efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

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

DLN: 93493320009448 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

foundations)

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Open to Public Inspection

A F	or th	e 2017 ca	alendar year, or tax year t	peginning 01-01-2017 , and ending	12-31-	2017			
		pplicable	C Name of organization				D Employer	ıdentıfı	ıcatıon number
☐ Ad	dress	change	INTERMOUNTAIN HEALTH CAF	REINC			87-02692	232	
□ Na		-	Doing business as				0, 02031		
☐ Ini		turn n/terminated	Domg Dusiness us						
		d return	Number and street (or P O bo	x if mail is not delivered to street address) Ro	om/suite		E Telephone	number	
		on pending	36 S STATE STREET SUITE 22	00			(801) 44	2-2000	
				e, country, and ZIP or foreign postal code					
			SALT LAKE CITY, UT 84111				G Gross rece	epts \$ 27	7,842,575
			F Name and address of pri	ncipal officer		H(a) Is this	a group retu	ırn for	
			A MARC HARRISON MD 36 S STATE STE 2200				dinates?		□Yes ☑ No
			SLC, UT 84111			н(b) Are al	l subordinate	s	□Yes □No
I Ta:	x-exer	mpt status	✓ 501(c)(2)) ◀ (insert no)	:27	includ	ed? ," attach a lis	+ (coo	
1 147	obcit	- \A/\A	/W INTERMOUNTAINHEALTH				exemption r		•
, ,,	CDSIC	C.P WW	W INTERNIOUNTAINTEALTH	CARE ORG					
K Forr	n of o	rganization	✓ Corporation ☐ Trust ☐	Association Other >	L	Year of forma	ition 1975	M State	of legal domicile UT
1 1011	0. 0.	rganizacion	E corporation E must E	Association — other p					
Pa	rt I	Sumi	mary		,		•		
				ion or most significant activities					
e C	<u>'</u>	HELPING F	PEOPLE LIVE THE HEALTHIES	T LIVES POSSIBLE SEE SCHEDULE O					
Ĕ	-								
Governance	-								
Ă O				on discontinued its operations or disposed			of its net ass		I
	3	Number o	of voting members of the gov	verning body (Part VI, line 1a)				3	18
₹ 0	4	Number o	of independent voting membe	ers of the governing body (Part VI, line 1	.b) .		•	4	16
#te	5	Total nun	nber of individuals employed	ın calendar year 2017 (Part V, line 2a)			•	5	0
Activities &	6	Total num	nber of volunteers (estimate	•	6	19			
ĕ	7a	Total unre	elated business revenue from		7a	0			
	Ь	Net unrel	ated business taxable income	e from Form 990-T, line 34				7b	0
						Pri	or Year		Current Year
Qı.	8	Contribut	ions and grants (Part VIII, li	ne 1h)				0	0
Ě	9	Program	service revenue (Part VIII, li	ne 2g)				0	0
Rəvenue	10	Investme	nt income (Part VIII, column			1,012,26	53	976,605	
Œ	11	Other rev	enue (Part VIII, column (A),		19	0	115		
				(must equal Part VIII, column (A), line	12)		1,012,45	53	976,720
				: IX, column (A), lines 1–3)				0	0
	14	Benefits i	paid to or for members (Part	IX. column (A), line 4)				0	0
s o				ee benefits (Part IX, column (A), lines 5-	-10)			0	0
Expenses	l	•		column (A), line 11e)				0	0
9			aising expenses (Part IX, column		-			+	
五			penses (Part IX, column (A),	• • • • • • • • • • • • • • • • • • • •	_		113,12	6	113,902
		•	, , , ,	at equal Part IX, column (A), line 25)			113,12	_	113,902
			less expenses Subtract line	, , , , , , , , , , , , , , , , , , , ,			899,32		862,818
_ <u> </u>	19	Revenue	less expenses Subtract line	13 HOIN IIII	•	Reginning	of Current Ye	_	End of Year
Net Assets or Fund Balances						beginning	or current 16		Life of Teal
a a	20	Total asse	ets (Part X, line 16)				46,373,84	1	52,499,792
A A	l		ılıtıes (Part X, lıne 26)				1,736,00		2,023,706
ξĒ			s or fund balances Subtract				44,637,83	_	50,476,086
Pai			ature Block				,,		
				examined this return, including accompa	nying sc	hedules and	statements,	and to	the best of my
			f, it is true, correct, and com	plete Declaration of preparer (other than	n officer) is based o	n all informat	ion of v	vhich preparer has
any k	HOWIE	euge							
		 					8-11-16		
Sign		Signati	ure of officer			Date	9		
Here		VICE P	RESIDENT VICE PRESIDENT						
		Type or	r print name and title						
			rınt/Type preparer's name	Preparer's signature	Date			IN	
Paid	t	L _E	VA NITTA	EVA NITTA		Che self-	ck 🗀 ıf po -employed	1286320	,
Pre		₹I —	ırm's name 🕨 ERNST & YOUNG			Firn	n's EIN ▶ 34-6	565596	
Use		1 -	ırm's address ► 560 MISSION ST	1600		Pho	ne no (415) 89	4-8000	_
			SAN FRANCISCO	.CA 94105					
May t	he IR	S discuss	this return with the preparer	shown above? (see instructions)				□ Y	′es ☑No
			duction Act Notice, see the	· · · · · · · · · · · · · · · · · · ·		Cat No 1	1282Y		Form 990 (2017)

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2017)				Page 2
### Breffy describe the organization's mission #### Breffy describe the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	Par	t IIII Statemen	t of Program Service A	ccomplishments		
Describe the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		Check if Sch	edule O contains a response	or note to any line in this Part III		🗹
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	1	Briefly describe the	organization's mission			
the prior Form 990 or 990-EZ?	HELP	ING PEOPLE LIVE TH	E HEALTHIEST LIVES POSSI	BLE SEE SCHEDULE O		
the prior Form 990 or 990-EZ?						
the prior Form 990 or 990-EZ?						
If "Yes," describe these new services on Schedule O Jot the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Bescribe 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 \$ 0 including grants of \$ 0) (Revenue \$ 115) 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 \$)	2	-			vere not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?						∐ Yes ☑ No
services? If "Yes," describe these changes on Schedule O 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 \$ 0 including grants of \$ 0) (Revenue \$ 115) 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 \$)	_	•				
If "Yes," describe these changes on Schedule O bescribe 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 \$ 0 including grants of \$ 0) (Revenue \$ 115) 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 \$)	3	_				
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 \$ 0 including grants of \$ 0) (Revenue \$ 115) 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 \$)						∟Yes ⊻ No
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	_	•	<u>-</u>			
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 \$)	4	Section 501(c)(3) a	and $501(c)(4)$ organizations a	are required to report the amount of grai		
4c (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 \$)	4a	(Code) (Expenses \$	0 including grants of \$	0) (Revenue \$	115)
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		See Additional Data				·
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)						
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)						
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(Expenses \$ including grants of \$) (Revenue \$)						
(Expenses \$ including grants of \$) (Revenue \$)						
(Expenses \$ including grants of \$) (Revenue \$)		Other program serv	vices (Describe in Schedule ())		
	Tu	· =	·	•	(Revenue \$)
4e Total program service expenses P	 4е	• •		'	· · · · · · · · · · · · · · · · · · ·	·

Checklist of Required Schedules

11f

Nο

Nο

Nο

No

Nο

No

No

No

No

Nο

Form **990** (2017)

Yes

Page 3

No

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? 4

assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 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? 6

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Did the organization receive or hold a conservation easement, including easements to preserve open space,

No Nο 7 Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Nο No or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c 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 Nο ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes

12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year?

