

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
IHC HEALTH SERVICES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
36 S STATE STREET SUITE 2200

City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY, UT 84111

F Name and address of principal officer
A MARC HARRISON MD
36 S STATE ST SUITE 2200
SLC, UT 84111

D Employer identification number
94-2854057

E Telephone number
(801) 442-2000

G Gross receipts \$ 11,743,114,134

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

J Website: WWW INTERMOUNTAINHEALTHCARE ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982

M State of legal domicile UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE - SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	43,453
6 Total number of volunteers (estimate if necessary)	2,757
7a Total unrelated business revenue from Part VIII, column (C), line 12	176,998,473
7b Net unrelated business taxable income from Form 990-T, line 34	-16,782,720

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	18,726,606	21,049,767
9 Program service revenue (Part VIII, line 2g)	5,031,034,971	5,387,751,437
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	263,894,132	165,632,976
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,735,018	44,615,020
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,356,390,727	5,619,049,200
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,017,506	5,352,396
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,492,531,075	2,656,364,179
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,648,504		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,168,081,465	2,397,533,039
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,704,630,046	5,059,249,614
19 Revenue less expenses Subtract line 18 from line 12	651,760,681	559,799,586

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,597,806,340	9,566,187,662
21 Total liabilities (Part X, line 26)	3,478,457,909	3,926,308,254
22 Net assets or fund balances Subtract line 21 from line 20	5,119,348,431	5,639,879,408

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2017-11-10
VP FINANCE VP FINANCE _____
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
EVA NITTA EVA NITTA
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 560 MISSION STREET STE 1600 Phone no (415) 894-8000
SAN FRANCISCO, CA 94105

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,170,773,969 including grants of \$ 5,352,396) (Revenue \$ 5,403,551,005)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,170,773,969

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	25,642,901	1,675	8,963,343

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3,836

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UTAH EMERGENCY PHYSICIANS PC PO BOX 57117 MURRAY, UT 84157	MEDICAL	39,083,540
LEIDOS HEALTH HOLDING LLC 705 E MAIN STREET WESTFIELD, IN 46074	PROFESSIONAL SERVICES	38,509,726
ASSOCIATED REGIONAL AND UNIVERSITY PO BOX 27964 SALT LAKE CITY, UT 84127	MEDICAL	18,964,364
ACCRETIVE HEALTH INC 401 N MICHIGAN AVE STE 2700 CHICAGO, IL 60611	REVENUE CYCLE MANAGEMENT	14,545,000
CENTRAL UTAH CLINIC PC 1055 NORTH 500 WEST PROVO, UT 84604	MEDICAL	11,359,461

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 243

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	16,761,053				
	e Government grants (contributions)	1e	3,869,569				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	419,145				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		21,049,767				
Program Service Revenue		Business Code					
	2a PATIENT SERVICE	622110	4,455,032,924	4,428,344,374	26,688,550		
	b LABORATORY	621511	663,475,678	652,842,248	10,633,430		
	c PHARMACY	446110	237,200,821	86,672,551	150,528,270		
	d RENTAL (RELATED)	531120	12,558,515	12,558,515	0		
	e LAUNDRY	812320	7,862,517	5,588,513	2,274,004		
	f All other program service revenue		11,620,982	9,500,944	2,120,038		
g Total. Add lines 2a-2f		5,387,751,437					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,162,464		-23,053,954	73,216,418	
	4 Income from investment of tax-exempt bond proceeds		-1,115,710			-1,115,710	
	5 Royalties						
	6a Gross rents	(i) Real					
		6,437,380	(ii) Personal				
		b Less rental expenses	3,388,249				
		c Rental income or (loss)	3,049,131				
	d Net rental income or (loss)		3,049,131		31,270	3,017,861	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		6,233,364,109	(ii) Other				
		b Less cost or other basis and sales expenses	6,113,520,103				
		c Gain or (loss)	119,844,006	-3,257,784			
	d Net gain or (loss)		116,586,222		7,776,865	108,809,357	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a CAFETERIA	722514	20,123,527	0		20,123,527		
b CORP CHARGE REVENUE	624100	15,799,568	15,799,568		0		
c GIFT SHOP/RETAIL	453220	5,642,794	0		5,642,794		
d All other revenue							
e Total. Add lines 11a-11d		41,565,889					
12 Total revenue. See Instructions		5,619,049,200	5,211,306,713	176,998,473	209,694,247		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,335,099	5,335,099		
2 Grants and other assistance to domestic individuals See Part IV, line 22	17,297	17,297		
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	34,576,430		34,576,430	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,515,969		1,515,969	
7 Other salaries and wages	2,176,197,235	1,843,879,248	329,248,778	3,069,209
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	158,931,247	148,439,422	10,491,825	
9 Other employee benefits	141,487,809	76,504,898	64,571,109	411,802
10 Payroll taxes	143,655,489	117,994,090	25,453,242	208,157
11 Fees for services (non-employees)				
a Management				
b Legal	14,810,323	456,236	14,354,087	
c Accounting	848,998		816,415	32,583
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	21,158,926		21,158,926	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	376,502,916	235,281,701	141,101,046	120,169
12 Advertising and promotion	20,877,212	10,543,561	10,330,204	3,447
13 Office expenses	88,836,653	57,518,896	31,180,398	137,359
14 Information technology	32,594,794	7,167,413	25,344,886	82,495
15 Royalties				
16 Occupancy	167,621,358	87,886,323	79,732,110	2,925
17 Travel	19,600,336	14,042,497	5,512,259	45,580
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,809,574	1,187,023	613,962	8,589
20 Interest	49,257,993	49,257,993		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	263,362,722	220,589,481	42,767,400	5,841
23 Insurance	11,774,176		11,774,176	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	983,074,167	983,074,167	0	0
b BAD DEBTS	243,538,497	243,538,497	0	0
c NON-MEDICAL SUPPLIES	53,028,672	40,439,401	12,193,264	396,007
d RISK MANAGEMENT	16,701,643	13,086	16,688,557	0
e All other expenses	32,134,079	27,607,640	4,402,098	124,341
25 Total functional expenses. Add lines 1 through 24e	5,059,249,614	4,170,773,969	883,827,141	4,648,504
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	170,249	1	814,657
	2 Savings and temporary cash investments	147,688,415	2	141,064,439
	3 Pledges and grants receivable, net	3,094,445	3	3,791,192
	4 Accounts receivable, net	738,790,137	4	779,197,555
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,455,833	7	1,180,948
	8 Inventories for sale or use	116,034,322	8	117,354,719
	9 Prepaid expenses and deferred charges	40,768,931	9	51,745,117
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,960,240,384		
	b Less accumulated depreciation	2,260,343,558		
	11 Investments—publicly traded securities	4,150,703,975	11	4,615,682,213
	12 Investments—other securities See Part IV, line 11	586,964,445	12	762,176,064
	13 Investments—program-related See Part IV, line 11	80,588,964	13	71,516,580
	14 Intangible assets	65,880,246	14	59,279,136
	15 Other assets See Part IV, line 11	285,093,246	15	262,488,216
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,597,806,340	16	9,566,187,662	
Liabilities	17 Accounts payable and accrued expenses	316,295,131	17	352,795,665
	18 Grants payable		18	
	19 Deferred revenue	12,327,656	19	4,909,087
	20 Tax-exempt bond liabilities	1,715,544,204	20	2,057,257,848
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	28,379,341	23	1,593,335
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,405,911,577	25	1,509,752,319
	26 Total liabilities. Add lines 17 through 25	3,478,457,909	26	3,926,308,254
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,119,036,089	27	5,639,558,040
	28 Temporarily restricted net assets	312,342	28	321,368
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,119,348,431	33	5,639,879,408
	34 Total liabilities and net assets/fund balances	8,597,806,340	34	9,566,187,662

