUPPORT SERVICES	FL	501(C)(3)	LINE 12C, III-FI	N/A		No
485 NORTH KELLER ROAD 250 MAITLAND, FL 32751 47-2219363	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
9700 WEST 62ND STREET MERRIAM, KS 66203 20-5774890	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KS	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
3100 E FLETCHER AVE TAMPA, FL 33613 59-2554889	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C)(3)	LINE 12A, I	N/A		No
3100 E FLETCHER AVE TAMPA, FL 33613 59-3231322	INACTIVE	FL	501(C)(3)	LINE 12A, I	UNIVERSITY COMMUNITY HOSPITAL INC	Yes	
3100 E FLETCHER AVE TAMPA, FL 33613 59-1113901	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	LINE 3	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	
14055 RIVEREDGE DRIVE TAMPA, FL 33637 47-1881744	HOLDING COMPANY	FL	501(C)(3)	LINE 10	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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						Yes	No
13601 BRUCE B DOWNS BLVD STE 110 TAMPA, FL 33613 59-3686109	HOME HEALTH SERVICES	GA	501(C)(3)	LINE 10	WEST FLORIDA HEALTH INC	Yes	
500 BECK LANE MAYFIELD, KY 42066 51-0605676	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	LINE 12C, III-FI	SUNBELT HLTH CARE CENTERS INC	Yes	
38250 A AVENUE ZEPHYRHILLS, FL 33542 20-5774930	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	
7350 DAIRY ROAD ZEPHYRHILLS, FL 33540 20-5774967	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C)(3)	LINE 10	SUNBELT HLTH CARE CENTERS INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ALTAMONTE MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855792	CONDO ASSOCIATION	FL	N/A	C				Yes	
(1) APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-3000857	CONDO ASSOCIATION	FL	N/A	C				Yes	
(2) CC MOB INC 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 74-2616875	REAL ESTATE RENTAL	TX	N/A	C				Yes	
(3) CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2729873	INACTIVE	TX	N/A	C				Yes	
(4) CENTRAL TEXAS PROVIDERS NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2827652	PHYSICIAN HOSPITAL ORG	TX	N/A	C				Yes	
(5) FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 26-2158309	CONDO ASSOCIATION	FL	N/A	C				Yes	
(6) FLORIDA HOSP HLTH VILLAGE PROPERTY OWNER'S ASSOC INC 550 E ROLLINS STREET 7TH FLOOR ORLANDO, FL 32803 82-1748255	CONDO ASSOCIATION	FL	N/A	C				Yes	
(7) FLORIDA HOSPITAL HEALTHCARE SYSTEM INC 101 SOUTHHALL LANE STE 150 MAITLAND, FL 32751 59-3215680	PHSO	FL	N/A	C				Yes	
(8) FLORIDA MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855791	CONDO ASSOCIATION	FL	N/A	C				Yes	
(9) FLORIDA MEMORIAL HEALTH NETWORK INC 770 W GRANADA BLVD STE 317 ORMOND BEACH, FL 32174 59-3403558	PHYSICIAN HOSPITAL ORG	FL	N/A	C				Yes	
(10) KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION INC 201 HILDA STREET SUITE 30 KISSIMMEE, FL 34741 59-3539564	CONDO ASSOCIATION	FL	N/A	C				Yes	
(11) LN HEALTH PARTNERS INC 550 E ROLLINS STREET 6TH FLOOR ORLANDO, FL 32803 81-3556903	INACTIVE	FL	N/A	C				Yes	
(12) MIDWEST MANAGEMENT SERVICES INC 9100 WEST 74TH STREET SHAWNEE MISSION, KS 66204 48-0901551	INACTIVE	KS	N/A	C				Yes	
(13) NORTH AMERICAN HEALTH SERVICES INC & SUB 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 62-1041820	LESSOR/HOLDING CO	TN	N/A	C				Yes	
(14) ORMOND PROF ASSOCIATES CONDO ASSOC'N INC (430 YEAR END) 770 W GRANADA BLVD STE 101 ORMOND BEACH, FL 32174 59-2694434	CONDO ASSOCIATION	FL	N/A	C				Yes	

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								Yes	No
(16) PARK RIDGE PROPERTY OWNER'S ASSOCIATION INC 1 PARK PLACE NAPLES ROAD FLETCHER, NC 28732 03-0380531	CONDO ASSOCIATION	NC	N/A	C				Yes	
(1) PORTER AFFILIATED HEALTH SERVICES INC 2525 S DOWNING STREET DENVER, CO 80210 84-0956175	HEALTHCARE SERVICES	CO	N/A	C				Yes	
(2) SAN MARCOS REGIONAL MRI INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 77-0597968	HOLDING COMPANY	TX	N/A	C				Yes	
(3) THE GARDEN RETIREMENT COMMUNITY INC 485 NORTH KELLER ROAD STE 250 MAITLAND, FL 32751 59-3414055	REAL ESTATE RENTAL	FL	N/A	C				Yes	
(4) WINTER PARK MEDICAL OFFICE BUILDING I CONDO ASSOC INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 45-2228478	CONDO ASSOCIATION	FL	N/A	C				Yes	

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
(1)	FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC	C	10,538,289	ACTUAL AMOUNT RECEIVED
(1)	FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC	B	876,107	COST
(2)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	B	6,370,141	ACTUAL AMOUNT GIVEN
(3)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	M	4,168,719	% OF FACILITY'S OPERATING EXPENSE
(4)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP DBA AH INFORMATION TECHNOL	M	14,598,807	% OF FACILITY'S OPERATING EXPENSE
(5)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP - SHARED SVCS	M	4,015,021	% OF FACILITY'S OPERATING EXPENSE
(6)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	P	18,580,126	COST
(7)	CHIPPEWA VALLEY HOSPITAL AND OAKVIEW CARE CENTER INC	Q	300,000	COST
(8)	THE BARIATRIC CENTER OF KANSAS CITY LLC	Q	1,639,929	COST
(9)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP DBA AH INFORMATION TECHNOL	P	263,918	COST