

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493259006190

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 11-01-2018 , and ending 10-31-2019

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

C Name of organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Doing business as
VAIL HEALTH HOSPITAL

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

PO BOX 40000

City or town, state or province, country, and ZIP or foreign postal code
VAIL, CO 81658

F Name and address of principal officer:
WILL COOK
PO BOX 40000
VAIL, CO 81658

D Employer identification number
84-0563230

E Telephone number
(970) 476-2451

G Gross receipts \$ 339,008,616

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.VAILHEALTH.ORG

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

L Year of formation: 1965

M State of legal domicile: CO

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,601,791

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

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

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

JOHN HIGGINS CHIEF FINANCIAL OFFICER
Type or print name and title

2020-09-14
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-09-14

Check ☐ if self-employed

PTIN P00447603

Firm's name ▶ BAKER TILLY US LLP

Firm's EIN ▶ 39-0859910

Firm's address ▶ 225 S 6TH ST 2300
MINNEAPOLIS, MN 55402

Phone no. (612) 876-4500

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

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:

VHH IS AN ACUTE CARE, GENERAL HOSPITAL AND ORTHOPEDIC REFERRAL CENTER. ITS PRIMARY MISSION IS TO PROVIDE SUPERIOR HEALTH SERVICES WITH COMPASSION AND EXCEPTIONAL OUTCOMES TO CITIZENS OF THE LOCAL COMMUNITY AND REGION.

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 \$ 160,728,942 including grants of \$ 10,321,092) (Revenue \$ 256,978,253)
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 ▶	160,728,942
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 198	
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	

Form **990** (2018)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶VHH ACCOUNTING DEPARTMENT PO BOX 40000 VAIL, CO 81658 (970) 476-2451

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 ☐

7

● 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.

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,701,886	0	311,351

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 ▶ 188

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
GE JOHNSON CONSTRUCTION CO 40800 HIGHWAY 6 STE 8 AVON, CO 81620	CONSTRUCTION	25,123,266
CERNER CORPORATION PO BOX 410451 KANSAS CITY, MO 64141	IT SERVICES	7,351,209
ADOLFSON & PETERSON CONSTRUCTION 0056 EDWDS VLGE BLVD 216 EDWARDS, CO 81632	CONSTRUCTION	5,714,879
VAIL VALLEY EMERGENCY PHYSICIANS PC 27 MAIN STREET SUITE C301 EDWARDS, CO 81632	PHYSICIAN SERVICES	3,712,828
DAVIS PARTNERSHIP PC ARCHITECTS 2901 BLAKE STREET SUITE 100 DENVER, CO 80205	ARCHITECT	3,569,731

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 ▶ 86

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	4,122,060			
	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	4,122,060				
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	900099	163,906,190	161,538,357	2,367,833	
	b	MEDICARE/MEDICAID	900099	44,674,714	44,674,714		
	c	EQUITY IN EARNINGS OF SUBSIDIARIE	900099	35,065,256	35,065,256		
	d	PROVIDER FEE INCOME	900099	8,794,336	8,794,336		
	e	RETAIL PHARMACY	446110	4,467,940		4,463,233	
	f	All other program service revenue.		4,966,823	4,966,823	4,707	
	g	Total. Add lines 2a-2f	261,875,259				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	9,912,136		9,912,136	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real	(ii) Personal				
		Gross rents					
		7,094,805					
		b	Less: rental expenses				6,151,183
	c	Rental income or (loss)	943,622	943,622		943,622	
	d	Net rental income or (loss)					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
		53,261,540					
		b	Less: cost or other basis and sales expenses				53,341,231
	c	Gain or (loss)	-79,691	-179,579	-259,270		-259,270
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		a					
		b	Less: direct expenses				
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
	a						
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099	1,698,101	1,698,101			
b	CAFETERIA REVENUE	900099	804,049		804,049		
c	REBATES FROM VENDOR	900099	240,666	240,666			
d	All other revenue						
e	Total. Add lines 11a-11d	2,742,816					
12	Total revenue. See Instructions.	279,336,623					
			256,978,253	6,831,066	11,405,244		

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	10,321,092	10,321,092		
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	3,807,626		2,895,874	911,752
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	66,544,426	46,725,205	19,318,630	500,591
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,675,631	1,892,849	762,939	19,843
9 Other employee benefits	9,059,893	5,892,410	3,109,973	57,510
10 Payroll taxes	5,605,539	3,965,584	1,598,384	41,571
11 Fees for services (non-employees):				
a Management				
b Legal	2,912,301		2,912,301	
c Accounting	133,869		133,869	
d Lobbying	5,285		5,285	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	808,941		808,941	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,904,534	11,736,955	6,117,853	49,726
12 Advertising and promotion	1,811,296	155,287	1,656,009	
13 Office expenses	2,388,728	642,476	1,746,252	
14 Information technology	136,063	46,429	89,634	
15 Royalties				
16 Occupancy	3,737,086	843,775	2,893,311	
17 Travel	306,374	181,651	123,323	1,400
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	158,256	84,216	74,040	
20 Interest	1,803,388	1,803,388		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,932,594	13,894,544	2,038,050	
23 Insurance	1,163,967		1,163,967	
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 & OTHER SUPPLIE	42,985,292	41,710,172	1,264,597	10,523
b BAD DEBT EXPENSE	14,203,433	14,203,433		
c REPAIRS & MAINTENANCE	12,251,144	866,305	11,383,644	1,195
d PROVIDER FEE EXPENSE	4,701,511	4,701,511		
e All other expenses	4,365,483	1,061,660	3,296,143	7,680
25 Total functional expenses. Add lines 1 through 24e	225,723,752	160,728,942	63,393,019	1,601,791
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,021	1	9,315	
	2	Savings and temporary cash investments		57,900,661	2	75,858,196	
	3	Pledges and grants receivable, net		3,947,989	3	2,000,000	
	4	Accounts receivable, net		20,502,748	4	32,352,284	
	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			7		
	8	Inventories for sale or use		6,964,804	8	8,294,075	
	9	Prepaid expenses and deferred charges		4,425,185	9	4,754,928	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	459,959,539			
	b	Less: accumulated depreciation	10b	177,549,099	217,380,962	10c	282,410,440
	11	Investments—publicly traded securities		347,069,621	11	341,772,784	
	12	Investments—other securities. See Part IV, line 11		13,602,789	12	663,495	
	13	Investments—program-related. See Part IV, line 11		24,056,491	13	34,119,307	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		5,504,625	15	9,837,345	
16	Total assets. Add lines 1 through 15 (must equal line 34)		701,363,896	16	792,072,169		
Liabilities	17	Accounts payable and accrued expenses		36,093,337	17	53,219,478	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		114,477,308	20	112,539,305	
	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		2,632,892	25	2,553,919	
	26	Total liabilities. Add lines 17 through 25		153,203,537	26	168,312,702	
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		540,958,566	27	620,361,664	
	28	Temporarily restricted net assets		7,201,793	28	3,397,803	
	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		548,160,359	33	623,759,467		
34	Total liabilities and net assets/fund balances		701,363,896	34	792,072,169		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	279,336,623
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,723,752
3	Revenue less expenses. Subtract line 2 from line 1	3	53,612,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	548,160,359
5	Net unrealized gains (losses) on investments	5	22,125,406
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-83,975
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-55,194
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	623,759,467

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

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

Additional Data

Software ID:
Software Version:
EIN: 84-0563230
Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DORIS KIRCHNER PRESIDENT, CEO (THRU 1/19), BOARD MEMBER	40.00 4.00	X		X				778,650	0	47,404
WILL COOK CEO (FROM 1/19)	40.00 1.00	X		X				0	0	0
MIKE SHANNON CHAIRMAN OF THE BOARD	1.00 0.00	X		X				0	0	0
DICK CLEVELAND BOARD MEMBER	1.00 0.00	X						0	0	0
CHRIS JARNOT SECRETARY	1.00 0.00	X						0	0	0
JEFF SHROLL BOARD MEMBER	1.00 0.00	X						0	0	0
WAYNE WENZEL MD TRUSTEE (OUTGOING)	1.00 0.00	X						0	0	0
ELLEN MORITZ BOARD MEMBER	1.00 0.00	X						0	0	0
JUSTIN STARZYK BOARD MEMBER	1.00 0.00	X						0	0	0
PAMELA BOCK BOARD MEMBER	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLIE L'ESPERANCE TRUSTEE (OUTGOING)	1.00 0.00	X						0	0	0
JERRY GREENBERG MD BOARD MEMBER	0.00 40.00	X						637,664	0	34,619
JOHANNES FAESSLER BOARD MEMBER	1.00 0.00	X						0	0	0
JAY PRECOURT BOARD MEMBER	1.00 0.00	X						0	0	0
SALLY VEITCH BOARD MEMBER	1.00 0.00	X						0	0	0
ANDY ARNOLD BOARD MEMBER	1.00 0.00	X						0	0	0
SAM BRONFMAN BOARD MEMBER	1.00 0.00	X						0	0	0
MARC PHILIPPON MD BOARD MEMBER	1.00 0.00	X						0	0	0
ANDY DALY BOARD MEMBER	1.00 0.00	X						0	0	0
HARRY FRAMPTON BOARD MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC AFFELDT	1.00									
BOARD MEMBER	0.00	X						0	0	0
MIKE IMHOF	1.00									
BOARD MEMBER	0.00	X						0	0	0
MARY RANDALL	1.00									
BOARD MEMBER	0.00	X						0	0	0
REG FRANCIOSE	1.00									
TRUSTEE (OUTGOING)	0.00	X						0	0	0
FREDERICK SMITH	40.00			X				365,542	0	57,545
CHIEF ADMINISTRATIVE OFFICER	0.00			X				442,000	0	16,833
HAROLD DUPPER	40.00			X				702,203	0	36,337
CFO AND ASST TREASURER	3.00							482,408	0	36,873
PATRICIA HARDENBERGH MD	40.00					X		550,812	0	3,751
PHYSICIAN	0.00					X		383,020	0	35,082
ALEXANDER URQUHART MD	40.00					X				
PHYSICIAN	0.00					X				
NELSON PRAGER MD	0.00					X				
PHYSICIAN	40.00					X				
DANIEL PENNINGTON	0.00					X				
FOUNDATION PRESIDENT	40.00					X				

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			
MICHAEL WESTMILLER VVSC PRESIDENT	0.00 40.00					X		359,587	0	42,907

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Employer identification number
84-0563230

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 ▶ <input type="checkbox"/>						

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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: 84-0563230
Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

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

Open to Public Inspection

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

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

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

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

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

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

Name of the organization VAIL CLINIC INC % VHH ACCOUNTING DEPARTMENT	Employer identification number 84-0563230
--	--

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?	Yes		10,000
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		5,455
j	Total. Add lines 1c through 1i			15,455
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:	THE ORGANIZATION CONTRIBUTED \$10,000 TO A CAMPAIGN FOR A LOCAL BALLOT INITIATIVE TO PROVIDE ADDITIONAL FUNDING FOR IT'S AMBULANCE DISTRICT. A PORTION OF THE DUES VAIL HEALTH HOSPITAL PAYS TO COLORADO HOSPITAL ASSOCIATION ARE FOR LOBBYING ACTIVITIES.