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,619,049,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,059,249,614
3	Revenue less expenses Subtract line 2 from line 1	3	559,799,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,119,348,431
5	Net unrealized gains (losses) on investments	5	177,218,952
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-216,487,561
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,639,879,408

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

Form 990 (2016)

Form 990, Part III, Line 4a:

IHC HEALTH SERVICES, INC ("HEALTH SERVICES") PROVIDED HIGH QUALITY HEALTHCARE THROUGH ITS SYSTEM OF 21 HOSPITALS (2,769 LICENSED BEDS) AND 294 CLINICS LOCATED IN UTAH AND IDAHO IN ADDITION TO THE 139,000 INPATIENT ADMISSIONS, 513,000 EMERGENCY ROOM VISITS AND 3.4 MILLION CLINIC VISITS, HEALTH SERVICES PROVIDED MORE THAN \$175 MILLION IN CHARITY CARE (AT COST) THROUGH 248,673 CASES. FOR A MORE DETAILED EXPLANATION OF THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS IN 2016, SEE SCHEDULE O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
A SCOTT ANDERSON TRUSTEE / CHAIR	3 00 6 00	X		X				460	0	0
S NEAL BERUBE TRUSTEE	2 00 1 00	X						945	0	0
DOUGLAS C BLACK TRUSTEE	1 00 9 00	X						1,149	599	0
JANE L CARLILE TRUSTEE	2 00 1 00	X						1,492	0	0
CLAYTON M CHRISTENSEN TRUSTEE	1 00 1 00	X						2,827	0	0
SPENCER F ECCLES TRUSTEE	1 00 2 00	X						622	477	0
KAREN W FAIRBANKS TRUSTEE	1 00 1 00	X						987	0	0
DANIEL G GOMEZ TRUSTEE	1 00 8 00	X						340	599	0
KAREN HALE TRUSTEE	2 00 1 00	X						1,482	0	0
A MARC HARRISON MD TRUSTEE/PRES/CEO (PARTIAL YEAR)	50 00 10 00	X		X				651,051	0	248,447

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN D HUEBNER TRUSTEE	2 00 1 00	X						622	0	0
GAIL MILLER TRUSTEE	2 00 1 00	X						0	0	0
F ANN MILLNER TRUSTEE	2 00 1 00	X						0	0	0
ARNOLD MILSTEIN MD MPH TRUSTEE	1 00 1 00	X						0	0	0
MATT C PACKARD TRUSTEE	1 00 1 00	X						551	0	0
PATRICIA RAVERT TRUSTEE	1 00 1 00	X						804	0	0
BRUCE T REESE TRUSTEE / VICE CHAIR / SEC	3 00 3 00	X		X				1,299	0	0
SHAHAB SAEED TRUSTEE	1 00 1 00	X						1,690	0	0
CHARLES W SORENSON JR MD TRUSTEE/PRES/CEO (PARTIAL YEAR)	50 00 10 00	X		X				2,150,480	0	397,594
ROBERT W ALLEN VICE PRESIDENT	50 00 0 00			X				704,059	0	347,901

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK R BRIESACHER MD SENIOR VICE PRESIDENT	50 00 5 00			X				664,159	0	286,280
MOODY L CHISHOLM VICE PRESIDENT	50 00 1 00			X				800,947	0	442,046
TODD CRAGHEAD VICE PRESIDENT	50 00 0 00			X				299,120	0	130,573
DAVID L FLOOD VP/CHIEF DEV OFFICER	3 00 50 00			X				584,531	0	263,051
DOUGLAS J HAMMER VP / GENERAL COUNSEL	50 00 3 00			X				707,223	0	266,775
COREY B HELLER VICE PRESIDENT	50 00 0 00			X				557,388	0	19,763
KIMBERLY HENRICHSEN VICE PRESIDENT	50 00 0 00			X				532,905	0	287,021
GREGORY M JOHNSON VICE PRESIDENT	43 00 10 00			X				536,005	0	299,145
LAURA S KAISER EXEC VP / COO	50 00 3 00			X				1,489,570	0	766,845
TERRI L KANE VICE PRESIDENT	50 00 0 00			X				705,208	0	338,718