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

14a **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 14b

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

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

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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

29

31

36

Form 990 (2017)						
Par	t IV Checklist of Required Schedules (continued)					
			Yes	No		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
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		No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 😼

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Form **990** (2017)

Nο

Nο

No

Nο

Nο

No

No

Nο

No

No

No

Nο

Nο

Nο

Nο

	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		<u> </u>
	Enter the growth or generated in Pay 2 of Farm 1006 Fator O of not applicable 14.650		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14,658 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
0 -	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make any taxable distributions under section 49667	9a 9b		
10	Section 501(c)(7) organizations. Enter	70		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments 9 If "No," provide an explanation in Schedule 0	14b		
			orm 00	0 (2017)

01111	1556 (2017)			rage C
Par	TOTAL SET OF SE	a "No" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ection A. Governing Body and Management			
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year label 1a	18		
	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	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any ot officer, director, trustee, or key employee?	her 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or i	more		
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ır by		
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code	2.)	
			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, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	es, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes	
Ь	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 conflicts?	to 12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe is Schedule O how this was done	n 12 c	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?	<u> </u>		
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	133		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation to joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exerging the content of t	ation		
	status with respect to such arrangements?	16b		
	ection 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 if applicable), 990, and 990-T (501(c)(3)s cavailable for public inspection. Indicate how you made these available. Check all that apply	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 20	available for public inspection. Indicate how you made these available. Check all that apply	st		

orm 990 (2	2017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es, I	Key	En	ploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	Compensated En	nployees	
L a Complet rear	e this table for all persons require	ed to be listed	Report o	omp	ensa	tion	for th	e ca	lendar year ending	with or within the o	rganızatıon's tax
	of the organization's current off ation Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
	of the organization's current key		•								
vho receive	organization's five current high d reportable compensation (Box n and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
 List all e organization 	of the organization's former dire n, more than \$10,000 of reportab	ectors or trusto le compensation	ees tha n from t	t rece he or	gan	l, in izati	the ca	paci any	ity as a former direc y related organizatio	tor or trustee of the ons	•
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal ti	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	this box if neither the organizatio	n nor any relate	d organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related	,	ne bo	ox, ι n of or/t	t che inles ficer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Addıtıon	al Data Table										
				l	l		l	ı			

compensation from the organization ▶ 0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

عتنك		,	, , .								p / (,	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	n off or/ti	t che unles ficer ruste	ss pers and a	son	Repo compe froi organiz	D) prtable ensation n the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (\) 2/1099-MISC	N-	(F) Estima amount o compens from organizat organiza	ated If other If other
	A LLI D-k- T-kl-	 /				Щ	<u> </u>					+		
See /	Addıtıonal Data Table	'												
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		 						\vdash				+		
		<u> </u>										\perp		
		!	'											
		1												
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		!	'											
												\neg		
			<u> </u>									_		
		!	'											
1b S	Sub-Total				٠.		•		l			T		
сТ	Total from continuation sheets to Pa	art VII, Sectio	nΑ.				▶ _							-
d_T	Total (add lines 1b and 1c)						▶			0	11,115,55	7		5,769,338
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$10	00,000			
													Yes	No
3	Did the organization list any former of	officer, director	or trust	ee, k	ey ei	mplo	oyee, d	or hi	ghest cor	npensated	employee on			
	line 1a? If "Yes," complete Schedule 3	I for such individ	dual .	•		•		•				3	Yes	
4	For any individual listed on line 1a, is	the sum of rep	ortable ‹	comp	ensa	ation	and o	ther	compen:	sation from	ı the			
	organization and related organization													
	ındıvıdual			•	•	٠						4	Yes	
5	Did any person listed on line 1a receiv	ve or accrue cor	npensat	ion fr	rom	any	unrela	ated	organizai	tion or indi	vidual for			
	services rendered to the organization	?If "Yes," compl	lete Sch	edule	J fo	r su	ich per	rson				5		No
Se	ection B. Independent Contract	ors												_
1	Complete this table for your five high	est compensate										npen	sation	
	Trom the organization Report compen	(A)	calendar year ending with or within the organization's tax year (B)							(C)				
	Name a	and business addre	255							Descr	ription of services		Comper	
						—								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form **990** (2017)

Part	VIII Statement o	f Revenue						rage 3
			a respo	onse or note to any	line in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaig	gns	1a			revenue		512-514
nts nts	b Membership dues	=	1b					
ìra! nou	c Fundraising events		1c	1				
S. G An	d Related organization		1d					
Siff lar	e Government grants (
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions	•	1e					
ië s	and similar amounts	not included	1f					
but the	above g Noncash contribut	ione included						
m S S	in lines 1a-1f \$	ions included						
Contained	h Total.Add lines 1a-	1f		•				
<u>a</u>				Business	Code			
หม	2a		_					
æ	b —		_					
Service Revenue	с ———		_					
Ser	d		_					-
E	е ———		_					
Program	f All other program s	ervice revenue			I	I		
ΔŤ	gTotal. Add lines 2a-2	2f		•				
	3 Investment income (1,031,72	5		1,031,725
	similar amounts) . 4 Income from investm			ond proceeds •	<u> </u>			, ,
	5 Royalties			· · · · · ·	-			
		(ı) Rea		(II) Personal				
	6a Gross rents							
	b Less rental expenses				-			
	,							
	c Rental income or (loss)							
	d Net rental income of	or (loss)			-			
		(ı) Securit		(II) Other				
	7a Gross amount from sales of assets other than inventory	26,8	10,735					
	b Less cost or other basis and sales expenses	26,8	65,855		-			
	C Gain or (loss)	-	55,120					
	d Net gain or (loss)		•		-55,120	0		-55,120
Other Revenue	8a Gross income from (not including \$ contributions report See Part IV, line 18	ed on line 1c)	of					
ev.	b Less direct expense		b		1			
ž.	c Net income or (loss			ents	J			
th.	9a Gross income from		es					
0	See Part IV, line 19		a					
	b Less direct expense	es	b		-			
	c Net income or (loss		activit	les	_			
	10a Gross sales of inver returns and allowan	ntory, less ices	a					
	b Less cost of goods	sold	b		1			
	c Net income or (loss) from sales of	invent	cory	_			
	Miscellaneou			Business Code				
	11aMISC OPERATING I	REVENUE		621999	9 11	5 115	5	
	ь							
	с							
	1.40				1	1		<u> </u>
	d All other revenue				1			-
	e Total. Add lines 11			• • •	11!	5		<u> </u>
	12 Total revenue. See	e Instructions	<u> </u>	· · · · •	976,72	115	j	976,605 Form 990 (2017)
								Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·	-	
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				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	5,054		5,054	
c Accounting	58,718		58,718	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	50,080		50,080	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	,		,	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 FOOD SERVICES	50		50	
b				
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	113,902	0	113,902	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				
J - (Form 990 (2017)

11

12

13

14

23

24

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

5

6

8

9

10c

11 12

13

14

22 23

24

25

26

27

28

29

30

31

32

33

34

1,736,004

44.637.837

44,637,837

46.373.841

45.852.163

318.218

Page **11**

51.979.042

320,439

46.015

2,023,706

50,476,086

50,476,086

52,499,792

Form **990** (2017)

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

		Beginning of year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	80,154	2	88,480
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			

	_	Savings and temporary cash investments
	3	Pledges and grants receivable, net
	4	Accounts receivable, net
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L
ssets	7	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
SS	8	Inventories for sale or use

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

b Less accumulated depreciation

Intangible assets .