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
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Employer identification number
84-0563230

Part I

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☐

No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,161,649	4,671,666	3,787,148	3,343,361	3,511,532
b Contributions	101,998	2,253,603	296,823	369,350	86,600
c Net investment earnings, gains, and losses	513,523	236,380	587,695	74,437	-254,771
d Grants or scholarships					
e Other expenditures for facilities and programs	190,702				
f Administrative expenses					
g End of year balance	7,586,468	7,161,649	4,671,666	3,787,148	3,343,361

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 80.400 %

c

Temporarily restricted endowment ▶ 19.600 %

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

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,648,448		11,648,448
b Buildings		223,208,360	86,722,652	136,485,708
c Leasehold improvements		3,251,888	1,386,954	1,864,934
d Equipment		114,137,698	87,680,035	26,457,663
e Other		107,713,145	1,759,458	105,953,687
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				282,410,440

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
UNAMORTIZED BOND ISSUANCE COST	2,553,919
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	2,553,919

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	288,988,441
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	22,125,406
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,151,183
e	Add lines 2a through 2d	2e	28,276,589
3	Subtract line 2e from line 1	3	260,711,852
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	18,624,771
c	Add lines 4a and 4b	4c	18,624,771
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	279,336,623

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	213,305,358
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	6,151,183
e	Add lines 2a through 2d	2e	6,151,183
3	Subtract line 2e from line 1	3	207,154,175
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	18,569,577
c	Add lines 4a and 4b	4c	18,569,577
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	225,723,752

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-0563230
Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS TO BE MAINTAINED IN PERPETUITY. THESE ENDOWMENTS ARE HELD BY VAIL HEALTH SERVICE FOUNDATION FOR THE BENEFIT OF VAIL HEALTH HOSPITAL AND HAVE BEEN RESTRICTED FOR THE FOLLOWING PURPOSES: (1) FOR SUPPORT OF JACK'S PLACE, A CANCER CARING HOUSE. (2) FOR SUPPORT OF THE PROGRAMS AND CAPITAL PROJECTS OF VAIL HEALTH HOSPITAL.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	VAIL CLINIC, INC. DBA VAIL HEALTH HOSPITAL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. ACCORDINGLY, NO PROVISION FOR INCOME HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT OCTOBER 31, 2019 AND 2018.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DIRECT RENTAL EXPENSES 6,151,183.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	REVENUE PASSED THROUGH FROM CHA TRUST FOR WORKER'S COMPENSATION 121,342. BAD DEBT TREATED AS EXPENSE FOR TAX PURPOSES 14,203,433. GRANT EXPENSE NETTED AS REVENUE, TREATED AS EXPENSE FOR TAX PURPOSES 4,299,996.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT RENTAL EXPENSES 6,151,183.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT TREATED AS EXPENSE FOR TAX PURPOSES 14,203,433. GRANT EXPENSE NETTED AS REVENUE, TREATED AS EXPENSE FOR TAX PURPOSES 4,299,996. EXPENSE PASSED THROUGH FROM CHA TRUST FOR WORKER'S COMPENSATION 66,148.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Employer identification number
84-0563230

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	663,494
3a Sub-total	0	0			663,494
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			663,494

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

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

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

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE (1), COLUMN (F):	INVESTMENTS CONSIST OF FUNDS THAT ARE INVESTED IN UNDERLYING HEDGE FUNDS THROUGH A LEGAL ENTITY DOMICILED OFFSHORE. THESE INVESTMENTS REPRESENT LESS THAN 1% OF VAIL HEALTH HOSPITAL'S TOTAL INVESTMENTS.

SCHEDULE H
(Form 990)

Department of the Treasury

Name of the organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Hospitals

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

Employer identification number
84-0563230

OMB No. 1545-0047

2018

Open to Public Inspection

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 checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input 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 checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a		No
b If "Yes," did the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,659,415		1,659,415	0.740 %
b Medicaid (from Worksheet 3, column a)			17,370,054	13,316,350	4,053,704	1.800 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			19,029,469	13,316,350	5,713,119	2.540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			905,051	149,861	755,190	0.330 %
f Health professions education (from Worksheet 5)			478,600	109,754	368,846	0.160 %
g Subsidized health services (from Worksheet 6)			5,868		5,868	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,452,755	110,330	11,342,425	5.020 %
j Total. Other Benefits			12,842,274	369,945	12,472,329	5.510 %
k Total. Add lines 7d and 7j			31,871,743	13,686,295	18,185,448	8.050 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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	14,203,433	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	32,513,477
6 Enter Medicare allowable costs of care relating to payments on line 5	6	30,272,833
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,240,644
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	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 VAIL VALLEY SURGERY CENTER	AMBULATORY SURGERY CENTER	50.250 %		49.750 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

VAIL CLINIC INC

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V STMT FOR FULL URL</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>SEE PART V STMT FOR FULL URL</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

VAIL CLINIC INC			
Name of hospital facility or letter of facility reporting group			
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: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000 % and FPG family income limit for eligibility for discounted care of 350.000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
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): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTPS://WWW.VAILHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTPS://WWW.VAILHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.VAILHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><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</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

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

VAIL CLINIC INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

VAIL CLINIC INC

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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? 16