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA C LECKMAN MD VICE PRESIDENT	50 00 1 00			X				882,298	0	283,876
JACQUE MILLARD VP / CHIEF INVEST OFCR	50 00 0 00			X				476,147	0	264,826
TIMOTHY T PEHRSON VICE PRESIDENT	50 00 0 00			X				737,073	0	388,761
GREGORY P POULSEN SENIOR VICE PRESIDENT	50 00 3 00			X				830,057	0	686,218
MARC PROBST VICE PRES / CIO	50 00 0 00			X				735,601	0	561,415
MARK A RUNYON VICE PRESIDENT	50 00 0 00			X				484,310	0	267,156
STEVEN R SMOOT VICE PRESIDENT	50 00 0 00			X				730,711	0	318,965
JOSEPH F WALSH VICE PRESIDENT	50 00 0 00			X				275,681	0	29,678
ALBERT R ZIMMERLI EVP / CFO / SEC / TREAS	50 00 10 00			X				1,749,490	0	999,930
DANIEL L ZUHLKE SENIOR VICE PRESIDENT	50 00 3 00			X				1,964,388	0	476,461

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

Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN FOX MD-NEUROSURGERY	50 00 0 00					X		1,429,779	0	159,815
ERIC HOOLEY MD-SURGERY/ORTHOPEDIC	50 00 0 00					X		1,320,758	0	46,988
CASEY BACHISON MD-SURGERY/ORTHOPEDIC	50 00 0 00					X		1,231,304	0	155,351
WILLIAM GOWSKI MD-ORTHOPEDICS	50 00 0 00					X		1,199,657	0	45,673
DAVID GOFF MD-SURGERY/CARDIO	50 00 0 00					X		1,197,731	0	184,071

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service
Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization IHC HEALTH SERVICES INC	Employer identification number 94-2854057
---	---

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- Political expenditures ▶ \$ _____
- Volunteer hours _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	22,585	22,585												
c	Total lobbying expenditures (add lines 1a and 1b)	22,585	22,585												
d	Other exempt purpose expenditures	5,059,227,029	5,089,305,986												
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,059,249,614	5,089,328,571												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	20,406	19,419	17,588	22,585	79,998
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-A	THE FOLLOWING ORGANIZATIONS WERE PART OF THE AFFILIATED GROUP AS DEFINED IN THE INSTRUCTIONS FOR PURPOSES OF COMPLETING SCHEDULE C IHC HEALTH SERVICES, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2854057 EXEMPT PURPOSE EXPENDITURES \$5,059,249,614 501(H) ELECTION YES INTERMOUNTAIN HEALTH CARE, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 87-0269232 EXEMPT PURPOSE EXPENDITURES \$113,126 501(H) ELECTION NO INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2853320 EXEMPT PURPOSE EXPENDITURES \$4,610,314 501(H) ELECTION NO INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111 EIN 80-0225150 EXEMPT PURPOSE EXPENDITURES \$25,352,168 501(H) ELECTION NO THE HEART AND LUNG RESEARCH FOUNDATION 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157 EIN 87-0617606 EXEMPT PURPOSE EXPENDITURES \$3,349 501(H) ELECTION NO
FORM 990, SCHEDULE C, PART II-A	IHC HEALTH SERVICES, INC ALSO INDIRECTLY INCURS LOBBYING EXPENSES THROUGH ASSOCIATION DUES FOR PROFESSIONAL ORGANIZATIONS OF WHICH ITS EMPLOYEES ARE MEMBERS THE MAJORITY OF THE ASSOCIATION DUES WERE INCURRED THROUGH THE FOLLOWING PROFESSIONAL LICENSING AND MEMBERSHIP ORGANIZATIONS AMERICAN ACADEMY OF FAMILY PHYSICIANS UTAH MEDICAL ASSOCIATION AMERICAN MEDICAL ASSOCIATION AMERICAN ACADEMY OF PEDIATRICS AMERICAN HEART ASSOCIATION

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC
Employer identification number
94-2854057

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	212,341,483	188,902,315	199,458,157	195,242,262	96,787,154
b Contributions	53,364,528	43,191,896	26,121,255	32,779,950	159,810,561
c Net investment earnings, gains, and losses	2,383,968	-654,103	2,018,991	3,272,859	4,910,350
d Grants or scholarships	2,905,191	3,298,412	4,072,489	1,081,964	50,397,499
e Other expenditures for facilities and programs	24,268,288	15,800,213	34,622,367	30,691,828	15,857,338
f Administrative expenses	0	0	1,232	66,112	10,966
g End of year balance	240,916,500	212,341,483	188,902,315	199,458,157	195,242,262

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 2 940 %
 - b** Permanent endowment ▶ 13 460 %
 - c** Temporarily restricted endowment ▶ 83 600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	22,317,811	266,730,529		289,048,340
b Buildings	22,541,977	1,902,284,512	879,290,068	1,045,536,421
c Leasehold improvements	1,042,261	98,553,702	56,166,812	43,429,151
d Equipment	48,816	2,136,964,046	1,324,886,678	812,126,184
e Other	817,661	508,939,069		509,756,730
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,699,896,826

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PRIVATE EQUITY FUNDS	762,176,064	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	762,176,064	