	15	Other assets See Part IV, line 11	123,306	15	111,831
	16	Total assets.Add lines 1 through 15 (must equal line 34)	46,373,841	16	52,499,792
	17	Accounts payable and accrued expenses	1,736,004	17	1,977,691
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	22	Secured mortgages and notes payable to unrelated third parties		22	

10a

10b

Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

separate basis, consolidated basis, or both

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

☐ Separate basis

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

No

Form 990 (2017)

Additional Data

Software ID:

Software Version:

EIN: 87-0269232

Name: INTERMOUNTAIN HEALTH CARE INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

INTERMOUNTAIN HEALTH CARE, INC PROMOTED COMMUNITY HEALTHCARE BY COORDINATING THE ACTIVITIES OF IHC HEALTH SERVICES, INC, SELECTHEALTH, INC, INTERMOUNTAIN HEALTHCARE FOUNDATION, INC., INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC., AND OTHER AFFILIATED SUBSIDIARIES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

KAREN W FAIRBANKS

A MARC HARRISON MD

TRUSTEE / PRES / CEO

STEVEN D HUEBNER

.......

DANIEL G GOMEZ

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

KAREN HALE

	any nours	anu	a un	ecto		ustee)		Organization	Organizations	Irom the
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
A SCOTT ANDERSON	3 00									
	•••••	×		Х				0	1,794	0
TRUSTEE / CHAIR	6 00									
S NEAL BERUBE	1 00									
TOLICTE	•••••	×						0	1,389	0
TRUSTEE	2 00									
JANE L CARLILE	1 00									
TRUSTEE		×						0	2,763	0
	2 00									
CLAYTON M CHRISTENSEN	1 00									
TRUSTEE	•••••	×						0	8,151	0
	1 00									
	4 00		ı					1		ı

1,119

1,833

2,910

3,256

4,957

1,621,124

0

1,390,906

0

0

0

	•••••	Х				0	
TRUSTEE	2 00						
CLAYTON M CHRISTENSEN	1 00						
	•••••	X	l			0	
TRUSTEE	1 00						
SPENCER F ECCLES	1 00						
		Х	l			l o	
TRUSTEE	2 00					Ĭ	

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73 00 1 00

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

TRUSTEE

TRUSTEE

PATRICIA RAVERT

BRUCE T REESE

SHAHAB SAEED

JANICE UGAKI

JIM WEINSTEIN

TRUSTEE (PARTIAL YEAR)

TRUSTEE (PARTIAL YEAR)

TRUSTEE (PARTIAL YEAR)

......

TRUSTEE / VC / SEC (PARTIAL YEAR)

	for related organizations below dotted line)	individual or director	In stitutio	Officer	key emp	Highest i	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		ป trustee or	cnal Trustee		empioyee	t compensated				
CRYSTAL MAGGELET	1 00	×						0	0	0
TRUSTEE (PARTIAL YEAR)	1 00								-	
GAIL MILLER	1 00	×						0	4,238	0
TRUSTEE	1 00	l ''							4,236	
F ANN MILLNER	3 00	l								
TRUSTEE / VC / SEC	3 00	×		X				0	0	0
ARNOLD MILSTEIN MD PHD	1 00									

892

3,210

1,698

2,216

2,752

473

1,300

0

0

0

0

0

	1 00					
F ANN MILLNER	3 00		,			
TRUSTEE / VC / SEC	3 00	×	Х		0	
ARNOLD MILSTEIN MD PHD	1 00				0	
TRUSTEE	1 00	_ ^			0	
MATT C PACKARD	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer compensation week (list from the from related and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

MIKELLE MOORE

GREGORY P POULSEN

SR VICE PRESIDENT

ALBERT R ZIMMERLI

EXEC VP / CFO / SEC / TREAS

SR VICE PRESIDENT (PARTIAL YEAR)

	any nours	anu	ı a uıı	ecto	א/ונ	ustee	'	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBERT W ALLEN SVP / COO (PARTIAL YEAR)	3 00 52 00			x				0	970,251	554,418
MARK R BRIESACHER MD SR VICE PRESIDENT	3 00 53 00			х				0	877,366	567,203
JOSEPH D FOURNIER	3 00			х				0	556,790	311,025

JOSEPH D FOORNIEK			x		۱	556.790	
SR VICE PRESIDENT (PARTIAL YEAR)	51 00		^			330,730	
DOUGLAS J HAMMER	3 00		,			700 570	
VICE PRES / GEN COUNSEL	50 00		Х		0	709,579	
KIMBERLY HENRICHSEN	3 00						
SR VICE PRESIDENT (PARTIAL YEAR)	50 00		Х		0	512,762	

		l .		χl	- 1		l o	709.579	
VICE PRES / GEN COUNSEL	50 00						Ĭ	, 00,	
KIMBERLY HENRICHSEN	3 00			×			0	512,762	
SR VICE PRESIDENT (PARTIAL YEAR)	50 00			^			0	312,702	
GREGORY M JOHNSON	3 00			V			0	E64.403	
VICE PRESIDENT	59 00			^			0	564,492	

53 00 3 00

50 00 3 00

71 00

......

VICE PRES / GEN COUNSEL	50 00						
KIMBERLY HENRICHSEN	3 00						
SR VICE PRESIDENT (PARTIAL YEAR)			Х		0	512,762	
SK VICE PRESIDENT (PARTIAL TEAR)	50 00						
GREGORY M JOHNSON	3 00		¥		0	564,492	
VICE PRESIDENT	59 00		^		0	304,432	`

KIMBERLY HENRICHSEN	3 00		х		0	512,762	345,577
SR VICE PRESIDENT (PARTIAL YEAR)	50 00					312,702	3+3,377
GREGORY M JOHNSON	3 00		_		0	564.492	332,290
VICE PRESIDENT	59 00		^		0	304,492	332,290
LAUDA C KATCED	3 00						

291,045

235,233

731,784

684,657

428,508

774,152

1,654,210

	39 00						
LAURA S KAISER	3 00						
	•••••		x		0	798,209	15,934
EXEC VP / COO (PARTIAL YEAR)	50 00						
MIKELLE MOODE	3 00						

Χ

Χ

and Independent Contractors (A) Name and Title

week (list any hours for related organizations below dotted line)
3 00
 50 00

(B)

Average hours per

0 00

50 00

person is both an officer and a director/trustee) employee

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

Institutiona

(C)

Position (do not check more

than one box, unless

Former

from the organization (W- 2/1099-MISC)

(D)

Reportable

compensation

from related organizations (W- 2/1099-MISC) 576,311 1,026,852

(E)

Reportable

compensation

compensation from the organization and related organizations 219,173

90,093

(F)

Estimated

amount of other

DANIEL L ZUHLKE

FORMER OFFICER

SR VICE PRESIDENT (PARTIAL YEAR)