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7:	THE ORGANIZATION USED A COST-TO CHARGE RATIO FOR LINES 7A & 7B. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. THE INFORMATION FOR LINES 7E, 7F, AND 7I WAS DERIVED FROM INFORMATION IN THE GENERAL LEDGER AND OTHER FINANCIAL DATA RELATED SPECIFICALLY TO THE VARIOUS TYPES OF COMMUNITY BENEFITS.LINE 7I INCLUDES AN AMOUNT (\$5,000,000) PROVIDED TO VVMC DIVERSIFIED SERVICES DBA VAIL HEALTH CLINICS, A RELATED ORGANIZATION WHICH IS A GROUP OF PHYSICIAN PRACTICES AND URGENT CARE FACILITIES LOCATED IN A RURAL AREA IN EAGLE COUNTY, COLORADO. VAIL HEALTH CLINICS IS ABLE TO PROVIDE IMPROVED COMMUNITY ACCESS TO HEALTHCARE SERVICES, ALLOWING ALL MEMBERS OF THE COMMUNITY TO BE SERVED.SCHEDULE H, PART I, LINE 7, COLUMN FBAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 BUT EXCLUDED FOR PURPOSES OF CALCULATING PERCENTAGES IN THIS COLUMN EQUAL \$14,203,433.
PART III, LINE 2:	THE ORGANIZATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	SEE PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR THE FOOTNOTE DESCRIBING BAD DEBT EXPENSE.
PART III, LINE 8:	IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THAT THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THIS IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT. OUR COMMUNITY INCLUDES PATIENTS COVERED BY MEDICARE. WE SHOULD GET CREDIT FOR THE REIMBURSEMENT SHORTFALL THAT RESULTS FROM SERVING THIS SEGMENT OF OUR COMMUNITY.THE MEDICARE ALLOWABLE COST COMPUTATION INCLUDES THE COSTS FOR BOTH THE HOSPITAL AS WELL AS THE HOSPITAL'S APPLICABLE SHARE OF THEIR JOINT VENTURE'S COSTS. THE HOSPITAL'S MEDICARE ALLOWABLE COST IS DERIVED FROM THE MEDICARE COST REPORT. THE JOINT VENTURE'S MEDICARE ALLOWABLE COST IS COMPUTED USING A COST-TO-CHARGE RATIO. THE MEDICARE COST COMPUTED FOR THE JOINT VENTURE IS \$2,403,873. THE REMAINING \$27,868,960 OF ALLOWABLE COST IS FROM THE HOSPITAL'S MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	ANY EXTRAORDINARY COLLECTION ACTIONS IN PROGRESS AT THE TIME AN INCOMPLETE APPLICATION IS RECEIVED MUST BE SUSPENDED. SUCH COLLECTIONS MAY BE INITIATED OR RESUMED IF A COMPLETED APPLICATION IS NOT RECEIVED, OR AFTER A REQUEST FOR ADDITIONAL INFORMATION IS NOT RECEIVED AFTER 30 DAYS OF NOTIFICATION. UPON APPROVAL OF A FINANCIAL ASSISTANCE REQUEST, VHH SHALL: TAKE REASONABLE MEASURES TO VACATE OR REVERSE ANY EXTRAORDINARY COLLECTION ACTIONS, SUCH AS LIFTING A LIEN AND REMOVING ADVERSE INFORMATION ON CREDIT REPORTS.
PART VI, LINE 2:	WE LOOK AT THE POPULATION AND BENCHMARK PRODUCTIVITY DATA TO DETERMINE THE DEMAND IN OUR PRIMARY SERVICE AREA BY PHYSICIAN SPECIALTY. THEN WE LOOK AT MARKET DATA TO DETERMINE THE CURRENT NUMBER OF PROVIDERS IN OUR PRIMARY SERVICE AREA. WE WORK CLOSELY WITH OUR PHYSICIAN PARTNERS IN OUR COMMUNITY TO IDENTIFY IF WE HAVE A SHORTAGE OF PROVIDERS AND TO DETERMINE THE BEST WAY TO FILL THAT NEED. IN TAX YEAR 2011, WE ALSO STARTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT REQUIRED BY THE IRS THAT WAS COMPLETED IN TAX YEAR 2012, TAX YEAR 2015, AND TAX YEAR 2018.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	CONTACT INFORMATION FOR OUR FINANCIAL COUNSELOR IS PROVIDED AT REGISTRATION AND DISCHARGE FROM THE PATIENT ACCESS DEPARTMENT, AS WELL AS ON BOTH OUR BILLING STATEMENTS AND ON OUR WEBSITE. ADDITIONALLY, PATIENTS CONTACTING THE HOSPITAL THROUGH CUSTOMER SERVICE OR PATIENT ACCOUNTING ARE DIRECTED TO THE FINANCIAL COUNSELOR FOR ASSISTANCE.
PART VI, LINE 4:	OUR PRIMARY SERVICE AREA IS IN EAGLE COUNTY AND THE SURROUNDING FOUR COUNTY REGION IN THE RURAL MOUNTAINS OF COLORADO. MANY PATIENTS DRIVE UP TO 70 - 80 MILES TO ACCESS OUR SERVICES. WE HAVE SEVERAL CLINICS LOCATED THROUGHOUT OUR PRIMARY SERVICE AREA PROVIDING URGENT CARE, EMERGENCY SERVICES, AND PHYSICAL REHAB TO MAKE OUR SERVICES MORE ACCESSIBLE. WE ALSO GET A PORTION OF OUR BUSINESS FROM THE SURROUNDING FIVE COUNTIES, AND FROM COLORADO FRONT RANGE RESIDENTS VISITING OUR RESORT COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>WE PROVIDE SEVERAL FREE AND LOW COST GENERAL HEALTH SCREENINGS, CARDIAC SCREENINGS, AND CANCER SCREENINGS TO THE COMMUNITY. WE ALSO PROVIDE FREE EDUCATION IN SCHOOLS AND COMMUNITY MEETINGS FOR A VARIETY OF TOPICS INCLUDING: HEAD AND SPINAL CORD INJURY PREVENTION PROGRAMS, HELMET SAFETY, CAR SEAT SAFETY, HEART HEALTH, NUTRITION, AND MENTAL HEALTH. WE PARTICIPATE IN COMMUNITY COALITION BUILDING MEETINGS IN TOWN HALLS AND COUNTY MEETINGS. WE CONTRIBUTE TO DISASTER PREPAREDNESS PLANNING AND TRAINING WITH LAW ENFORCEMENT, FIRE DEPARTMENTS, COUNTY HEALTH OFFICIALS, SCHOOLS, AND OTHER HEALTH CARE PROVIDERS IN THE COMMUNITY. WE ALSO PARTICIPATE IN COUNTY FLU COALITION PLANNING. WE PROVIDE ON THE JOB TRAINING FOR NURSING, EMT AND PARAMEDIC STUDENTS FROM COLORADO MOUNTAIN COLLEGE IN OUR FACILITIES. WE WORK WITH THE LOCAL SCHOOL DISTRICT TO OFFER JOB SHADOWING FOR BOTH MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS. WE ALSO OFFER A SAFE DRUG DISPOSAL PROGRAM. WE RECOGNIZE CANCER SURVIVORS AT OUR LOCAL COUNTY RODEO. WE OFFER FIT FOR SURVIVAL, AN EXERCISE PROGRAM FOR CANCER PATIENTS. WE HAVE A TEAM OF NUTRITION EXPERTS WHO HELP THE COMMUNITY PROTECT ITSELF AGAINST CANCER THROUGH ITS PRESENCE AT LOCAL HEALTH FAIRS, PUBLISHING NUTRITION ARTICLES IN THE LOCAL MAGAZINES, AND OFFERING MONTHLY COOKING CLASSES, CANCER SUPPORT PROGRAMS, AND GROUPS. JACK'S PLACE IS OUR CANCER CARING HOUSE THAT ALLOWS CONVENIENT AND COMFORTABLE ACCOMMODATIONS FOR CANCER PATIENTS, CAREGIVERS, AND FAMILY MEMBERS FREE OF CHARGE. MEDITATION, YOGA AND TAI CHI CLASSES ARE ALSO OFFERED AT JACK'S PLACE. THE ARTS IN HEALING PROGRAM PROVIDES REGULAR MUSICAL PERFORMANCES, VISUAL ART EXHIBITS AND WORKSHOPS, AND PERFORMANCES TO ENHANCE THE OVERALL HEALTHCARE ENVIRONMENT FOR OUR PATIENTS, VISITORS AND STAFF. WE ALSO PARTICIPATE IN PET PARTNERS, A THERAPY ANIMAL PROGRAM. WE OFFER CHILDBIRTH AND LACTATION CLASSES TO THE COMMUNITY. SURPLUS FUNDS ARE USED TO INVEST IN COMMUNITY NEEDS. WE DONATED \$9.9M IN FY19, INCLUDING \$4.3M TO FUND BIOMECHANICAL RESEARCH AND \$5M TO VAIL HEALTH CLINICS TO SUBSIDIZE PHYSICIAN SPECIALTIES TO WORK IN EAGLE COUNTY, WHO WOULD OTHERWISE NOT BE ABLE TO PRACTICE AND PROVIDE THOSE SERVICES TO THE COMMUNITY. WE DONATED \$40,000 TO THE US SKI TEAM AND PARTIALLY FUNDED THE SALARIES AND OTHER EXPENSES OF LOCAL SCHOOL ATHLETIC TRAINERS TO PROMOTE LOCAL ATHLETE DEVELOPMENT. WE DONATED \$50,000 TO STARTING HEARTS TO PLACE DEFIBRILLATORS AROUND EAGLE COUNTY. WE DONATED \$288K TO MOUNTAIN FAMILY HEALTH CENTERS TO SUBSIDIZE THEIR FEDERALLY QUALIFIED HEALTH CLINIC. SHAW CANCER CENTER STAFF EDUCATES AROUND 1,000 ELEMENTARY SCHOOL STUDENTS ON THE USE OF SUNSCREEN IN OUR SHAW SUN SAFETY PROGRAM. VAIL HEALTH PARTNERED WITH MOUNTAIN YOUTH ON EAT, CHAT, PARENT, AN EDUCATIONAL BIMONTHLY SPEAKER SERIES FOR PARENTS AND KIDS ON THEIR MENTAL HEALTH. WE EDUCATED OVER 700 PEOPLE. WE PARTNER WITH EDUCATION FOUNDATION OF EAGLE COUNTY (EFEC) TO OFFER CLASSROOM STEM GRANTS TO ALL TEACHERS IN EAGLE COUNTY. PLUS WE DONATED \$45,000 TO EAGLE COUNTY SCHOOL DISTRICT TO FUND PROJECT LEAD THE WAY, A STEM CURRICULUM PROGRAM THAT WAS ROLLED OUT IN 6 LOCAL SCHOOLS.</p>
PART VI, LINE 7, REPORTS FILED WITH STATES	CO

Additional Data

Software ID:
Software Version:

EIN: 84-0563230
Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	VAIL CLINIC INC PO BOX 40000 VAIL, CO 81658 WWW.VAILHEALTH.ORG 010911	X	X					X			

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

Form and Line Reference	Explanation
VAIL CLINIC, INC.	PART V, SECTION B, LINE 5: THE 2019 CHNA WAS CONDUCTED FROM JANUARY TO JUNE 2019 AND INCLUDED QUANTITATIVE AND QUALITATIVE RESEARCH METHODS TO DETERMINE HEALTH TRENDS AND DISPARITIES WITHIN EAGLE COUNTY AS COMPARED TO HEALTH INDICATORS ACROSS COLORADO AND THE NATION. PRIMARY STUDY METHODS WERE USED TO SOLICIT INPUT FROM HEALTH CARE CONSUMERS AND KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. SECONDARY STUDY METHODS WERE USED TO IDENTIFY AND ANALYZE STATISTICAL DEMOGRAPHIC AND HEALTH TRENDS. SPECIFIC CHNA STUDY METHODS INCLUDED: -AN ANALYSIS OF SECONDARY DATA, INCLUDING HEALTH, DEMOGRAPHIC, AND SOCIAL MEASURES -A KEY INFORMANT SURVEY OF REPRESENTATIVES FROM HEALTH, SOCIAL SERVICES, EDUCATION, ECONOMIC, AND OTHER COMMUNITY-BASED ORGANIZATIONS-FOCUS GROUPS WITH LOCAL RESIDENTS-PARTNER FORUMS WITH REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS TO DISCUSS CHNA FINDINGS AND OPPORTUNITIES FOR COLLABORATIONCOMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE CHNA. VAIL HEALTH SOLICITED AND RECEIVED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING UNDERSERVED, PRIORITY, OR MINORITY POPULATIONS. THROUGH THIS INPUT WE RECEIVED WIDE PERSPECTIVES ON HEALTH TRENDS, EXPERTISE ABOUT EXISTING COMMUNITY RESOURCES AND GAPS IN SERVICES, AND INSIGHTS ABOUT ISSUES THAT CONTRIBUTE TO HEALTH DISPARITIES.KEY INFORMANT SURVEY A KEY INFORMANT SURVEY WAS CONDUCTED WITH COMMUNITY REPRESENTATIVES IN EAGLE COUNTY TO SOLICIT INFORMATION ABOUT HEALTH NEEDS AMONG RESIDENTS. MORE THAN 250 SURVEY INVITATIONS WERE SENT TO INDIVIDUALS REPRESENTING HEALTH AND SOCIAL SERVICE PROVIDERS; COMMUNITY AND PUBLIC HEALTH EXPERTS; CIVIC, RELIGIOUS, AND SOCIAL LEADERS; POLICY MAKERS AND ELECTED OFFICIALS; AND OTHERS REPRESENTING DIVERSE POPULATIONS INCLUDING MINORITY, LOW-INCOME, AND OTHER UNDERSERVED OR VULNERABLE POPULATIONS. A TOTAL OF 57 INDIVIDUALS RESPONDED TO THE SURVEY. A LIST OF THE REPRESENTED COMMUNITY ORGANIZATIONS AND THE KEY INFORMANTS' RESPECTIVE TITLES IS INCLUDED IN THE PUBLICLY AVAILABLE CHNA DOCUMENT.COMMUNITY PARTNER FORUMSTWO PARTNER FORUMS WERE HOSTED BY VAIL HEALTH, ONE ON TUESDAY, JUNE 18 IN EAGLE AND ONE ON WEDNESDAY, JUNE 19 IN VAIL. ALL INDIVIDUALS INVITED TO PARTICIPATE IN THE KEY INFORMANT SURVEY WERE ALSO INVITED TO PARTICIPATE IN THE PARTNER FORUMS. A LIST OF THE REPRESENTED COMMUNITY ORGANIZATIONS AT THE PARTNER FORUMS AND THE PARTICIPANTS' RESPECTIVE TITLES IS INCLUDED IN THE PUBLICLY AVAILABLE CHNA DOCUMENT.THE OBJECTIVE OF THE FORUMS WAS TO SHARE DATA FROM THE CHNA AND DETERMINE CONSENSUS ON COMMUNITY HEALTH PRIORITIES, AS WELL AS OPPORTUNITIES FOR COLLABORATION AMONG PARTNER AGENCIES. RESEARCH FROM THE CHNA WAS PRESENTED AT THE SESSIONS WITH AUDIENCE DISCUSSION AND QUESTIONS. LARGE GROUP DIALOGUE WAS FACILITATED TO IDENTIFY AND DISCUSS PRIORITY AREAS, EXISTING RESOURCES TO ADDRESS NEEDS, GAPS IN SERVICES, AND OPPORTUNITIES FOR CROSS-SECTOR COLLABORATION. FOCUS GROUPSAS PART OF THE 2019 CHNA, THREE FOCUS G