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

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

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

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

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,509,752,319

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
PAYABLE TO THIRD PARTY PAYORS	65,829,516
MINORITY INT IN JT VENTURES	4,982,880
457 PLAN LIABILITY	80,474,088
ASSET RETIREMENT OBLIGATION	3,419,164
INTEREST RATE SWAP LIABILITIES	174,795,471
OTHER LONG TERM LIABILITIES	56,294,416
INVESTMENT PAYABLE	382,247,517
ACCRUED PAYROLL/LEAVE	287,857,332
ACCRUED PENSION LIABILITY	301,068,391
SELF INSURANCE LIABILITIES	120,436,484

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DEFERRED TAX LIABILITIES	32,347,060

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE REPORTED FUNDS ARE HELD BY BOTH SUPPORTING AND PUBLICLY SUPPORTED ORGANIZATIONS FOR THE BENEFIT OF HEALTH SERVICES THE INTENDED USES OF THESE FUNDS INCLUDE RESEARCH, CHARITY CARE, PATIENT CARE, CAPITAL PROJECTS AND OTHER SIMILAR PURPOSES

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART VI, LINE 1E	AMOUNTS REFLECTED ON LINE 1E REPRESENT CONSTRUCTION IN PROGRESS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,178,810,455
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,178,810,455

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3	AS PART OF A FULLY DIVERSIFIED PORTFOLIO, IHC HEALTH SERVICES, INC ("HEALTH SERVICES") INVESTS IN CERTAIN ALTERNATIVE INVESTMENTS THAT ARE HELD BY ADMINISTRATORS IN FOREIGN JURISDICTIONS WHILE MOST OF THE INVESTMENTS ARE DOMESTIC, THE STRUCTURE OF THE INVESTMENT AND LOCATION OF THE ADMINISTRATOR REQUIRE DISCLOSURE ON SCHEDULE F THESE ALTERNATIVE INVESTMENTS ACCOUNT FOR APPROXIMATELY 69% OF THE TOTAL INTERNATIONAL INVESTMENT VALUES (BY MARKET VALUE) THE REMAINING 31% REPRESENTS INTERNATIONAL INVESTMENTS IN EQUITIES AND BONDS IN SEPARATELY MANAGED ACCOUNTS HEALTH SERVICES USES THESE INTERNATIONAL INVESTMENTS AS AN ADDITIONAL DIVERSIFICATION TOOL THE INVESTMENTS ARE HELD IN SAFEKEEPING IN THE UNITED STATES BUT ARE REQUIRED TO BE REPORTED BASED UPON THE COUNTRY OF ISSUANCE

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		747,272,427
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			INVESTMENTS		120,056,936
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		274,455,060

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			INVESTMENTS		21,383,695
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, FRENC			INVESTMENTS		13,201,815
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, IRAN,			INVESTMENTS		787,456

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,			INVESTMENTS		1,653,066

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 IHC HEALTH SERVICES INC

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 94-2854057

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 0000000000 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			175,421,318	0	175,421,318	3 640 %
b Medicaid (from Worksheet 3, column a)			554,986,780	524,410,285	30,576,495	0 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			730,408,098	524,410,285	205,997,813	4 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,820,698	0	3,820,698	0 080 %
f Health professions education (from Worksheet 5)			35,918,629	0	35,918,629	0 750 %
g Subsidized health services (from Worksheet 6)			18,337,522	0	18,337,522	0 380 %
h Research (from Worksheet 7)			14,903,697	5,675,946	9,227,751	0 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,352,396	0	5,352,396	0 110 %
j Total. Other Benefits			78,332,942	5,675,946	72,656,996	1 510 %
k Total. Add lines 7d and 7j			808,741,040	530,086,231	278,654,809	5 780 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements			92,155	0	92,155	0 %
5 Leadership development and training for community members						
6 Coalition building			165,515	0	165,515	0 %
7 Community health improvement advocacy						
8 Workforce development			34,372	0	34,372	0 %
9 Other						
10 Total			292,042		292,042	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	243,538,497
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	33,608,313
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	579,158,076
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	618,325,367
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-39,167,291
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MCKAY DEE SURGICAL CENTER	OUTPATIENT SURGERY	75 000 %		25 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