CHARLES W SORENSON JR MD

efil	e GR	APHIC pri	1t - DO NO	OT PROCESS	As Filed Data -			DLN: 93	493320009448
SCI	HED	ULE A		Public C	harity Status	and Pub	lic Suppo		OMB No 1545-0047
	m 99		Coi	mplete if the org	ganization is a secti 4947(a)(1) nonexei	on 501(c)(3) o npt charitable	rganization or trust.		2017
•		f the Treasury	▶ In	formation about	Attach to Form 9 Schedule A (Form www.irs.go			ctions is at	Open to Public Inspection
Nam	e of tl	he organiza FAIN HEALTH C						Employer identifica	ation number
								87-0269232	
	rt I				s (All organizations it is (For lines 1 throu			ee instructions.	
1			•		ociation of churches d	-	,	Ά)(i).	
2		•		,)(A)(ii). (Attach Sch		. , , ,		
3					ce organization descri	•		ii).	
4		A medical r		anızatıon operated	d in conjunction with a				ter the hospital's
5		An organiza	ition operate		of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ed in section 170
6		A federal, s	tate, or loca	al government or o	governmental unit des	cribed in sectio i	n 170(b)(1)(A)(v).	
7				ormally receives a)(vi). (Complete l	substantial part of its Part II)	support from a	governmental u	nit or from the genera	l public described in
8		A communi	ty trust desc	cribed in section	170(b)(1)(A)(vi) (Complete Part II)		
9					scribed in 170(b)(1)(e instructions Enter t				ege or university or a
10		from activit	ies related t income and	o its exempt func	(1) more than 331/3% tions—subject to certa ss taxable income (les nplete Part III)	aın exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
11					exclusively to test for	public safety Se	e section 509	(a)(4).	
12	✓	more public	ly supporte	d organizations de	exclusively for the bei escribed in section 50 he type of supporting	09(a)(1) or sec	tion 509(a)(2)	. See section 509(a	
a		Type I. A so	supporting on n(s) the pov	rganization opera	ted, supervised, or co ppoint or elect a major	ntrolled by its su	pported organiz	ation(s), typically by	
b	✓	manageme	nt of the sup		rvised or controlled in tion vested in the sam				
c					ipporting organization				ed with, its
d		functionally	ıntegrated	The organization	 A supporting organize generally must satisfy IV, Sections A and 	y a distribution re			
e					ed a written determina ntegrated supporting		S that it is a Ty	oe I, Type II, Type III	functionally
f	Enter		• •	non-runctionally i ed organizations	integrated supporting	organization		1	
g	Provi	de the follow	ing informat	tion about the sup	ported organization(s)			
	(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) II	HC HEA	LTH SERVICES	INC	942854057	3		No	0	0
Tota	ı		1					0	0
	aperv	work Reduc	tion Act No	tice, see the In	structions for	Cat No 11285		chedule A (Form 99	0 or 990-EZ) 2017

instructions

	(Complete only if you che						ty under Part
_	III. If the organization fai	is to quality ur	ider the tests is	sted below, pleas	se complete Pan	t III.)	
	Section A. Public Support Calendar year		1	I	I		
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
0	line 4						
_	Section B. Total Support		1	1			
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(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, e	to (see instructi	nns)		L	12	
				1.6 11 601			
13	First five years. If the Form 990 is for	=			= -		_
	check this box and stop here					<u> ▶ L</u>	
S	section C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2017 (line	e 6, column (f) d	ivided by line 11,	column (f))		14	
	Public support percentage for 2016 Sch					15	
	33 1/3% support test—2017. If the			on line 13, and lin	ie 14 is 33 1/3% oi		hox
100	and stop here. The organization qualif						
	33 1/3% support test—2016. If the				and line 1E ic 22 i	/20/- or more chas	ele +bec
E					and line 15 is 55 1	7370 OF HIOTE, CHEC	.K UIIS
	box and stop here. The organization	qualifies as a pul	olicly supported or	ganızatıon			▶⊔
17 a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publi	icly supported	
	organization						▶ □
h	10%-facts-and-circumstances test	—2016. If the d	rganization did no	t check a box on li	ne 13, 16a, 16b, d	or 17a, and line	
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstan	ces" test. The orga	nization qualifies	as a publicly	
	supported organization						▶ □
18	Private foundation. If the organization	n did not check a	a box on line 13, 1	.6a, 16b, 17a, or 1	7b, check this box	and see	

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► 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 Gross receipts from activities that are						
3	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 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support	1	I	l			I
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	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							
	11, and 12) First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and stop here	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	stop here. The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	33 1/3% support tests—2016. If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and stop here.	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

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

Schedule A (Form 990 or 990-EZ) 2017

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

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

No

No

No

No

			Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation If historic and continuing relationship, explain	1		No	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509				

1	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	No
32	Did the organization have a supported organization described in section 501(c)(4) (5) or (6)? If "Yes " answer (b) and (c)		

				No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
			-	

		3a		No
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the			
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations. (11) 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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

	Irt IV Supporting Organizations (continued)			age :
C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
a	governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
	Section B. Type I Supporting Organizations	110		NO
	ection 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		
	-			
S	ection C. Type II Supporting Organizations		v	
	Want a manufacture of the amount of the state of the stat		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	Yes	
S	Section D. All Type III Supporting Organizations	<u> </u>		l
			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		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below			
	b			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	 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	3h		

Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1 b						
С	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						
	Management and the second of the Control Bullion Control A							

3	Subtract line 2 from line 1d		
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
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	- -	
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

	, ,			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2017 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	(iii) Distributable

Distributions to attentive supported organizations to what details in Part VI) See instructions			
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
6 Takal addison 2a khararah			

e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	
Distributions for 2017 from Section D, line 7	
\$	
Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI	

\$		
a Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		

2017, 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 2017 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 2018. Add lines 3j and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		

Schedule A (Form 990 or 990-EZ) (2017)

c Excess from 2015. d Excess from 2016. . . e Excess from 2017.

Schedule A (Form 990 or 990-EZ) 2	2017 Page 8						
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							
990 Sched	dule A, Supplemen	tal Information						
Ret	urn Reference	Explanation						
	SCHEDULE A, PART I, COLUMN (VI)	INTERMOUNTAIN HEALTH CARE, INC HELPED COORDINATE THE ACTIVITIES OF IHC HEALTH SERVICES, I NC , A RELATED ORGANIZATION THAT IS EXEMPT UNDER IRC SECTIONS 501(C)(3) AND 170(B)(1)(A)(I						

Return Reference	Explanation
IV, SECTION A, LINE 1	SUPPORTED ORGANIZATIONS OF THE FILING ENTITY ARE DESIGNATED BY CLASS IN ACCORDANCE WITH IT S ARTICLES OF INCORPORATION THE ARTICLES OF INCORPORATION STATE THAT THE PURPOSE OF THE O RGANIZATION IS "CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF OR TO CARRY OUT THE CHARITABLE, EDUCATIONAL OR SCIENTIFIC PURPOSES OF QUALIFIED ORGANIZATIONS AN ORGANIZATION IS A "QUALIFIED ORGANIZATION" FOR PURPOSES OF THESE ARTICLES ONLY IF IT IS DESCRIBED IN

990 Schedule A, Supplemental Information

1983

N IS A 'QUALIFIED ORGANIZATION' FOR PURPOSES OF THESE ARTICLES ONLY IF IT IS DESCRIBED IN SECTION 501(C)(3) AND SECTION 509(A)(1) OR (A)(2) " THE FILING ENTITY HAS EXHIBITED A LONG STANDING RELATIONSHIP WITH IHC HEALTH SERVICES, INC BY ACTING AS ITS PARENT ENTITY SINCE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493320009448 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

▶ Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** INTERMOUNTAIN HEALTH CARE INC 87-0269232 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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

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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

(ii) Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tr	eası	ıres, or	Other :	Similar /	Assets (continued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	, and other	records,	check a	any of	the fo	llowing tl	nat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition				d		Loan	or excha	nge prog	rams			
b		Scholarly research				е		Othe	r					
c	c Preservation for future generations													
4	Prov Part	ide a description of the o	organızatıon's col	ections and	explain h	now the	y furth	er th	e organiz	ation's ex	empt pur	oose in		
5		ng the year, did the orga ts to be sold to raise fur									ılar	□ Y €	es 🗆 No)
Pa	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		e organization an agent ided on Form 990, Part)		an or other	intermedi	ary for	contril	oution	s or othe	r assets r	not	☐ Y	es 🗆 No	•
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table		Γ			Amount		-
c	Begi	nnıng balance								1c				•
d	Addı	tions during the year								1d				•
е	Dıstr	ributions during the year	-							1e				_
f	Endı	ng balance								1f				
2a	Did t	the organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for (escrow	or cu	ıstodıal a	count lia	bility?	□ Y.	es 🗆 No	- \
ь	If "Y	es," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete ıf											
	D =			(a)Curren	t year	(b) Pr	lor yeal	-	(c)Two ye	ars back	(d)Three y	ears back	(e)Four years	back
	_	ning of year balance .												
		butions												
		vestment earnings, gair												
		s or scholarships												
	and p	expenditures for facilities	es											
		nistrative expenses .												
g		f year balance												
2		ide the estimated percei		nt year end	balance	(line 1g	g, colur	mn (a)) held as	5				
а		d designated or quasi-e	ndowment >											
b	Perm	nanent endowment 🕨												
c		porarily restricted endov												
_		percentages on lines 2a,												
3a	orga	there endowment funds nization by	·	sion of the o	organızatı	on that	are he	eld an	ıd admını:	stered for	the	Гэ	Yes	No
		inrelated organizations .					•						a(i) a(ii)	
Ь	٠,	es" on $3a(\pi)$, are the rel		s listed as r	equired o	n Sche	dule R	, .	• •				3b	
4		cribe in Part XIII the inte	-		•									
Pa	rt VI	Land, Buildings,	and Equipmer	nt.										
		Complete if the or						_						
	Desci	ription of property	(a) Cost or oth (investme		(b) Cost o	or other	basıs (d	other)	(c) Accı	ımulated d	epreciation		(d) Book value	
1a	Land													
b	Buildii	ngs												
c	Lease	hold improvements												
d	Equipi	ment												
е	Other													
Tota	ı. Add	l lines 1a through 1e (Co	olumn (d) must ed	ual Form 9	90, Part X	(, colun	nn (B),	line	10(c))	. 1	>			0