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
VAIL CLINIC, INC.	ROUPS WERE CONDUCTED IN JUNE 2019 WITHIN EAGLE COUNTY. THE TARGET AUDIENCES FOR THE FOCUS GROUPS INCLUDED INDIVIDUALS IDENTIFIED AS UNDERSERVED BY HEALTH CARE SERVICES AND/OR UNDER REPRESENTED BY CHNA QUANTITATIVE DATA FINDINGS, INCLUDING LATINX AND OLDER ADULTS. THE OBJ ECTIVES OF THE FOCUS GROUPS WERE TO DEFINE BARRIERS TO ACCESSING HEALTH CARE SERVICES; DET ERMINE CHALLENGES THAT IMPACT DISEASE MANAGEMENT; AND IDENTIFY EFFECTIVE TACTICS FOR IMPRO VED SELF-CARE AND COMMUNITY ENGAGEMENT. A TOTAL OF 37 PEOPLE PARTICIPATED IN THE DISCUSSIO N GROUPS. FOLLOWING IS A BREAKDOWN OF THE LOCATIONS AND PARTICIPANTS PER GROUP. FOCUS GROU P LOCATIONS AND ATTENDEESGOLDEN EAGLE SENIOR CENTER, EAGLE: 10 ATTENDEESLAKE CREEK VILLAGE APARTMENTS, EDWARDS: 8 ATTENDEESVAIL VALLEY PARTNERSHIP, EDWARDS: 18 ATTENDEES