21

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

HOSPITAL REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

HOSPITAL REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

HOSPITAL REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 294

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	
PART I, LINE 7	<p>THE FINANCIAL ASSISTANCE AT COST (LINE 7A) WAS CALCULATED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS THE UNREIMBURSED MEDICAID (LINE 7B) WAS PRINCIPALLY CALCULATED USING THE FILING ORGANIZATION'S INTERNAL COST ACCOUNTING SYSTEM THIS SYSTEM ADDRESSES ALL PATIENT SEGMENTS THE EXPENSES REPORTED FOR COMMUNITY HEALTH IMPROVEMENT (LINE 7E), HEALTH PROFESSIONS EDUCATION (LINE 7F), AND THE CASH AND IN-KIND CONTRIBUTIONS (LINE 7I) INCLUDE ONLY THE DIRECT EXPENSES ASSOCIATED WITH EACH ACTIVITY THE INDIRECT EXPENSES ASSOCIATED WITH THESE ACTIVITIES WERE NOT REPORTED THE SUBSIDIZED HEALTH SERVICES TOTAL (LINE 7G) INCLUDES \$10,300,780 FROM 22 RURAL PHYSICIAN CLINICS THE EXPENSES ASSOCIATED WITH RESEARCH (LINE 7H) WERE CALCULATED USING THE SAME METHODOLOGY USED FOR GRANT PROGRESS REPORTING TO THE FEDERAL GOVERNMENT PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25B, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS \$243,538,497</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	
PART III, LINE 2	MANAGEMENT ESTIMATES THE PROVISION FOR BAD DEBTS BY ASSESSING THE COLLECTIBILITY, TIMING, AND AMOUNT OF PATIENT SERVICES REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES FOR EACH MAJOR PAYOR SOURCE, GENERAL ECONOMIC TRENDS AND OTHER INDICATORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	
PART III, LINE 4	<p>BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE COMPANY'S UNINSURED AND UNDER INSURED PATIENTS ARE UNWILLING TO PAY FOR THE SERVICES PROVIDED ACCORDINGLY, THE COMPANY RECORDS AN ESTIMATED PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE RENDERED MANAGEMENT ESTIMATES THE PROVISION FOR BAD DEBTS BY ASSESSING THE COLLECTABILITY, TIMING AND AMOUNT OF PATIENT SERVICES REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES FOR EACH MAJOR PAYER SOURCE, GENERAL ECONOMIC TRENDS AND OTHER INDICATORS MANAGEMENT ALSO ASSESSES THE ADEQUACY OF ALLOWANCES FOR BAD DEBTS BASED ON HISTORICAL WRITE-OFFS, ACCOUNTS RECEIVABLE AGING AND OTHER FACTORS PART III, LINES 5-7THE MEDICARE ALLOWABLE COSTS ON PART III, LINE 6 ARE BASED ON THE ORGANIZATION'S MEDICARE COST REPORTS, WHICH ARE SIGNIFICANTLY DIFFERENT FROM TOTAL FINANCIAL STATEMENT EXPENSES MEDICARE'S "ALLOWABLE COSTS" EXCLUDE COMMONLY INCURRED BUSINESS EXPENSES SUCH AS INTEREST, RESEARCH, PUBLIC RELATIONS, ETC IN ADDITION, THE AMOUNTS DO NOT FULLY REFLECT THE FILING ORGANIZATION'S PARTICIPATION IN MEDICARE PROGRAMS FOR EXAMPLE, THE FOLLOWING IS A PARTIAL LIST OF ACTIVITIES THAT ARE NOT CURRENTLY INCLUDED IN THE SCHEDULE H CALCULATION - PHYSICIAN SERVICES BILLED BY THE FILING ORGANIZATION - MEDICARE PARTS C AND D (MEDICARE ADVANTAGE AND PRESCRIPTION DRUG COVERAGE)- FEE SCHEDULE SERVICES (E.G., OUTPATIENT CLINICAL LABORATORY AND THERAPY SERVICES) - DURABLE MEDICAL EQUIPMENT AND HOME IV THERAPY SERVICES INCLUSION OF ALL EXPENSES ASSOCIATED WITH MEDICARE ACTIVITIES WOULD MAKE A SIGNIFICANT DIFFERENCE IN THE FILING ORGANIZATION'S CALCULATION IF THE ADDITIONAL ACTIVITIES WERE REPORTABLE ON SCHEDULE H, IT IS ESTIMATED THAT THE FILING ORGANIZATION'S MEDICARE SHORTFALL WOULD TOTAL APPROXIMATELY \$425 MILLION, A DIFFERENCE OF \$386 MILLION FROM THE AMOUNT DISCLOSED ON PART III OF THE SCHEDULE H</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	
PART III, LINE 9B	<p>HEALTH SERVICES RECOGNIZES ITS RESPONSIBILITY TO MANAGE THE COST OF HEALTHCARE BY ASKING THOSE WHO CAN PAY TO DO SO AND IS COMMITTED TO ASSISTING PATIENTS BY PROVIDING VARIOUS OPTIONS FOR RESOLVING THEIR FINANCIAL OBLIGATION, INCLUDING DISCOUNTS FOR THE UNINSURED, PAYMENT PLANS, AND REDUCED OR WAIVED RESPONSIBILITY THROUGH FINANCIAL ASSISTANCE HEALTH SERVICES ALSO ASSISTS PATIENTS WHO ARE POTENTIALLY ELIGIBLE FOR GOVERNMENT ASSISTANCE PROGRAMS TO APPLY FOR SUCH ASSISTANCE DELINQUENT ACCOUNTS MAY BE REFERRED TO EXTERNAL COLLECTION AGENCIES ONLY AFTER REASONABLE ATTEMPTS ARE MADE TO CONTACT THE RESPONSIBLE PARTY AND NO ARRANGEMENT HAS BEEN MADE TO PAY THE ACCOUNT BALANCE SUCH AGENCIES ARE EXPECTED TO TREAT PATIENTS WITH THE SAME RESPECT AND DIGNITY THAT HEALTH SERVICES AFFORDS ALL ITS PATIENTS FOR EXAMPLE, CONTACTS BY THE AGENCIES WILL INCLUDE FINANCIAL ASSISTANCE OPTIONS FOR PATIENTS UNABLE TO PAY AGENCIES MAY PURSUE LEGAL PROCEEDINGS TO COLLECT DEBTS IN LIMITED CIRCUMSTANCES AND MAY ONLY DO SO UPON APPROVAL BY HEALTH SERVICES STRONGER MEASURES, SUCH AS THE COURTS, ARE NOT USED UNLESS THERE IS EVIDENCE OF FRAUD OR A CLEAR ABILITY TO PAY ACCOMPANIED BY A REFUSAL TO PAY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	