	Investments—Other Securities. Complete if the org	ganızatı	on answ	vered "Yes" on	Form 990, Pa	art 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 voter or end-of-year	
(2) Closely-	I derivatives	•				
(3) Other <u> </u>						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (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. Pa	rt IV. lu	ne 11c. See Fo	rm 990, Part	X. line 13.
	(a) Description of investment		ok value		(c) Method of v	/aluation
(1)					or end or year	THAT KEE VALUE
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)		200 B	17)/ 1 44 1 6		
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	1 990, Pa	rt IV, line IId S	see Form 990, F	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h)					
Part X		ered 'Ye	s' on Fo	rm 990, Part I	• V, line 11e or	
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal ı	ncome taxes					
INTERCOMP. (2)	ANY PAYABLE			46,015		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the f	▶ footnote	to the or	46,015 ganızatıon's fına	ncıal statement	s that reports the
	's hability for uncertain tax positions under FIN 48 (ASC 740)					_

1

2

Schedule D (Form 990) 2017

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Returi	n.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	T XIII Supplemental Information		
Prov	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	art V. line	4. Part X. line 2. Part
	lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
	Return Reference Explanation		

Schedule D (Fo	orm 990) 2017	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 934	9332	20009	448
Sch	nedule J	Compensation Infor	mation om	B No	1545-0	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key				
		Compensated Employee ► Complete if the organization answered "Yes" or	20	17	7	
		▶ Attach to Form 990.				
•	tment of the Treasury al Revenue Service	▶ Information about Schedule J (Form 990) a www.irs.gov/form990			to Pul ectio	
	ne of the organiza		Employer identificat	ion nu	ımber	
INI	ERMOUNTAIN HEALT	IN CARE INC	87-0269232			
Pa	rt I Questi	ons Regarding Compensation	·			
					Yes	No
1a		opiate box(es) if the organization provided any of the following t ection A, line 1a Complete Part III to provide any relevant infor				
			ance or residence for personal use			
	_		business use of personal residence			
			al club dues or initiation fees ces (e g , maid, chauffeur, chef)			
	L Discretion	iary spending account.	ces (e g , maid, chauneur, cher)			
b		xes in line 1a are checked, did the organization follow a written all of the expenses described above? If "No," complete Part III to		1 b		
2	Did the organiza	ation require substantiation prior to reimbursing or allowing exp ees, officers, including the CEO/Executive Director, regarding the	enses incurred by all	2		
	unectors, truste	es, officers, including the CEO/Executive Director, regarding the	e items checked in line 1a.			
3		If any, of the following the filing organization used to establish t CEO/Executive Director Check all that apply Do not check any b				
	_	ed organization to establish compensation of the CEO/Executive				
	Compans:	ation committee	yment contract			
		·	survey or study			
			ne board or compensation committee			
4	During the year related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a	, with respect to the filing organization or a			
_	_			4-		Na
a b		ance payment or change-of-control payment? r receive payment from, a supplemental nonqualified retirement	: plan?	4a 4b	Yes	No
c	•	r receive payment from, an equity-based compensation arrange	·	4c	103	No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amount	s for each item in Part III			
	- 1/ \/-					
5		 i), 501(c)(4), and 501(c)(29) organizations must completed on Form 990, Part VII, Section A, line 1a, did the organization 				
•		ontingent on the revenues of	r pay or accide any			
а	The organization	n [?]		5a		No
b	Any related orga			5b		No
	•	5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization ontingent on the net earnings of	n pay or accrue any			
а	The organization			6a		No
b	Any related orga			6b		No
7	•	6a or 6b, describe in Part III	n provide any pentived			
7	payments not d	ed on Form 990, Part VII, Section A, line 1a, did the organization escribed in lines 5 and 6? If "Yes," describe in Part III		7		No
8		ints reported on Form 990, Part VII, paid or accured pursuant to nitial contract exception described in Regulations section 53 495		8		No
9	If "Yes" on line : 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption pr	rocedure described in Regulations section	9		110
Ear I	Danarwark Badu	uction Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule 1	/Eorn	. 000)	2017

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		kdown of W-2 and/c compensation	or 1099-MISC	(C) Retirement and other		(E) Total of columns	(F) Compensation in				
	compensation Bonus & incentive		(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990				
See Additional Data Table			1	1		1	1				

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 THE OFFICERS LISTED IN PART II OF SCHEDULE J WERE COMPENSATED BY IHC HEALTH SERVICES, INC , A RELATED TAX-EXEMPT ORGANIZATION SEE THE PART I. LINE 3 NARRATIVE ON SCHEDULE O RELATED TO FORM 990, PART VI, SECTION B, LINE 15 PART I, LINE 4B IHC HEALTH SERVICES, INC. A RELATED TAX-EXEMPT ORGANIZATION, OFFERS A SUPPLEMENTAL NONOUALIFIED RETIREMENT PLAN PARTICIPATION IN THE

Page 3

Schedule J (Form 990) 2017

PLAN IS LIMITED TO EMPLOYEES DESIGNATED BY THE BOARD. THE AMOUNTS IN THE PLAN ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF

Schedule J (Form 990) 2017

FORFEITURE. AND MAY OR MAY NOT BE PAID IN THE FUTURE AMOUNTS DEFERRED DURING 2017 FOR THE INDIVIDUALS REPORTED ON PART VII OF THE FORM 1990 HAVE BEEN INCLUDED IN THE SCHEDULE J. PART II. COLUMN (C) TOTAL THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2017 -CHARLES W SORENSON, JR. MD \$330.061 -ALBERT R ZIMMERLI \$237.121

(A) Name and Title

1A MARC HARRISON MD

2MARK R BRIESACHER MD SR VICE PRESIDENT

3JOSEPH D FOURNIER

4DOUGLAS J HAMMER VICE PRES / GEN COUNSEL

5KIMBERLY HENRICHSEN SR VICE PRESIDENT (PARTIAL YEAR)

6GREGORY M JOHNSON

EXEC VP / COO (PARTIAL

VICE PRESIDENT

7LAURA S KAISER

8MIKELLE MOORE

SR VICE PRESIDENT (PARTIAL YEAR)

9GREGORY P POULSEN

10ALBERT R ZIMMERLI

EXEC VP / CFO / SEC /

11DANIEL L ZUHLKE

SR VICE PRESIDENT (PARTIAL YEAR)

FORMER OFFICER

CHARLES W SORENSON JR

SR VICE PRESIDENT

YEAR)