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
VAIL CLINIC, INC.	<p>PART V, SECTION B, LINE 11: VAIL HEALTH DEVELOPED AN IMPLEMENTATION PLAN TO GUIDE COMMUNITY BENEFIT ACTIVITIES ACROSS EAGLE COUNTY. AS DETERMINED THROUGH THE PRIORITIZATION PROCESS , VAIL HEALTH WILL DEVOTE RESOURCES AND EXPERTISE TO ADDRESS ACCESS TO CARE, BEHAVIORAL HEALTH, CHRONIC DISEASE, AND HEALTH EQUITY.THE IMPLEMENTATION PLAN BUILDS UPON PREVIOUS HEALTH IMPROVEMENT ACTIVITIES AND TAKES INTO CONSIDERATION THE EVALUATION OF IMPACT FROM THE PREVIOUS IMPLEMENTATION PLAN CYCLE, WHILE RECOGNIZING NEW HEALTH NEEDS AND A CHANGING HEALTH CARE DELIVERY ENVIRONMENT IDENTIFIED IN THE 2019 CHNA. GOALS, OBJECTIVES, AND STRATEGIES FROM THE PLAN ARE OUTLINED BELOW. ACCESS TO CAREGOAL: INCREASE ACCESS TO QUALITY, AFFORDABLE, COMPREHENSIVE HEALTH CARE.OBJECTIVES: -INCREASE ACCESS TO PRIMARY AND SPECIALTY CARE PHYSICIANS. -INCREASE THE NUMBER OF RESIDENTS WHO HAVE A REGULAR PRIMARY CARE DOCTOR THAT THEY VISIT ON AN ANNUAL BASIS.-IMPROVE SCREENING AND TREATMENT OPTIONS FOR YOUTH WITH DEVELOPMENTAL DISABILITIES.-REDUCE BARRIERS TO RECEIVING CARE FOR RESIDENTS WITHOUT TRANSPORTATION.STRATEGIES:-CONTINUE RECRUITMENT EFFORTS AND PARTNERSHIP OPPORTUNITIES TO BRING SPECIALTY CARE PHYSICIANS TO EAGLE COUNTY. -EXPLORE OPTIONS AND PARTNERS TO PROVIDE TRANSPORTATION TO ACCESS HEALTH AND SOCIAL SERVICES.-EXPLORE OPTIONS TO INCREASE EVALUATION SERVICES AND ACCESS TO OCCUPATIONAL AND SPEECH THERAPIES FOR YOUTH WITH DEVELOPMENTAL DISABILITIES. -EXPLORE AND IMPLEMENT TELEHEALTH OPTIONS TO ADDRESS SPECIALTY SHORTAGES AND TRANSPORTATION BARRIERS.-IMPLEMENT THE COLORADO MOUNTAIN MEDICAL HEALTH CAMPAIGN TO INITIATE APPOINTMENT REMINDERS TO ALL PATIENTS 365 DAYS AFTER THEIR LAST WELLNESS VISIT.-PARTNER WITH COLORADO MOUNTAIN MEDICAL TO SCREEN PATIENTS TO DETERMINE IF THEY HAVE A MEDICAL HOME AND ASSIST THOSE THAT DO NOT IN FINDING A PCP. -PROVIDE HEALTH INSURANCE ELIGIBILITY AND ENROLLMENT ASSISTANCE FOR UNINSURED RESIDENTS ACCESSING SERVICES.-PROVIDE SUPPORT FOR COMMUNITY-BASED ORGANIZATIONS OFFERING FREE AND REDUCED-COST HEALTH CARE SERVICES.-PROMOTE AND SUPPORT CANDIDATE ENTRY INTO CAREERS IN THE HEALTH CARE FIELD.-SUPPORT THE COLORADO MOUNTAIN COLLEGE SURGICAL TECHNOLOGY PROGRAM TO INCREASE THE NUMBER OF COLLEGE STUDENTS PURSUING A CAREER AS A SURGICAL TECHNOLOGIST.-SUPPORT THE EDUCATION FOUNDATION OF EAGLE COUNTY AND OTHER COMMUNITY-BASED ORGANIZATIONS TO FOSTER PURSUIT OF CAREERS IN THE HEALTH FIELD.-OFFER THE TRANSITION TO PRACTICE PROGRAM FOR NEW RN GRADUATES.BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE USE DISORDERGOAL: REDUCE SUBSTANCE USE DISORDER IN OUR COMMUNITY, AND IMPROVE OUTCOMES FOR PEOPLE WITH A MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER AND THEIR FAMILIES.OBJECTIVES: -ENCOURAGE THE USE OF EARLY IDENTIFICATION SCREENING TOOLS AMONG PATIENTS.-FOSTER INTEGRATION OF BEHAVIORAL AND PRIMARY HEALTH CARE SERVICES.-INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES.-INCREASE AWARENESS OF BEHAVIORAL HEALTH DISORDERS AND PROMOTE EVIDENCE-BASED PREVENTION AND MANAGEMENT STR</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
VAIL CLINIC, INC.	<p>ATEGIES. STRATEGIES:-PROVIDE SUPPORT FOR EAGLE VALLEY BEHAVIORAL HEALTH, A NEW NON-PROFIT INITIATIVE TO INCREASE BEHAVIORAL HEALTH CAPACITY, ENSURE 24/7 ACCESS, AND CREATE BEHAVIOR AL HEALTH BED SPACE IN THE COMMUNITY. THE TOP SIX INITIATIVES FOR EAGLE VALLEY BEHAVIORAL HEALTH INCLUDE:1. DEVELOP A COMPREHENSIVE, CROSS-FUNCTIONAL BEHAVIORAL HEALTH FACILITY, WI TH PLANS TO INCLUDE A BUS STOP LINKING THE CAMPUS TO THE COUNTY'S ECO TRANSIT SYSTEM.2. IM PRO VE BEHAVIORAL HEALTH PROVIDER ACCESS AND CAPACITY BY ATTRACTING AND RETAINING PROVIDERS , IMPLEMENTING TELEMEDICINE SERVICES, EXPLORING INNOVATIVE WAYS TO LOWER CARE ACCESS BARRI ERS, AND INTEGRATING BEHAVIORAL HEALTH CARE INTO ALL PRIMARY CARE SETTINGS TO INCLUDE BEHA VIORAL HEALTH SCREENINGS AT ALL PRIMARY CARE VISITS. 3. PROMOTE A COUNTY-WIDE COORDINATED APPROACH TO BEHAVIORAL HEALTH CARE THROUGH CONTINUOUS COMMUNICATION, SYSTEMS, AND PLANS AM ONG PARTNER ORGANIZATIONS, AND ESTABLISHMENT OF A COMMUNITY-WIDE BEHAVIORAL HEALTH ELECTRO NIC MEDICAL RECORD EXCHANGE.4. PROVIDE PREVENTION AND EDUCATION INITIATIVES TO INCREASE PR OTECTIVE FACTORS AND DECREASE COMMON RISK FACTORS FOR BEHAVIORAL HEALTH ISSUES, WITH A FOC US ON CIVIC ENGAGEMENT, SOCIAL CONNECTIONS, AND STIGMA REDUCTION.5. PROVIDE CRISIS RESPONSE AND TRANSITION SERVICES TO PROVIDE CARE AND STABILIZE BEHAVIORAL HEALTH PATIENTS IN THE FIELD OR IN THE PRIVACY OF THEIR HOME, AND CONNECT THEM TO APPROPRIATE OUTPATIENT SERVICES . 6. WORK WITH EAGLE COUNTY SCHOOL DISTRICT TO INCREASE FUNDING TO SUPPORT THE PLACEMENT O F ADDITIONAL SCHOOL-BASED CLINICIANS AND DEVELOP A COMPREHENSIVE WELLNESS CURRICULUM. -CON VENE COMMUNITY PARTNERS AS PART OF THE VAIL HEALTH COMPLEX PATIENT COMMITTEE TO ADDRESS TH E FOLLOWING SHARED GOALS: 1. FOSTER A COORDINATED EFFORT BETWEEN VAIL HEALTH AND THE COMMU NITY TO CARE FOR PATIENTS WITH COMPLEX BEHAVIORAL AND MENTAL HEALTH NEEDS.2. COLLABORATE W ITH COMMUNITY PARTNERS TO ENGAGE COMPLEX PATIENTS IN VOLUNTARY WRAP AROUND AND SUPPORT SER VICES.3. ESTABLISH AND IMPROVE UPON REFERRAL COORDINATION BETWEEN COMMUNITY PARTNERS.4. MA RKET COMMUNITY RESOURCES AND IMPROVE ACCESS TO AND AVAILABILITY OF RESOURCES FOR COMPLEX P ATIENTS.5. PROVIDE A PLATFORM FOR DATA SHARING TO TRACK USE OF CURRENT RESOURCES, AND UTIL IZE DATA TO IDENTIFY AND SOLVE GAPS IN SERVICES.-IMPLEMENT EVIDENCE-BASED SCREENING TOOLS FOR SUICIDE RISK AND ALCOHOL ABUSE HOSPITAL-WIDE, AS WELL AS DEPRESSION SCREENINGS AMONG P RENATAL WOMEN AND NEW MOTHERS. -PROVIDE SUPPORT FOR COMMUNITY-BASED ORGANIZATIONS AND INIT IATIVES OFFERING FREE AND REDUCED-COST BEHAVIORAL HEALTH SERVICES.-SUPPORT THE EDUCATION F OUNDATION OF EAGLE COUNTY AND OTHER COMMUNITY-BASED ORGANIZATIONS TO PROVIDE IN-SCHOOL MEN TAL HEALTH SUPPORT SERVICES.CHRONIC DISEASEGOAL: REDUCE RISK FACTORS AND PREMATURE DEATH A TTRIBUTED TO CHRONIC DISEASES, AND IMPROVE QUALITY OF LIFE FOR INDIVIDUALS WITH CHRONIC DI SEASE.OBJECTIVES: -IMPROVE CHRONIC DISEASE MANAGEMENT AMONG HIGH-RISK POPULATIONS. -PROMOT E A CULTURE OF TRUST AND RESPE</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
VAIL CLINIC, INC.	<p>CT AMONG PROVIDERS AND CAREGIVERS THAT ENCOURAGES PATIENTS TO INTERACT WITH AVAILABLE HEALTH CARE. -PROMOTE COMMUNITY INITIATIVES THAT SUPPORT ACCESS TO HEALTHY LIFESTYLE CHOICES. -PROVIDE COMMUNITY EDUCATION AND OUTREACH THAT PROMOTES CHRONIC DISEASE PREVENTION. STRATEGIES: -COLLABORATE WITH COMMUNITY PARTNERS TO ENCOURAGE HEALTHY EATING AND PHYSICAL ACTIVITY AMONG RESIDENTS. -DEVELOP PROGRAMS TO SUPPORT EDUCATION, TRAINING, AND TOOLS TO REDUCE AND MANAGE DIABETES. -EXPAND THE VAIL HEALTH COMPLEX PATIENT COMMITTEE TO ADDRESS THE NEEDS OF MEDICALLY COMPLEX PATIENTS WITH CHRONIC DISEASE. -EXPLORE OPPORTUNITIES TO INCREASE PROVIDERS, SERVICE LOCATIONS, AND AVAILABLE HOURS OF OPERATION FOR SPECIALTY CARE, INCLUDING ENDOCRINOLOGY AND CARDIOLOGY. -INCREASE APPROPRIATE COLORECTAL CANCER SCREENING RATES THROUGH COMMUNITY EDUCATION, PATIENT MEDICAL RECORD TRACKING MECHANISMS, AND REDUCTION OF CARE ACCESS BARRIERS. -PARTICIPATE IN AND/OR HOST FREE COMMUNITY HEALTH FAIRS TARGETING DIVERSE POPULATIONS. -PROVIDE SUPPORT FOR YOUTH SUMMER LUNCH PROGRAMS TO REDUCE FOOD INSECURITY. -PROVIDE SUPPORT GROUPS FOR PATIENTS WITH CHRONIC DISEASE AND THEIR FAMILIES. -SUPPORT COMMUNITY INITIATIVES TO REDUCE YOUTH VAPING AND E-CIGARETTE USE. -SUPPORT EAGLE COUNTY PARAMEDICS TO CONTINUE HOME VISITS FOR MEDICATION COMPLIANCE, SAFETY ASSESSMENTS, AND THE EMERGENCY TRIAGE, TREAT, AND TRANSPORT (ET3) PROGRAM TO ADDRESS EMERGENCY HEALTH CARE NEEDS FOR MEDICAL PATIENTS. -SUPPORT EAGLE COUNTY SCHOOLS TO OFFER HIGH SCHOOL PHYSICALS AND ATHLETIC TRAINERS TO INCREASE ACCESS TO PHYSICAL ACTIVITY AMONG YOUTH. CONTINUED BELOW...</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
PART V, SECTION B, LINE 11 CONTINUED:	HEALTH EQUITYGOAL: IMPROVE HEALTH-RELATED QUALITY OF LIFE AND WELL-BEING FOR ALL INDIVIDUALS, WITH A FOCUS ON LATINX AND SENIORS.OBJECTIVES: -ADVANCE LOCAL AND STATE DIALOGUE TO ADDRESS AFFORDABLE HOUSING NEEDS.-IMPROVE BIRTH OUTCOMES FOR AT-RISK MOTHERS AND THEIR CHILDREN.-INCREASE ACCESS TO HEALTH AND SOCIAL SUPPORT SERVICES FOR SENIORS.-INCREASE OPPORTUNITIES FOR EDUCATION AND HEALTH PROMOTION PROGRAMMING AMONG AT-RISK YOUTH. -INCREASE THE NUMBER OF LATINX RESIDENTS WHO HAVE HEALTH INSURANCE.STRATEGIES:-CONDUCT COMMUNITY OUTREACH TO ASSIST LATINX RESIDENTS WITH ELIGIBILITY DETERMINATION AND ENROLLMENT IN SUBSIDIZED HEALTH INSURANCE PROGRAMS.-PARTNER WITH THE REGIONAL ACCOUNTABLE ENTITY (RAE) TO IMPLEMENT THE ACCOUNTABLE HEALTH COMMUNITIES MODEL SCREENING TOOL IN THE EMERGENCY DEPARTMENT FOR MEDICAID AND/OR MEDICARE PATIENTS, WITH PATIENT NAVIGATION FOLLOW-UP CARE PROVIDED BY THE RAE.-PARTNER WITH SENIOR CARE PROVIDERS TO INCREASE ACCESS TO TRANSITIONAL CARE AND WRAP-AROUND SUPPORT SERVICES FOR SENIOR PATIENTS. -PARTNER WITH THE VAIL VALLEY PARTNERSHIP TO SUPPORT WORKFORCE HOUSING INITIATIVES. -PROMOTE CERTIFICATION IN GERIATRIC CARE AMONG THE HEALTH CARE WORKFORCE.-PROVIDE HEALTH EDUCATION AND SCREENINGS, PUBLIC ASSISTANCE APPLICATION SUPPORT, FOOD RESOURCES, WORKFORCE DEVELOPMENT, EARLY CHILDHOOD EDUCATION COORDINATION, AND PHYSICAL ACTIVITY PROGRAMMING WITHIN COMMUNITIES, THROUGH MIRA AND OTHER INITIATIVES.-PROVIDE REDUCED-COST CHILDBIRTH, BREASTFEEDING, AND PARENTING SUPPORT CLASSES, TARGETING AT-RISK MOTHERS.-SUPPORT THE EDUCATION FOUNDATION OF EAGLE COUNTY TO PROMOTE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) EDUCATION, TARGETING UNDERSERVED YOUTH.VAIL HEALTH WILL CONTINUE ITS WORK TO IMPROVE THE HEALTH AND WELL-BEING OF EAGLE COUNTY RESIDENTS, GUIDED BY THE 2019 CHNA AND OUR MISSION TO PROVIDE SUPERIOR HEALTH SERVICES WITH COMPASSION AND EXCEPTIONAL OUTCOMES. WE ENCOURAGE YOU TO VISIT OUR WEBSITE TO LEARN MORE ABOUT THE CHNA AND OUR COMMUNITY HEALTH IMPROVEMENT INITIATIVES: VAILHEALTH.ORG.

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
PART V, LINE 7 AND LINE 10:	WWW.VAILHEALTH.ORG/PDF/VAILHEALTH/CHNA/2019_CHNA_FINAL_REPORT_2019_09.PDF

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 1 - VAIL VALLEY SURGERY CENTER (VAIL) PO BOX 1270 VAIL, CO 81658	AMBULATORY SURGERY CENTER JV
1 2 - SHAW PAVILION (EDWARDS) PO BOX 40000 VAIL, CO 81658	CANCER CENTER, PHYSICIAN OFFICES, RETAIL PHARMACY, SUPPORT SERVICES
2 3 - EDWARDS MEDICAL CENTER PO BOX 40000 VAIL, CO 81658	PHYSICIAN OFFICES, PHYSICAL, THERAPY, SUPPORT SERVICES
3 4 - VAIL VALLEY SURGERY CENTER (EDWARDS) PO BOX 1270 VAIL, CO 81658	AMBULATORY SURGERY CENTER JV
4 5 - AVON URGENT CARE PO BOX 40000 VAIL, CO 81658	URGENT CARE, OCCUPATIONAL HEALTH, TRAVELER'S CLINIC
5 6 - BEAVER CREEK MEDICAL CENTER PO BOX 40000 VAIL, CO 81658	FOR ON-MOUNTAIN ACCIDENTS AND ILLNESSES OF BC GUESTS, PHYSICAL THERAPY
6 7 - MEDICAL PROFESSIONAL BUILDING (VAIL) PO BOX 40000 VAIL, CO 81658	PHYSICIAN OFFICES, PHYSICAL THERAPY, SUPPORT SERVICES
7 8 - GYPSUM URGENT CARE PO BOX 40000 VAIL, CO 81658	URGENT CARE, SUPPORT SERVICES
8 9 - EAGLE HEALTH CARE CENTER PO BOX 40000 VAIL, CO 81658	JOINT VENTURE - PHYSICIAN OFFICES, PHYSICAL THERAPY
9 10 - HOWARD HEAD FRISCO PO BOX 40000 VAIL, CO 81658	PHYSICAL THERAPY
10 11 - HOWARD HEAD SILVERTHORNE PO BOX 40000 VAIL, CO 81658	PHYSICAL THERAPY
11 12 - HOWARD HEAD GYPSUM PO BOX 40000 VAIL, CO 81658	PHYSICAL THERAPY
12 13 - HOWARD HEAD AVON PO BOX 40000 VAIL, CO 81658	PHYSICAL THERAPY
13 14 - JACK'S PLACE (EDWARDS) PO BOX 40000 VAIL, CO 81658	CANCER CARING HOUSE
14 15 - HOWARD HEAD BRECKENRIDGE PO BOX 40000 VAIL, CO 81658	PHYSICAL THERAPY

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 16 - COLORADO MOUNTAIN MEDICAL (AVON) PO BOX 40000 VAIL, CO 81658	PHYSICIAN OFFICES

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Employer identification number
84-0563230

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 18

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:	MANAGERS AND DIRECTORS REGULARLY MONITOR ACTIVITIES AND THE USAGE OF GRANT FUNDS.