PART VI, LINE 4	<p>UTAH HAS 36 HOSPITALS THROUGHOUT THE STATE HEALTH SERVICES OWNS 21 HOSPITALS AND 294 CLINICS THROUGHOUT UTAH AND SOUTHERN IDAHO THE HOSPITALS AND CLINICS VARY IN SIZE AND SERVICES BASED ON THE INDIVIDUAL NEEDS OF EACH COMMUNITY, RANGING FROM URBAN SETTINGS TO RURAL AREAS IN UTAH AND SOUTHERN IDAHO FIVE HOSPITALS ARE CRITICAL ACCESS HOSPITALS CASSIA REGIONAL HOSPITAL IN BURLEY, IDAHO, DELTA COMMUNITY HOSPITAL IN DELTA, UTAH, FILLMORE COMMUNITY HOSPITAL IN FILLMORE, UTAH, HEBER VALLEY HOSPITAL IN HEBER, UTAH, AND SANPETE VALLEY HOSPITAL IN MOUNT PLEASANT, UTAH BASED ON 2016 ESTIMATES, HEALTH SERVICES SERVES A POPULATION OF APPROXIMATELY 3 MILLION PEOPLE, 2 MILLION OF WHICH LIVE ALONG THE WASATCH FRONT INCLUDING THE OGDEN TO PROVO METROPOLITAN AREA THE AREA REPRESENTS A RELATIVELY YOUNGER POPULATION THAN THE NATIONAL AVERAGE (30% OF THE POPULATION IS UNDER 18 YEARS OLD, WHILE ONLY 10% IS 65 YEARS AND OLDER) EDUCATION LEVELS ARE SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE (91% OF THE POPULATION ARE HIGH SCHOOL GRADUATES AND 31% HAVE A BACHELOR'S DEGREE OR HIGHER) THE 2015 MEDIAN HOUSEHOLD INCOME FOR THE AREA WAS APPROXIMATELY \$60,727 IN 2015 ABOUT 11% OF THE POPULATION LIVED AT OR BELOW THE FEDERAL POVERTY LEVEL, ABOUT 12% OF THE POPULATION DID NOT HAVE HEALTH INSURANCE (U S CENSUS QUICK FACTS) AS OF JULY 2015, 3 OF UTAH'S 29 COUNTIES WERE DESIGNATED AS FULL COUNTY MEDICALLY UNDERSERVED AREAS NINE COUNTIES WERE DESIGNATED AS MEDICALLY UNDERSERVED AREAS AN ADDITIONAL 6 COUNTIES WERE LISTED AS PARTIAL-COUNTY MEDICALLY UNDERSERVED AREAS OR POPULATIONS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	
PART VI, LINE 6	<p>THE PARENT ORGANIZATION, INTERMOUNTAIN HEALTH CARE, INC , IS A SECTION 501(C)(3) ORGANIZATION THAT PROMOTES COMMUNITY HEALTHCARE THROUGH COORDINATING THE ACTIVITIES OF AND PROVIDING SUPPORT TO HEALTH SERVICES AND ITS OTHER AFFILIATED SUBSIDIARIES MEDICAL SERVICES FOR THE COMMUNITIES SERVED ARE PROVIDED THROUGH THE HOSPITALS AND CLINICS OF HEALTH SERVICES ITS MISSION IS "HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE " A MORE DETAILED ACCOUNT OF HEALTH SERVICES' ACTIVITIES IS AVAILABLE ON FORM 990, PART III AND SCHEDULE O INTERMOUNTAIN HEALTHCARE FOUNDATION, INC SUPPORTS THE HEALTHCARE ACTIVITIES OF IHC HEALTH SERVICES, INC BY ENHANCING AND STRENGTHENING RELATIONSHIPS WITH COMMUNITY LEADERS AND BY DEVELOPING FINANCIAL AND CHARITABLE SUPPORT INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC MAKES GRANTS TO LOCAL NONPROFIT AGENCIES THAT PROVIDE DIRECT MEDICAL, DENTAL, AND MENTAL HEALTH SERVICES FOR LOW-INCOME, UNINSURED OR MEDICALLY-UNDERSERVED POPULATIONS HEALTH SERVICES HAS PARTNERED WITH QUALIFIED PHYSICIANS TO FORM THE MCKAY-DEE SURGICAL CENTER, LLC, AN ORGANIZATION THAT PROVIDES SURGICAL SERVICES ON AN OUTPATIENT BASIS IN THE OGDEN, UTAH AREA SELECTHEALTH, INC HAS AS ITS PURPOSE THE DEVELOPMENT AND OPERATION OF ALTERNATIVE HEALTHCARE DELIVERY PLANS AND FINANCING SYSTEMS TO PROVIDE COST EFFECTIVE AND HIGH QUALITY CARE TO PARTICIPATING EMPLOYER GROUPS AND INDIVIDUALS AS WELL AS CONDUCTING RESEARCH AND EDUCATIONAL DEMONSTRATION PROJECTS THE HEALTHCARE CAPTIVE INSURANCE COMPANY IS ENGAGED IN UNDERWRITING THE LIABILITIES OF INTERMOUNTAIN HEALTH CARE, INC AND CERTAIN AFFILIATES IN EXCESS OF THEIR SELF-INSURED LIMITS INTALERE, INC IS A GROUP PURCHASING COMPANY THAT ALLOWS SMALLER ORGANIZATIONS TO UTILIZE THE POWER OF GROUP PURCHASING TO REDUCE THE COSTS OF THEIR MEDICAL AND OTHER SUPPLIES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	
PART VI, LINE 2	HEALTH SERVICES CONTINUES TO ASSESS HEALTHCARE NEEDS OF COMMUNITIES IT SERVES BY SEEKING INPUT FROM LOCAL RESIDENTS SERVING ON HOSPITAL ADVISORY COMMITTEES AND FROM ITS VOLUNTEER HOSPITAL GOVERNING BOARDS HEALTH SERVICES' RESEARCH AND PLANNING DEPARTMENT CONDUCTS TARGETED RESEARCH TO IDENTIFY NEEDS OF SPECIFIC POPULATIONS REGARDING ACCESS TO CARE, BARRIERS, QUALITY, AND OTHER ISSUES