TREAS

12

MD

SR VICE PRESIDENT (PARTIAL YEAR)

TRUSTEE / PRES / CEO

1ROBERT W ALLEN SVP / COO (PARTIAL YEAR) Version:

1,406,803

677,801

679,971

400,291

485,187

387,584

408,466

268,425

293,512

519,296

954,334

315,418

242,483

rm 990,	Schedule J,	Part II - Officers,	Directors,	Trustees, I	Key Employees,	and Hi	ghest Comp	ensate	d Employ	ees	
<u> </u>	<u>'</u>										т-

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

200,000

179,997

162,179

80,192

187,051

121,099

135,534

407,494

120,030

223,190

408.714

164,616

423,132

Software ID:

		30

(ı)

(1)

(11)

(1)

(III)

(1)

(1)

(1)

(II)

(1)

(III)

(1)

	Software '

(i) Base Compensation

EIN: 87-0269232

(iii)

Other reportable

compensation

14,32

112,453

35,216

76,307

37,341

4,079

20,492

122,290

14,966

31,666

291.162

96,27

361,237

(D) Nontaxable

benefits

31,759

26,964

28,613

22,935

32,758

23,575

27,542

5,134

23,429

28,163

30,073

25,558

41,350

(C) Retirement and other deferred

compensation

1,359,14

527,454

538,590

288,090

258,28

322,002

304,748

10,800

211,804

703,623

654,584

193,615

48,743

(E) Total of columns

(B)(i)-(D)

3,012,030

1,524,669

1,444,569

867,815

1,000,624

858,339

896,782

814,143

663,743

1.505.936

2.338,867

795,484

1,116,945

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

200,000

175,994

162,179

171,503

121,099

128,708

407,494

108,761

223,190

408,714

160,112

246,700

INTERMOUNTAIN HEALTH CARE INC

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

· · · · · · ·	INTERNIOUNTAIN HEAETH CARE INC

000	C-1	000	12	 and Highest Companyated Employees	

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SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o ▶ Information about	▶ Attach to Form 990 or 990-EZ.			2017 Open to Public Inspection
Internal Revenue Service Name of the organization INTERMOUNTAIN HEALTH CARE INC 87-0269232						fication number
990 Schedule	e O, Sup	pplemental Information	n			
Return Reference		Explanation				
FORM 990, PART I, LINE 1, AND PART III, LINE 1	AT AN AND CAR ND CAR S EACH ERIENC ALTY -A NT IT, W MMUNITHE NAT AREGIV G THE F ST, AND T LEVEL ONSIBIL AND TR	AFFORDABLE COST THE F REGIVERS EXPERIENCE ZI INDIVIDUAL'S HEALTHCA E PATIENTS AND CUSTO ACCESS ALL CUSTOMERS WITH SEAMLESS COORDIN ITY PARTNER, ACHIEVING ION BE RECOGNIZED GLO FUNDAMENTALS OF EXTR D'ETHICAL, AND WE DO THONE ONE ANOTHER INDIVIDUA L, ALWAYS LEARNING AND LITY FOR OUR ACTIONS, A EAT ONE ANOTHER WITH	UNDAMENTALS OF ERO HARM -QUALIT RE GOALS AND LEAR MERS HAVE AN INTERMEDIATION ACCROSS TO THE HEALTHIEST COBALLY AS A FINAN AN UNPARALLELEE ACORDINARY CARE HE RIGHT THING FOULLY AND AS TEAM OLOOKING FOR WAS TITTUDES, AND HED DIGNITY AND EMPARALLEMENT AND EMPARALLEMENT AND EMPARALLEMENT OF THE RIGHT THING FOULLY AND AS TEAM OLOOKING FOR WAS TITTUDES, AND HED DIGNITY AND EMPARALLEMENT.	VIDING EXTRAORDINARY CAF EXTRAORDINARY CARE INC FY ALWAYS DELIVER EVIDEN ADS TO TOP PERFORMANCE I ERMOUNTAIN EXPERIENCE T RE AND INFORMATION WHER HE SYSTEM -STEWARDSHIP OMMUNITIES WITH THE LOW ICIALLY SOUND, FOREVER OF OUR VALUES - INTEGRITY V R THOSE WE SERVE - TRUS MEMBERS - EXCELLENCE W AYS TO IMPROVE - ACCOUNT ALTH - MUTUAL RESPECT W ATHY FORM 990, PART V, LIN 199'S FOR THE RETIREMENT P	LUDE -SAFETY F ICE-BASED CARE NATIONALLY -PA THAT LEADS TO L E, WHEN, AND HO BE AN INDISPEN EST COST PER PI RGANIZATION -EI SUPPORTS THEM UP ARE PRINCIPL T WE COUNT ON JE PERFORM AT T ABILITY WE ACC JE EMBRACE DIVI E 1A AS THE PLA	PATIENTS A THAT MEET TIENT EXP ASTING LOY DW THEY WA SABLE CO ERSON IN T NGAGED C IN DELIVERIN ED, HONE AND SU THE HIGHES EPT RESP ERSITY N SPON

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	INTERMOUNTAIN HEALTH CARE, INC. DELEGATES BROAD AUTHORITY TO THE EXECUTIVE COMMITTEE OF TH
PART VI,	E GOVERNING BODY AS A RESULT, THE EXECUTIVE COMMITTEE, WHEN SO APPOINTED BY THE BOARD OF
SECTION A,	TRUSTEES, SHALL HAVE AND MAY EXERCISE THE POWERS OF THE BOARD OF TRUSTEES IN MANAGEMENT OF
LINE 1	THE BUSINESS AND AFFAIRS OF THE CORPORATION AND SHALL REPORT REGULARLY AT EACH MEETING OF
	THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO AUTHORIZE EXECUTIO
	NO OF DOCUMENTS IN THE NAME OF AND UNDER THE SEAL OF THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SPENCER F ECCLES / DOUGLAS J HAMMER- BUSINESS RELATIONSHIP (TRUSTEE/EMPLOYEE RELATIONSHI P IN AN UNRELATED TAX-EXEMPT ORGANIZATION) ALBERT R ZIMMERLI / DANIEL G GOMEZ / A MARC HARRISON MD / MARK R BRIESACHER MD / GREGORY M JOHNSON- BUSINESS RELATIONSHIP (BOARD MEM BERS AND/OR OFFICERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, INC , A TAXABLE CORPORATIO N THAT IS WHOLLY OWNED BY A SUBSIDIARY OF THE FILING ORGANIZATION) ALBERT R ZIMMERLI / DA NIEL L ZUHLKE / DOUGLAS J HAMMER / GREGORY M JOHNSON / GREGORY P POULSEN / LAURA S KA ISER / A MARC HARRISON MD / MARK R BRIESACHER MD / ROBERT W ALLEN / JOSEPH D FOURNIER / KIMBERLY HENRICHSEN / MIKELLE MOORE- BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSH IPS IN IHC HEALTH SERVICES, INC , A SUBSIDIARY OF THE FILING ORGANIZATION) A SCOTT ANDERS ON / GAIL MILLER / F ANN MILLNER / CRYSTAL MAGGELET- BUSINESS RELATIONSHIP (TRUSTEE/EMPLO YEE RELATIONSHIP IN AN UNRELATED TAXABLE CORPORATION) A SCOTT ANDERSON / F ANN MILLNER-BUSINESS RELATIONSHIP (TRUSTEES IN AN UNRELATED TAXABLE CORPORATION) KAREN W FAIRBANKS / F ANN MILLNER- BUSINESS RELATIONSHIP (TRUSTEE/EMPLOYEE RELATIONSHIP IN AN UNRELATED TAX-E XEMPT ORGANIZATION) ALBERT R ZIMMERLI / GREGORY M JOHNSON / ROBERT W ALLEN- BUSINESS RE LATIONSHIP IN NAVICAN GENOMICS, INC , A TAXABLE SUBSIDIARY O F THE FILING ORGANIZATION) ALBERT R ZIMMERLI / MARK R BRIESACHER, MD / JOSEPH D FOURNIE R / ROBERT W ALLEN- BUSINESS RELATIONSHIP (TRUSTEE/OFFICER RELATIONSHIP IN EMPIRIC HEALTH , INC , A TAXABLE SUBSIDIARY OF THE FILING ORGANIZATION)