Additional Data

Software ID:
Software Version:
EIN: 84-0563230
Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

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
STEADMAN PHILIPPON RESEARCH FOUNDATION 181 W MEADOW DR STE 1000 VAIL, CO 81657	88-0245022	501(C)(3)	4,299,996				PROGRAM SUPPORT
VAIL VALLEY PARTNERSHIP PO BOX 1130 VAIL, CO 81658	84-0535997	501(C)(3)	7,500				SPONSORSHIP

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
VAIL BREAST CANCER AWARENESS PO BOX 4043 AVON, CO 81620	84-1515602	501(C)(3)	8,000				SILVER SPONSORSHIP LUNCHEON BENEFIT
STARTING HEARTS PO BOX 4318 AVON, CO 81620	27-3008262	501(C)(3)	39,500				SPONSORSHIP- DEFIB PARTNERSHIP

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
STARTING HEARTS PO BOX 4318 AVON, CO 81620	27-3008262	501(C)(3)	10,500				DONATION - COMMUNITY OUTREACH
EDUCATION FOUNDATION OF EAGLE COUNTY PO BOX 18533 AVON, CO 81620	84-1585417	501(C)(3)	25,000				PROJECT FUNWAY

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
MOUNTAIN FAMILY HEALTH CENTERS 2700 GILSTRAP CT GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	288,146				PROGRAM SUPPORT
UNITED STATES SKI TEAM 1 VICTORY LANE BOX 100 PARK CITY, UT 84060	84-6030639	501(C)(3)	40,000				ANNUAL RIGHTS AND ANNUAL MESS COURSE FEES

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
VVMC DIVERSIFIED SERVICES PO BOX 40000 VAIL, CO 81658	26-1167922	501(C)(3)	5,000,000				PROGRAM SUPPORT
WALKING MOUNTAIN SCIENCE CENTER PO BOX 9469 AVON, CO 81620	84-1436731	501(C)(3)	5,000				A TASTE OF NATURE 2019 BRONZE SPONSOR

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
VAIL VALLEY FOUNDATION PO BOX 6550 AVON, CO 81620	74-2215035	501(C)(3)	6,000				BLACK DIAMOND BALL TABLE SPONSORSHIP
VAIL VALLEY FOUNDATION PO BOX 6550 AVON, CO 81620	74-2215035	501(C)(3)	16,000				VAIL HEALTH EMPLOYEE DEPENDENT SCHOLARSHIP

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
VAIL VALLEY FOUNDATION PO BOX 6550 AVON, CO 81620	74-2215035	501(C)(3)	5,000				DONATION TO STAR DANCING GALA
VAIL VALLEY FOUNDATION PO BOX 6550 AVON, CO 81620	74-2215035	501(C)(3)	5,000				DONATION

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
DENVER HEALTH FOUNDATION 655 BROADWAY SUITE 750 DENVER, CO 80203	84-1085196	501(C)(3)	5,000				NIGHT SHINE GALA
EAGLE COUNTY SCHOOL DISTRICT PO BOX 740 EAGLE, CO 81631		EAGLE COUNTY, CO	45,000				LEAD THE WAY GRANT

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
EAGLE COUNTY FAIR AND RODEO PO BOX 850 EAGLE, CO 81631		EAGLE COUNTY, CO	5,000				EAGLE COUNTRY FAIR AND RODEO DIAMOND SPONSORSHIP
ROUND UP RIVER RANCH PO BOX 8589 AVON, CO 81620	20-4632248	501(C)(3)	5,000				SPONSOR FOR A GRATEFUL HARVEST EVENT

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
COLORADO MOUNTAIN MEDICAL 108 S FRONTAGE RD W STE 101 VAIL, CO 81657			79,200				SUBSIDIZE FOR OB SERVICES
OUR COMMUNITY FOUNDATION PO BOX 1580 VAIL, CO 81658	47-1915583	501(C)(3)	10,000				MIRA VEHICLE WRAP

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
OUR COMMUNITY FOUNDATION PO BOX 1580 VAIL, CO 81658	47-1915583	501(C)(3)	5,000				SUPPORT COMMUNITY FOOD BANK
ROCKY MOUNTAIN CHILDREN'S HEALTH FOUNDATION 5394 MARSHALL ST SUITE 400 ARVADA, CO 80002	26-3839761	501(C)(3)	5,000				KALEIDOSCOPE PATIENT FAMILY SPONSOR

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
SPEAK UP REACH OUT PO BOX 5913 EAGLE, CO 81631	90-0996653	501(C)(3)	5,000				COMMUNITY TRAINING PARTNERSHIP
ICJR 4115 WEST SPRUCE ST TAMPA, FL 33607	26-1268139	501(C)(3)	5,000				2019 11TH ANNUAL WINTER HIP AND KNEE COURSE SPONSORSHIP

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
EAGLE VALLEY BEHAVIORAL HEALTH PO BOX 40000 VAIL, CO 81658	83-4327406	501(C)(3)	250,000				PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
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.		
Department of the Treasury Internal Revenue Service	Name of the organization VAIL CLINIC INC % VHH ACCOUNTING DEPARTMENT	Employer identification number 84-0563230

Part I	Questions Regarding Compensation		Yes	No
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.			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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.			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

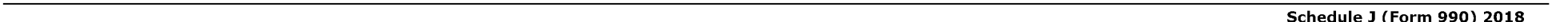
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DORIS KIRCHNER PRESIDENT, CEO (THRU 1/19), BOARD ME	(i)	567,259	167,689	43,702	31,849	15,555	826,054	0
	(ii)	0	0	0	0	0	0	0
2 JERRY GREENBERG MD BOARD MEMBER	(i)	613,787	14,688	9,189	13,750	20,869	672,283	0
	(ii)	0	0	0	0	0	0	0
3 FREDERICK SMITH CHIEF ADMINISTRATIVE OFFICER	(i)	289,029	70,476	6,037	28,800	28,745	423,087	0
	(ii)	0	0	0	0	0	0	0
4 HAROLD DUPPER CFO AND ASST TREASURER	(i)	349,793	87,500	4,707	0	16,833	458,833	0
	(ii)	0	0	0	0	0	0	0
5 PATRICIA HARDENBERGH MD PHYSICIAN	(i)	596,457	57,760	47,986	13,750	22,587	738,540	0
	(ii)	0	0	0	0	0	0	0
6 ALEXANDER URQUHART MD PHYSICIAN	(i)	439,853	22,500	20,055	13,308	23,565	519,281	0
	(ii)	0	0	0	0	0	0	0
7 NELSON PRAGER MD PHYSICIAN	(i)	526,497	13,250	11,065	0	3,751	554,563	0
	(ii)	0	0	0	0	0	0	0
8 DANIEL PENNINGTON FOUNDATION PRESIDENT	(i)	317,491	62,475	3,054	5,500	29,582	418,102	0
	(ii)	0	0	0	0	0	0	0
9 MICHAEL WESTMILLER VVSC PRESIDENT	(i)	291,645	63,830	4,112	13,750	29,157	402,494	0
	(ii)	0	0	0	0	0	0	0

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 4B	457F PLAN: DORIS KIRCHNER AND FREDERICK SMITH PARTICIPATED IN A SERP DURING THE YEAR. THE 457(F) AMOUNT WAS \$37,300 AND \$1,938, RESPECTIVELY, AND VESTING OF PERCENTAGES SPECIFIED IN THE WRITTEN AGREEMENT OCCURS ON OCTOBER 1 OF EACH YEAR.

Return Reference	Explanation
PART I, LINE 7	NON FIXED AND BONUS PAYMENTS: INCENTIVE BONUSES ARE CALCULATED AS A PERCENT OF BASE COMPENSATION. THE DETERMINATION OF WHETHER OR NOT A PAYOUT IS MADE IS BASED ON COMPANY FINANCIAL PERFORMANCE AND ON INDIVIDUAL PERFORMANCE REVIEWS CONDUCTED BY THE CEO AND THE COMPENSATION COMMITTEE. CERTAIN PHYSICIAN PRODUCTIVITY BONUSES ARE PAID BASED ON RELATIVE VALUE UNITS (RVUS) WHICH ARE AN INDICATION OF THE EMPLOYEE'S PRODUCTIVITY OR LEVEL OF EFFORT. OTHER PHYSICIAN BONUSES ARE BASED ON SATISFACTION OF CRITERIA DEFINED IN EMPLOYMENT AGREEMENTS.