Additional Data

Software ID:
Software Version:
EIN: 94-2854057
Name: IHC HEALTH SERVICES INC

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

Section A. Hospital Facilities <small>(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 21</small>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	INTERMOUNTAIN MEDICAL CENTER 5121 SOUTH COTTONWOOD STREET MURRAY, UT 84157 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-188	X	X		X		X	X			A
2	UTAH VALLEY HOSPITAL 1034 NORTH 500 WEST PROVO, UT 84604 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-210	X	X		X		X	X			A
3	MCKAY-DEE HOSPITAL 4401 HARRISON BOULEVARD OGDEN, UT 84403 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-191	X	X		X		X	X			A
4	DIXIE REGIONAL MEDICAL CENTER 1380 EAST MEDICAL CENTER DRIVE ST GEORGE, UT 84790 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-178	X	X				X	X			A
5	PRIMARY CHILDREN'S HOSPITAL 100 NORTH MARIO CAPECCHI DRIVE SALT LAKE CITY, UT 84113 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2014-HOSP-439	X	X	X	X		X	X			A
6	LDS HOSPITAL 8TH AVENUE AND C STREET SALT LAKE CITY, UT 84143 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-174	X	X		X		X	X			A
7	LOGAN REGIONAL HOSPITAL 500 EAST 1400 NORTH LOGAN, UT 84341 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-190	X	X					X			A
8	AMERICAN FORK HOSPITAL 170 NORTH 1100 EAST AMERICAN FORK, UT 84003 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2014-HOSP-164	X	X					X			A
9	RIVERTON HOSPITAL 3741 WEST 12600 SOUTH RIVERTON, UT 84065 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-92024	X	X				X	X			A
10	ALTA VIEW HOSPITAL 9660 SOUTH 1300 EAST SANDY, UT 84094 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-162	X	X					X			A

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 21											
Name, address, primary website address, and state license number											
11	THE ORTHOPEDIC SPECIALTY HOSPITAL 5848 SOUTH FASHION BOULEVARD MURRAY, UT 84107 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-394	X									A
12	CEDAR CITY HOSPITAL 1303 NORTH MAIN STREET CEDAR CITY, UT 84720 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-211	X	X					X			A
13	PARK CITY HOSPITAL 900 ROUND VALLEY DRIVE PARK CITY, UT 84060 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-90903	X	X					X			A
14	CASSIA REGIONAL HOSPITAL 1501 HILAND AVENUE BURLEY, ID 83318 HTTP://INTERMOUNTAINHEALTHCARE.ORG 20	X	X			X		X			A
15	SEVIER VALLEY HOSPITAL 1000 NORTH MAIN RICHFIELD, UT 84701 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-205	X	X					X			A
16	OREM COMMUNITY HOSPITAL 331 NORTH 400 WEST OREM, UT 84057 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-269	X	X					X			A
17	HEBER VALLEY HOSPITAL 1485 SOUTH HIGHWAY 40 HEBER CITY, UT 84032 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2014-HOSP-213	X	X			X		X			A
18	BEAR RIVER VALLEY HOSPITAL 440 WEST 600 NORTH TREMONTON, UT 84337 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-166	X	X					X			A
19	SANPETE VALLEY HOSPITAL 1100 SOUTH MEDICAL DRIVE MOUNT PLEASANT, UT 84647 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-204	X	X			X		X			A
20	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVENUE DELTA, UT 84624 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-25384	X	X			X		X			A

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 21		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
21	FILLMORE COMMUNITY HOSPITAL 674 SOUTH HIGHWAY 99 FILLMORE, UT 84631 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-25387	X	X			X		X			A

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

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

Form and Line Reference	Explanation
<p>HOSPITAL GROUP A, PART V, SECTION B, LINE 5</p>	<p>HEALTH SERVICES CREATED A SYSTEM-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS FOR EACH OF ITS HOSPITALS TO IDENTIFY LOCAL AREA HEALTH NEEDS AND UNDERSTAND HOW TO HELP PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE HEALTH SERVICES AND EACH OF ITS HOSPITALS COLLABORATED WITH THE LOCAL HEALTH DEPARTMENT, THE UTAH DEPARTMENT OF HEALTH, AND IDAHO DEPARTMENT OF HEALTH AND WELFARE TO IDENTIFY HEALTH INDICATORS, SOLICIT COMMUNITY INPUT, GATHER AND ANALYZE DATA, AND THEN PRIORITIZE INDICATORS TO DETERMINE THE SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED OVER THE NEXT SEVERAL YEARS BASED ON THAT PRIORITIZATION PROCESS, THE PRIORITY HEALTH NEEDS WERE IDENTIFIED AS FOLLOWS PREVENTION OF PREDIABETES, HIGH BLOOD PRESSURE, DEPRESSION, AND PRESCRIPTION OPIOID MISUSE RESULTS OF EACH HOSPITAL'S CHNA AND THE COMMUNITY HEALTH IMPROVEMENT INITIATIVES CREATED TO ADDRESS PRIORITIZED NEEDS ARE DETAILED IN SEPARATE DOCUMENTS FOR EACH HOSPITAL AT HTTPS //INTERMOUNTAINHEALTHCARE ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS/(A PUBLIC WEBSITE) COMMUNITY INPUT MEETINGS WERE CONVENED BY EACH HOSPITAL IN APRIL THROUGH JUNE OF 2015 TO SOLICIT INPUT ABOUT HEALTHCARE NEEDS IN THE LOCAL COMMUNITY PARTICIPANTS WERE IDENTIFIED BY HOSPITAL STAFF WITH CONSULTATION FROM THE HEALTH SERVICES' COMMUNITY BENEFIT DEPARTMENT STAFF TO ASSURE REPRESENTATION FROM PEOPLE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY THE HOSPITALS, INCLUDING PEOPLE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH LOCAL HEALTH DEPARTMENTS CO-HOSTED THE COMMUNITY INPUT MEETINGS PARTICIPANTS INCLUDED REPRESENTATIVES FROM MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, SAFETY NET CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED, LOW-INCOME, AND HOMELESS PEOPLE, AS WELL AS REPRESENTATIVES FROM CHURCHES, FOOD PANTRIES, HEALTH ADVOCATES, HEALTHCARE PROVIDERS, HUMAN SERVICE AGENCIES, LAW ENFORCEMENT, LOCAL CITY GOVERNMENT, LOCAL BUSINESSES, MENTAL HEALTH SERVICE PROVIDERS, AND PUBLIC SCHOOLS IN UTAH, THE UTAH DEPARTMENT OF HEALTH CO-HOSTED AND PARTICIPATED IN 20 MEETINGS STAFF FROM HEALTH SERVICES FACILITATED THE MEETINGS WHICH WERE MANUALLY AND DIGITALLY RECORDED AND TRANSCRIBED DISCUSSIONS HIGHLIGHTED SPECIFIC ISSUES IN THE COMMUNITY, CHALLENGES, PERCEPTIONS, AND STRATEGIES FOR ADDRESSING HEALTH NEEDS AN ONLINE SURVEY WAS SENT TO PEOPLE WHO COULD NOT ATTEND THE COMMUNITY INPUT MEETINGS TO ENCOURAGE MORE REPRESENTATIVE FEEDBACK AND ENGAGE ALL WHO WERE INVITED NOT ALL PEOPLE WHO RECEIVED THE SURVEYS RESPONDED TO THE REQUEST</p>