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 11B
LINE 11B
LINE 12B
SECTION B,
SCHEDULED BOARD MEETING
SCHEDULED BOARD MEETING
SECTION B,
LINE 11B
SECTION B,
LINE 12B
SECTION B,

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF IN TEREST QUESTIONNAIRE AT LEAST ANNUALLY THESE INDIVIDUALS HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY REPORTED INFORMATION CHANGES ADDITIONALLY, BOARD MEMBERS ARE ASKED AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF THEY ARE AWARE OF ANY CONFLICTS ANY POTENTIAL CONFLICTS ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE COMPLIANCE AND LEGAL PERSONNEL OF IHC HEALTH SERVICES, INC., A RELATED TAX-EXEMPT ORGANIZATION IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A CONFLICT OF INTEREST, THE PRESIDENT DETERMINES IF THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUSES IN THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUSES IN THE SIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST OR REQUIRING A CHOICE BETWEEN THE INDIVIDUAL'S ROLE WITH THE FILING ORGANIZATION OR THE OUTSIDE ENTITY) FINDINGS ARE REPORTED TO THE FULL AUDIT AND COMPLIANCE COMMITTEE THE AUDIT AND COMPLIANCE COMMITTEE MINUTES SUMMARIZING THIS REPORT ARE SUBMITTED TO THE BOARD OF TRUSTEES

FORM 990, PART VI, SECTION B, LINE 15 INTERMOUNTAIN HEALTH CARE, INC DID NOT COMPENSATE ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE COMPENSATION BY IHC HEALTH SERVICES, INC (HEALTH SERVICES), OF WHICH INTERMOUNT AIN HEALTH CARE, INC IS THE SOLE MEMBER, WAS DETERMINED AS DESCRIBED BELOW THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"), A SUBSET OF HEALTH SERVICES' BOARD MEMBERS, IS RESP ONSIBLE FOR THE PROCESS OF ANNUALLY DETERMINING THE TOTAL COMPENSATION PACKAGES (INCLUDING CASH AND NON-CASH BENEFITS) FOR THE FOLLOWING OFFICERS - PRESIDENT / CHIEF EXECUTIVE OFF ICER - EXECUTIVE VICE PRESIDENT - SENIOR VICE PRESIDENTS - VICE PRESIDENTS PURSUANT TO HEA LTH SERVICES' WRITTEN "COMPENSATION PHILOSOPHY," THE COMMITTEE RETAINS AN INDEPENDENT, EXT ERNAL CONSULTING FIRM TO PROVIDE AN ANALYSIS OF COMPARABLE MARKET DATA THE CONSULTANTS RE VIEW THE VARIOUS TYPES OF DIRECT COMPENSATION, INCLIDING BASE SALARY, TOTAL CASH, AND ANNU AL AND LONG-TERM INCENTIVES INFORMATION FROM A SELECTED GROUP OF COMPARABLE NOT-FOR-PROFI T ORGANIZATIONS IS USED TO SUPPLEMENT PUBLISHED SURVEY DATA THE CONSULTANTS ALSO CONDUCT AN IN-DEPTH ANALYSIS OF THE ASSOCIATED BENEFITS AND PERQUISITES INFORMATION PROVIDED BY T HE EXTERNAL CONSULTANTS IS REVIEWED BY THE COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR E ACH INDIVIDUAL LISTED ABOVE DECISIONS BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED THE COMMITTEE PRESENTS THE COLLECTED INFORMATION AND THE ASSOCIATED COMPENSATION DECISIONS TO THE BOARD OF TRUSTEES	Return Reference	Explanation
	PART VI, SECTION B,	EMPLOYEE COMPENSATION BY IHC HEALTH SERVICES, INC (HEALTH SERVICES), OF WHICH INTERMOUNT AIN HEALTH CARE, INC IS THE SOLE MEMBER, WAS DETERMINED AS DESCRIBED BELOW. THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"), A SUBSET OF HEALTH SERVICES' BOARD MEMBERS, IS RESP ONSIBLE FOR THE PROCESS OF ANNUALLY DETERMINING THE TOTAL COMPENSATION PACKAGES (INCLUDING CASH AND NON-CASH BENEFITS) FOR THE FOLLOWING OFFICERS. PRESIDENT / CHIEF EXECUTIVE OFF ICER - EXECUTIVE VICE PRESIDENT - SENIOR VICE PRESIDENTS - VICE PRESIDENTS PURSUANT TO HEALTH SERVICES' WRITTEN "COMPENSATION PHILOSOPHY," THE COMMITTEE RETAINS AN INDEPENDENT, EXTERNAL CONSULTING FIRM TO PROVIDE AN ANALYSIS OF COMPARABLE MARKET DATA. THE CONSULTANTS REVIEW THE VARIOUS TYPES OF DIRECT COMPENSATION, INCLUDING BASE SALARY, TOTAL CASH, AND ANNUAL AND LONG-TERM INCENTIVES INFORMATION FROM A SELECTED GROUP OF COMPARABLE NOT-FOR-PROFITOR OF TORGANIZATIONS IS USED TO SUPPLEMENT PUBLISHED SURVEY DATA. THE CONSULTANTS ALSO CONDUCT AN IN-DEPTH ANALYSIS OF THE ASSOCIATED BENEFITS AND PERQUISITES INFORMATION PROVIDED BY THE EXTERNAL CONSULTANTS IS REVIEWED BY THE COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR EACH INDIVIDUAL LISTED ABOVE. DECISIONS BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED THE COMMITTEE PRESENTS THE COLLECTED INFORMATION AND THE ASSOCIATED COMPENSATION DECISIONS.

Return Explanation
Reference

FORM 990, INTERMOUNTAIN HEALTH CARE, INC. DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNIN G DOCUMENTS OR CONFLICT OF INTEREST POLICY. THE CONSOLIDATED FINANCIAL STATEMENTS ARE AVAIUSECTION C, LABLE TO THE PUBLIC ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE (HTTPS://EMMA.MSRB.O.LINE.19 RG/). A SERVICE PROVIDED BY THE MUNICIPAL SECURITIES RULEMAKING BOARD