Additional Data

Software ID:
Software Version:
EIN: 84-0563230
Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DORIS KIRCHNER PRESIDENT, CEO (THRU 1/19), BOARD ME	(i)	567,259	167,689	43,702	31,849	15,555	826,054	0
	(ii)	0	0	0	0	0	0	0
JERRY GREENBERG MD BOARD MEMBER	(i)	613,787	14,688	9,189	13,750	20,869	672,283	0
	(ii)	0	0	0	0	0	0	0
FREDERICK SMITH CHIEF ADMINISTRATIVE OFFICER	(i)	289,029	70,476	6,037	28,800	28,745	423,087	0
	(ii)	0	0	0	0	0	0	0
HAROLD DUPPER CFO AND ASST TREASURER	(i)	349,793	87,500	4,707	0	16,833	458,833	0
	(ii)	0	0	0	0	0	0	0
PATRICIA HARDENBERGH MD PHYSICIAN	(i)	596,457	57,760	47,986	13,750	22,587	738,540	0
	(ii)	0	0	0	0	0	0	0
ALEXANDER URQUHART MD PHYSICIAN	(i)	439,853	22,500	20,055	13,308	23,565	519,281	0
	(ii)	0	0	0	0	0	0	0
NELSON PRAGER MD PHYSICIAN	(i)	526,497	13,250	11,065	0	3,751	554,563	0
	(ii)	0	0	0	0	0	0	0
DANIEL PENNINGTON FOUNDATION PRESIDENT	(i)	317,491	62,475	3,054	5,500	29,582	418,102	0
	(ii)	0	0	0	0	0	0	0
MICHAEL WESTMILLER VVSC PRESIDENT	(i)	291,645	63,830	4,112	13,750	29,157	402,494	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Employer identification number
84-0563230

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648A4N2	10-21-2015	104,038,243	RENOVATION & EXPANSION OF HOSPITAL		X		X		X
B COLORADO HEALTH FACILITIES AUTHORITY	84-0752932		06-06-2012	19,052,899	REFUND SERIES 2001		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			6,513,594					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	106,709,940		19,052,899					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	921,241		303,592					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	95,679,755							
11	Other spent proceeds			18,749,307					
12	Other unspent proceeds	10,108,944							
13	Year of substantial completion			2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

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

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: COLORADO HEALTH FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 06/01/2017

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E) FOR BOND A AND PART II, LINE 3:	THE TOTAL PROCEEDS OF THE 2015 ISSUE A EXCEEDS THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS ON THE PROCEEDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

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**

Employer identification number

84-0563230

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	VHH IS AN ACUTE CARE, GENERAL HOSPITAL AND ORTHOPEDIC REFERRAL CENTER. ITS PRIMARY MISSION IS TO PROVIDE SUPERIOR HEALTH SERVICES WITH COMPASSION AND EXCEPTIONAL OUTCOMES TO CITIZENS OF THE LOCAL COMMUNITY AND REGION. VAIL HEALTH WILL CONTINUE ITS DEVELOPMENT AS AN INDEPENDENT, NONPROFIT HEALTH CARE SYSTEM, PROVIDING SUPERIOR HEALTH SERVICES ALIGNED TO THE NEEDS OF EAGLE COUNTY RESIDENTS AND VISITORS, WORLD-RENOWNED ORTHOPAEDIC SERVICES, REGIONAL CANCER SERVICES AND EMERGENCY SERVICES. VAIL HEALTH WILL INTEGRATE AND ALIGN SERVICE OFFERINGS WITH OUR PHYSICIAN PARTNERS TO MAXIMIZE: -FLEXIBILITY AND RESPONSIVENESS TO PATIENT NEEDS, INCLUDING PREVENTIVE HEALTH SERVICES -EXCELLENCE IN SPECIALIZED CARE SUPPORTED BY COMPREHENSIVE RESEARCH AND EDUCATION -CONTINUOUS QUALITY IMPROVEMENT THROUGH INVESTMENT IN TECHNOLOGY, FACILITIES AND STAFF DEVELOPMENT VAIL HEALTH WILL PROVIDE THESE SERVICES IN AN ENVIRONMENT THAT ENABLES AND SUPPORTS TRUST AND RESPECT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>KEY METRICS OF VAIL HEALTH HOSPITAL FOR FISCAL YEAR ENDED 10/31/2019 INCLUDE: INPATIENT AD MISSIONS EXCLUDING NEWBORNS: 1,983 PATIENT DAYS: 5,157 TOTAL SURGERIES: 3,407 AS PART OF THE MASTER FACILITY PLAN EFFORTS, THE CONSTRUCTION ON THE WEST WING CONCLUDED IN 2017, AND INCLUDED THE COMPLETION OF A NEW PRE-OPERATIVE/RECOVERY SUITE, A NEW STERILE PROCESSING FACILITY, AND A PATIENT/FAMILY WAITING ROOM ON THE 3RD FLOOR. EAST WING CONSTRUCTION HAS BEGUN AND WILL TAKE PLACE FROM 2017-2020. VHH ENJOYED CONTINUOUS ACCREDITATION STATUS THROUGHOUT FYE 2019. VHH WAS RANKED IN THE TOP 3% OF 4,797 HOSPITALS IN ORTHOPEDICS, EARNING THE HEALTH CARE SYSTEM THE WOMEN'S CHOICE 2019 ORTHOPEDICS AWARD. VHH WAS RANKED IN THE TOP 16% OF 2,778 HOSPITALS IN OBSTETRICS, EARNING THE HEALTH CARE SYSTEM "THE WOMEN'S CHOICE 2019" OBSTETRICS AWARD. THIS IS THE THIRD YEAR IN A ROW VHH HAS RECEIVED THIS ACCOLADE. VHH WAS AWARDED AN "A", THE HIGHEST GRADE POSSIBLE FROM THE LEAPFROG GROUP'S FALL 2018 HOSPITAL SAFETY GRADE. VHH WAS RECOGNIZED BY THE NATIONAL ORGANIZATION OF STATE OFFICE OF RURAL HEALTH (NOSORH) AND THE CHARTIS CENTER FOR RURAL HEALTH/IVANTAGE HEALTH ANALYTICS FOR OVERALL EXCELLENCE IN OUTCOMES AND PATIENT SATISFACTION, REFLECTING TOP QUARTILE PERFORMANCE AMONG ALL RURAL HOSPITALS IN THE NATION. IN SEPTEMBER 2019, SHAW CANCER CENTER RECEIVED A GOLD ACCREDITATION FROM THE COMMISSION ON CANCER (COC), THE HIGHEST LEVEL ACHIEVABLE BY THE SURVEY. SHAW MET 34 QUALITY CARE STANDARDS AND WENT THROUGH A RIGOROUS SURVEY PROCESS TO EARN THE VOLUNTARY THREE-YEAR ACCREDITATION. THE CANCER CENTER WAS RECOGNIZED FOR ITS NURSING EDUCATION EFFORTS GREATER THAN 25% OF THE CANCER CENTER'S ONCOLOGY NURSES HOLD AN ONCOLOGY NURSING CERTIFICATION, AND 100% OF THE NURSES HAVE SPECIALIZED ONCOLOGY TRAINING. SHAW HAS BEEN ACCREDITED BY THE COCO SINCE 2007. SHAW CANCER CENTER ALSO ACHIEVED ITS QUALITY ONCOLOGY PRACTICE INITIATIVE RE-ACCREDITATION IN EARLY 2019 THROUGH THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY. THE SONNENALP BREAST CENTER IS AN AMERICAN COLLEGE OF RADIOLOGY (ACR) BREAST IMAGING CENTER OF EXCELLENCE FOR ITS 2D AND 3D MAMMOGRAPHY SERVICES. THIS IS THE HIGHEST ACCREDITATION ACHIEVABLE FOR BREAST CENTERS AND IS AN ONGOING ACCREDITATION. THE ACR HAS ALSO ACCREDITED THE BREAST CENTER IN STEREOTACTIC BREAST BIOPSY, BREAST ULTRASOUND AND BREAST ULTRASOUND BIOPSY. AS PART OF ONGOING WORK TO REDUCE VHCESAREAN SECTION (C-SECTION) RATE AMONG LOW-RISK, FIRST TIME MOTHERS, VH HAS PARTICIPATED IN THE SOAR PROJECT, A YEAR LONG PROJECT THROUGH COLORADO PERINATAL CARE QUALITY COLLABORATIVE TO WORK ON FURTHER DECREASING THE C-SECTION RATE (AMONG LOW-RISK, FIRST TIME MOTHERS) AND TO CREATE SUSTAINABILITY FOR OUR DECREASED RATE. IN RESPONSE TO INCREASING COMMUNITY AND PATIENT NEEDS RELATED TO HEAD INJURIES, CONCUSSIONS, VESTIBULAR CONDITIONS AND BALANCE PROBLEMS, HOWARD HEAD SPORTS MEDICINE DEVELOPED A SUB-SPECIALTY AREA CALLED BRAIN & BALANCE CARE. VHH CREATED A TRANSITION TO PRACTICE (TTP) PRO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	GRAM. TTP IS A THOUGHTFUL APPROACH TO HOW ORGANIZATIONS ONBOARD AND INTEGRATE NEW GRADUATE NURSES INTO THE PRACTICE SETTING. VHH GAVE \$18.2 MILLION BACK TO THE COMMUNITY THROUGH FI NANCIAL ASSISTANCE, COMMUNITY HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, S UBSIDIZED HEALTH SERVICES, AND CASH AND IN-KIND CONTRIBUTIONS. IN APRIL 2019, VHH COMMITTE D \$60 MILLION OVER THE NEXT 10 YEARS TO CREATE EAGLE VALLEY BEHAVIORAL HEALTH, A NON-PROFI T FOCUSED ON TRANSFORMING BEHAVIORAL HEALTH SERVICES THROUGHOUT THE EAGLE RIVER VALLEY. AN EXECUTIVE DIRECTOR WAS NAMED IN JULY 2019, AND A WEBSITE AND ANTI-STIGMA CAMPAIGN WERE LA UNCHED LOCALLY IN OCTOBER 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED TO ADD THE PRESIDENT OF THE MEDICAL STAFF AS AN EX OFFICIO BOARD MEMBER WITH A VOTING RIGHT TO THE ORGANIZATION'S BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	VAIL HEALTH SERVICES IS THE SOLE MEMBER OF VAIL CLINIC, INC. DBA VAIL HEALTH HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VAIL HEALTH SERVICES, THE SOLE MEMBER OF VAIL CLINIC, INC. DBA VAIL HEALTH HOSPITAL, APPOINTS BOARD MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING GOVERNANCE DECISIONS ARE ALSO SUBJECT TO APPROVAL BY THE SOLE MEMBER: - APPOINTING AND REMOVING THE PRESIDENT OF THE CORPORATION - AMENDING OR APPROVING ALL AMENDMENTS TO THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS - APPROVING BUDGETS - APPROVING UNBUDGETED EXPENDITURES IN EXCESS OF \$100,000 - APPROVING UNBUDGETED BORROWINGS IN EXCESS OF \$1,000,000 - VOLUNTARY DISSOLUTION, MERGER, CONSOLIDATION OR BANKRUPTCY - APPROVING SALE OF ASSETS IN EXCESS OF \$1,000,000 - CREATING A SUBSIDIARY OR AFFILIATE - SELECTING PUBLIC ACCOUNTANTS - ESTABLISHING INVESTMENT POLICIES - ESTABLISHING POLICIES ON THE DISTRIBUTION AND USE OF FUNDS - ADDING/DELETING MAJOR PROGRAM/SERVICE LINES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY A THIRD PARTY BASED ON DATA PREPARED AND SUBMITTED BY THE ACCOUNTING DEPARTMENT. THE DRAFT FORM 990 IS REVIEWED BY MEMBERS OF THE ACCOUNTING DEPARTMENT PRIOR TO ITS FILING. THE REVIEW INCLUDES READING IT FOR ACCURACY OF DISCLOSURE AND COMPARING THE NUMBERS TO THOSE IN THE AUDITED FINANCIAL STATEMENTS. A COPY OF THE FORM FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: THE CONFLICT OF INTEREST POLICY APPLIES TO VAIL HEALTH HOSPITAL (VHH) BOARD MEMBERS, OFFICERS, MEDICAL STAFF, LICENSED INDEPENDENT PRACTITIONERS, VOLUNTEERS, AGENTS, CONTRACTORS AND EMPLOYEES. ALL BOARD MEMBERS, MEDICAL STAFF, NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, AND EMPLOYEES OF VHH ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A CONFLICT OF INTEREST ELECTRONIC QUESTIONNAIRE UPON HIRE OR APPOINTMENT AND THEN ANNUALLY. BOARD MEMBERS AND AGENTS MUST COMPLETE AND SUBMIT CONFLICT OF INTEREST ELECTRONIC QUESTIONNAIRE TO THE CHIEF ETHICS AND COMPLIANCE OFFICER UPON HIRE OR APPOINTMENT AND THEN ANNUALLY. VOLUNTEERS MUST COMPLETE AND SUBMIT DISCLOSURE FORMS TO THE MANAGER OF VOLUNTEERS WHEN THEY BEGIN PROVIDING SERVICES TO VHH AND THEN ANNUALLY. IF DURING THE YEAR ANY NEW POTENTIAL CONFLICTS OF INTEREST ARISE, COVERED PERSONS MUST REPORT THE POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY (AND PRIOR TO UNDERTAKING ANY ACTIVITY THAT MAY RAISE A POTENTIAL CONFLICT OF INTEREST). THE CHIEF ETHICS AND COMPLIANCE OFFICER, THE VOLUNTEER SERVICES PROGRAM MANAGER AND THE COMMITTEE SHALL CONSIDER THE FOLLOWING FACTORS WHEN REVIEWING COMPLETED DISCLOSURE FORMS: - WHETHER THE COLLEAGUE OR AN IMMEDIATE FAMILY MEMBER IS A PARTY TO, OR MAY DIRECTLY OR INDIRECTLY BENEFIT FROM, A PROPOSED AGREEMENT OR TRANSACTION INVOLVING VHH; - WHETHER THE COLLEAGUE'S DESIRE FOR, OR EXPECTATION OF, DIRECT OR INDIRECT EXTERNAL ECONOMIC ADVANTAGE COULD DISTORT A VHH DECISION OR ACTIVITY; - WHETHER THE COLLEAGUE OR AN IMMEDIATE FAMILY MEMBER IS ENGAGING IN AN ACTIVITY, BUSINESS, OR TRANSACTION IN WHICH VHH IS LIKELY TO ENGAGE; - WHETHER THE COLLEAGUE'S OUTSIDE ACTIVITIES MAY CONFLICT WITH RIGHTS OF, OR THE COLLEAGUE'S OBLIGATIONS TO, VHH OR VHH'S PATIENTS; - WHETHER THE CONFLICT OF INTEREST CAN BE CURED OR MANAGED BY RECUSAL OR OTHER APPROPRIATE ACTION; - WHETHER THERE IS AN APPEARANCE OF A CONFLICT OF INTEREST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION: A FORMAL EXTERNAL REVIEW IS CONDUCTED EVERY YEAR. EXECUTIVE COMPENSATION WAS LAST FORMALLY REVIEWED IN 2019 BY SULLIVAN COTTER. THIS REVIEW EVALUATES TOTAL COMPENSATION OF THE EXECUTIVE AGAINST COMPENSATION DATA FOR THE SAME OR SIMILAR JOB BY INDUSTRY, REVENUE SIZE AND GEOGRAPHIC LOCATION AND OTHER FACTORS TO ENSURE THAT THE COMPENSATION PAID IS APPROPRIATE AND REASONABLE. THAT INFORMATION IS THEN REVIEWED BY THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS. INTERNAL REVIEWS ARE PERFORMED AS WELL AT TIME OF HIRE AND ON AN ONGOING BASIS USING COMPENSATION SURVEYS.</p> <p>REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION: A FORMAL EXTERNAL REVIEW IS CONDUCTED EVERY YEAR. OTHER OFFICER AND KEY EMPLOYEE COMPENSATION WAS LAST FORMALLY REVIEWED IN 2019 BY SULLIVAN COTTER. THIS REVIEW EVALUATES TOTAL COMPENSATION OF THE INDIVIDUAL AGAINST COMPENSATION DATA FOR THE SAME OR SIMILAR JOB BY INDUSTRY, REVENUE SIZE AND GEOGRAPHIC LOCATION AND OTHER FACTORS TO ENSURE THAT THE COMPENSATION PAID IS APPROPRIATE AND REASONABLE. THAT INFORMATION IS THEN REVIEWED BY THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS. INTERNAL REVIEWS ARE PERFORMED AS WELL AT TIME OF HIRE AND ON AN ONGOING BASIS USING COMPENSATION SURVEYS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC FOR VALID BUSINESS PURPOSES. THESE DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B:	WRITTEN POLICY RELATED TO JOINT VENTURE ARRANGEMENTS: VAIL HEALTH HOSPITAL DOES NOT HAVE A DOCUMENTED WRITTEN POLICY, HOWEVER, THE ORGANIZATION TAKES APPROPRIATE MEASURES AND HAS PROCESSES IN PLACE TO ENSURE THAT ANY PARTICIPATION IN JOINT VENTURE AGREEMENTS ARE EVALUATED EXTENSIVELY IN ORDER TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET REVENUE PASSED THROUGH FROM THE CHA TRUST FOR WORKER'S COMPENSATION -55,194.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

Employer identification number
84-0563230

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) EAGLE RIVER REAL ESTATE HOLDINGS LLC PO BOX 4000 VAIL, CO 81658 83-1523347	RENTAL	CO	954,275	14,211,177	VAIL CLINIC
(2) COLORADO MOUNTAIN MEDICAL LLC PO BOX 4000 VAIL, CO 81658 84-1887834	HEALTHCARE	CO	6,438,941	10,926,400	VAIL CLINIC
(3) NORTH EAGLE INVESTMENTS PO BOX 4000 VAIL, CO 81658	RENTAL	CO	107,940	3,438,124	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)VVMC DIVERSIFIED SERVICES PO BOX 4000 VAIL, CO 81658 26-1167922	HEALTH CARE	CO	501(C)(3)	LINE 10	VHS	Yes	
(2)VAIL HEALTH SERVICES FOUNDATION PO BOX 4000 VAIL, CO 81658 74-2505662	SUPPORT VHH	CO	501(C)(3)	LINE 12B, II	VHS	Yes	
(3)SHAW OUTREACH TEAM PO BOX 4000 VAIL, CO 81658 38-3710853	FUNDRAISING	CO	501(C)(3)	LINE 12C, III-FI	VHS	Yes	
(4)VOLUNTEER CORPS OF THE VAIL VALLEY MEDICAL CTR PO BOX 4000 VAIL, CO 81658 11-3730281	SUPPORT VHH	CO	501(C)(3)	LINE 12D, III-O	VHS	Yes	
(5)VAIL HEALTH SERVICES (VHS) PO BOX 4000 VAIL, CO 81658 26-2648461	HOLDING CO.	CO	501(C)(3)	LINE 12C, III-FI	N/A		No
(6)EAGLE VALLEY MENTAL HEALTH PO BOX 4000 VAIL, CO 81658 83-4327406	BEHAVIORAL HEALTH SERVICES	CO	501(C)(3)	LINE 7	VHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) VAIL VALLEY SURGERY CENTER PO BOX 1270 VAIL, CO 81658 03-0419967	HEALTH CARE	CO	VHH	RELATED	32,826,942	19,256,168		No			No	50.250 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) VHS MANAGEMENT SERVICES INC 181 W MEADOW DR STE 100 VAIL, CO 81657 26-2647982	HEALTH CARE	CO	VHS	C		214		Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0563230

Name: VAIL CLINIC INC
% VHH ACCOUNTING DEPARTMENT

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)	VAIL VALLEY SURGERY CENTER LLC	A	2,851,060	ACTUAL AMOUNT
(1)	VVMC DIVERSIFIED SERVICES	B	5,000,000	ACTUAL AMOUNT
(2)	VAIL HEALTH SERVICES FOUNDATION	C	4,122,060	ACTUAL AMOUNT
(3)	VAIL VALLEY SURGERY CENTER LLC	D	2,417,254	LOAN AMOUNT
(4)	VAIL VALLEY SURGERY CENTER LLC	F	34,516,344	ACTUAL AMOUNT
(5)	VVMC DIVERSIFIED SERVICES	D	76,934	LOAN AMOUNT
(6)	VVMC DIVERSIFIED SERVICES	Q	3,929,000	ACTUAL AMOUNT
(7)	VAIL VALLEY SURGERY CENTER LLC	Q	24,903,714	ACTUAL AMOUNT
(8)	EAGLE VALLEY BEHAVIORAL HEALTH	B	250,000	ACTUAL AMOUNT