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493320009448

Open to Public Inspection

Employer identification number

INTERMOUNTAIN HEALTH CARE INC							87-0	0269232				
Part I Identification of Disregarded Entities Comp	olete if the organ	ızatıon ans	wered "Yes	" on Forr	n 990, Part	IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity					(c) Legal domicile (state or foreign country)				e) ar assets	(f) Direct conf entit	trolling	
Part II Identification of Related Tax-Exempt Organ	izations Comple	ate if the or	ganization	answere	d "Ves" on F	orm 990	Part I'	V line 34	hecause	ut had one or n	nore	
related tax-exempt organizations during the tax (a) Name, address, and EIN of related organization	year.	b) activity	(c) Legal domic	c) (d) icile (state Exempt Code :		(e)		e) rity status Dii		(f) ect controlling entity	Section (13) co ent	ntrolle ity?
(1)IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200	HEALTHCARE		דט	-	501(C)(3)		LINE 3		INTERMOUNTAIN HEALTH CARE INC		Yes	No
SALT LAKE CITY, UT 84111 94-2854057 (2)INTERMOUNTAIN HEALTHCARE FOUNDATION INC	COMMUNITY H	HEALTH		-	501(C)(3)		LINE 7		IHC HEALT	H SERVICES INC	Yes	
36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150												
(3)SELECTHEALTH INC 5381 GREEN STREET	DELIVERY OF BENEFITS	HEALTH	ΓU	-	501(C)(4)	N/A		INTERMO CARE INC		NTAIN HEALTH	Yes	
MURRAY, UT 84123 87-0409820 (4)INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200	RETIREMENT	BENEFITS	רט	-	501(C)(9)	N/A		INTERMO CARE INC		NTAIN HEALTH	Yes	
SALT LAKE CITY, UT 84111 74-2675605 (5)INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC 36 SOUTH STATE SUITE 2200	COMMUNITY I	HEALTH	UΊ	-	501(C)(3)	LIN	E 12B, I	, II INTERM CARE IN		NTAIN HEALTH	Yes	
SALT LAKE CITY, UT 84111 94-2853320 (6) HEART & LUNG RESEARCH FOUNDATION 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157	COMMUNITY I	HEALTH	רט	-	501(C)(3)	LIN	E 7		INTERMOU FOUNDATI	NTAIN HEALTHCARE ON INC	Yes	
87-0617606 For Panerwork Reduction Act Notice, see the Instructions for	Form 990			t No 501	135V				Sch	edule R (Form 9	200) 20	717

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.

one or more related organizations treated as a partnersh	ip during the tax	уеаг.										
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	e controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of e end-of-year assets		rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
				,			Yes	No	1'	Yes	_	4
(1) MCKAY DEE SURGICAL CENTER LLC 3895 HARRISON BLVD OGDEN, UT 84403 26-0286308	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(2) HEART LUNG INSTITUTE LLC 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157	RESEARCH AND DEVELOPMENT	UT	N/A	N/A				No			No	
(3) GRANDEUR PEAK INTERNATIONAL STALWARTS LP 136 S MAIN STREET STE 720 SALT LAKE CITY, UT 84101 47-5468723	INVESTMENTS	DE	N/A	N/A				No			No	
(4) INTERMOUNTAIN HEALTHCARE INNOVATION FUND I LP 1000 W FULTON STREET CHICAGO, IL 60607 47-1525723	INNOVATION	DE	N/A	N/A				No			No	
(5) HEALTHBOX SALT LAKE CITY I LLC 1000 W FULTON MARKET STE 213 CHICAGO, IL 60607 46-5338772	INNOVATION	DE	N/A	N/A				No			No	
(6) IMLS SERVICES LLC 36 S STATE STREET STE 2200 SALT LAKE CITY, UT 84111 82-3121436	HOME HEALTHCARE	E UT	N/A	N/A				No			No	
Part IV Identification of Related Organizations Taxable as a	a Corporation (or Trus	st Complete	ıf the organız	zation ans	wered "Ye	s" on F	orm '	990, Part I\	/, lin€	e 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	Section (13) co ent	i) 512(b) ntrolled
(1)HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	INTERMOUNTAIN HEALTH CARE INC	C	47,035	342,253	100 000 %	Yes Yes	No_
(2)SELECTHEALTH BENEFIT ASSURANCE COMPANY INC 5381 GREEN STREET MURRAY, UT 84123 87-0497549	INSURANCE	UT	N/A	С				Yes	
(3)INTERMOUNTAIN SUPPLY SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955	HOLDING COMPANY	DE	N/A	С				Yes	
(4)INTALERE INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071	GROUP PURCHASING	DE	N/A	С				Yes	
(5)NAVICAN GENOMICS INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-4153832	CANCER TREATMENT	DE	N/A	С				Yes	
(6)EMPIRIC HEALTH INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 38-4026200	HEALTH SERVICES TECHNOLOGY	DE	N/A	С				Yes	
(7)MATTERHORN BIO INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-3542894	BIOREPOSITORY	DE	N/A	С			11.5/5	Yes	

Schedule R (Form 990) 2017			Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35	5b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to related organization(s)		1 b		No
c Gift, grant, or capital contribution from related organization(s)		1c		No
d Loans or loan guarantees to or for related organization(s)		1d		No
e Loans or loan guarantees by related organization(s)		1e		No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		1 g		No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		1 p	Yes	
q Reimbursement paid by related organization(s) for expenses		1 q		No
r Other transfer of cash or property to related organization(s)		1r		No
s Other transfer of cash or property from related organization(s)		1s		No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization type (a-s) (b) Transaction Amount involved Method of determining an	nount i	nvolve	d
(1) IH	C HEALTH SERVICES INC P 63,822 COST			

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	sections 512-		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
	·		514)	Yes	No	<u> </u>		Yes	No		Yes	No	1
				_						Schedul	e R (Form	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Additional Data

36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111

36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111

36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111

36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111

5121 SOUTH COTTONWOOD DRIVE

94-2854057

80-0225150

74-2675605

94-2853320

MURRAY, UT 84157 87-0617606

5381 GREEN STREET MURRAY, UT 84123 87-0409820

Software ID: Software Version:

Name, address, and EIN of related organization

EIN: 87-0269232

Primary activity

HEALTHCARE

COMMUNITY HEALTH

DELIVERY OF HEALTH

RETIREMENT BENEFITS

COMMUNITY HEALTH

COMMUNITY HEALTH

BENEFITS

(d)

Exempt Code

section

501(C)(3)

501(C)(3)

501(C)(4)

501(C)(9)

501(C)(3)

501(C)(3)

Legal domicile

(state

or foreign country)

UT

UT

UT

UT

UT

UT

(e)

Public charity

status (if section 501(c)

(3))

LINE 3

LINE 7

N/A

N/A

LINE 12B. II

LINE 7

(g)

Section 512

(b)(13)

controlled

entity? Yes

Yes

Yes

Yes

Yes

Yes

No

(f)

Direct controlling

entity

INTERMOUNTAIN HEALTH

INTERMOUNTAIN HEALTH

INTERMOUNTAIN HEALTH

INTERMOUNTAIN HEALTH

HEALTHCARE FOUNDATION

IHC HEALTH SERVICES INC Yes

CARE INC

CARE INC

CARE INC

CARE INC

INC

INTERMOUNTAIN

Name:	INTERMOUNTAIN HEALTH CARE

N	lame:	INTERMOUNTAI	N HEALTH CARE I	.NC
Form 990, Schedule R, Part II - Identification of Related	Tax-E	xempt Organiza	ntions	
, (a)	1	(b)	(c)	1

(b) (c) (d) (e) (f) (g) (h) (i) Direct controlling Section 512 Name, address, and EIN of Primary activity Type of entity Share of total Share of end-of-Legal Percentage related organization domicile entity (C corp, S corp, ownership (b)(13)ıncome year (state or foreign or trust) controlled assets country) entity? Yes No INSURANCE ΑZ HEALTHCARE CAPTIVE INSURANCE INTERMOUNTAIN 47,035 342,253 100 000 % Yes COMPANY HEALTH CARE INC. 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561 SELECTHEALTH BENEFIT ASSURANCE INSURANCE IJΤ N/A Yes COMPANY INC 5381 GREEN STREET MURRAY, UT 84123 87-0497549 INTERMOUNTAIN SUPPLY SERVICES INC. HOLDING COMPANY DE N/A Yes GROUP PURCHASING DE N/A Yes DE N/A NAVICAN GENOMICS INC CANCER TREATMENT Yes 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111

Yes

Yes

36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955 INTALERE INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071

N/A

N/A

DΕ

DE

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

HEALTH SERVICES

TECHNOLOGY

BIOREPOSITORY

81-4153832

38-4026200

82-3542894

EMPIRIC HEALTH INC

MATTERHORN BIO INC.

36 SOUTH STATE SUITE 2200

36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111

SALT LAKE CITY, UT 84111