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINES 13B & 13H	CATASTROPHIC ASSISTANCE HEALTH SERVICES ATTEMPTS TO LIMIT AN INDIVIDUAL'S FINANCIAL RESPONSIBILITY WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 35% OF THE INDIVIDUAL'S GROSS HOUSEHOLD ANNUAL INCOME EXTENUATING CIRCUMSTANCES SINCE EACH INDIVIDUAL'S PERSONAL CIRCUMSTANCES VARY, HEALTH SERVICES ALLOWS FOR EXTENUATING CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES AND PROCEDURES TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE ASSISTANCE BASED ON INCOME HEALTH SERVICES EVALUATES AN INDIVIDUAL'S GROSS HOUSEHOLD ANNUAL INCOME COMPARED TO THE HHS FEDERAL POVERTY INCOME GUIDELINES AND OFFERS THE MAXIMUM AVAILABLE ASSISTANCE TO QUALIFYING INDIVIDUALS UNDER 150% OF THOSE GUIDELINES HEALTH SERVICES APPLIES AN EVALUATIVE MODEL TO ESTIMATE A REASONABLE AMOUNT AN INDIVIDUAL COULD PAY WHEN INCOME FALLS BETWEEN 150% AND 500% OF THE POVERTY GUIDELINES AND THEN OFFERS ASSISTANCE TOWARDS MEDICAL BILLS ACCORDINGLY

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINES 15E, 16I, 16J AND 20E	SPECIFIC INFORMATION REGARDING AND AN ELECTRONIC APPLICATION TO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND ON HEALTH SERVICES' WEBSITE IN BOTH ENGLISH AND SPANISH DETAILS INCLUDE AN EXPLANATION OF THE PROGRAM, FREQUENTLY ASKED QUESTIONS, AN "800" NUMBER, AND A LINK TO THE APPLICATION BROCHURES IN ENGLISH AND SPANISH ARE ALSO AVAILABLE THROUGHOUT THE PUBLIC RECEPTION AND REGISTRATION AREAS OF HOSPITALS AND CLINICS THE BROCHURES DESCRIBE THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY ELIGIBILITY COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION BEFORE, DURING, OR AFTER THE TIME OF SERVICE THE PROCESS OFTEN BEGINS WITH THE PRE-REGISTRATION OF PATIENTS PRIOR TO SERVICE HEALTH SERVICES ALSO CONTRIBUTES TO THE SALARIES OF UTAH STATE DEPARTMENT OF WORKFORCE SERVICES STAFF WHO WORK ONSITE IN SEVERAL HOSPITALS TO ASSIST PATIENTS IN APPLYING FOR MEDICAID, CHIP, OR OTHER GOVERNMENT ASSISTANCE PROGRAMS SIGNS ARE POSTED AT PUBLIC REGISTRATION AREAS, IN PRIVATE REGISTRATION ROOMS AND IN PATIENT CARE AREAS IN BOTH ENGLISH AND SPANISH, WHICH STATE THE FOLLOWING "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY IF YOU DON'T HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT [HEALTH SERVICES] FINANCIAL ASSISTANCE PROGRAM FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS " BILLING ENVELOPES ALSO INCLUDE A STATEMENT ON THE BACK THAT STATES IN BOTH ENGLISH AND SPANISH "NEED HELP IN PAYING YOUR BILL? CONTACT THIS FACILITY, OR FOR GENERAL QUESTIONS, CALL OUR FINANCIAL ASSISTANCE HOTLINE " A TOLL-FREE NUMBER IS INCLUDED

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINE 22B	HEALTH SERVICES DETERMINED THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO A FINANCIAL ASSISTANCE ELIGIBLE INDIVIDUAL BY CALCULATING THE AMOUNT GENERALLY BILLED USING THE LOOK-BACK METHOD DESCRIBED IN TREASURY REGULATION SECTION 1.501(R)-5(B)(3)

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINES 16A-C	HTTP //INTERMOUNTAINHEALTHCARE ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE/

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

Form and Line Reference	Explanation
<p>HOSPITAL GROUP A, PART V, SECTION B, LINE 11</p>	<p>HEALTH SERVICES ESTABLISHED A SYSTEM PLAN FOR IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT INITIATIVES IN EACH HOSPITAL COMMUNITY TO PREVENT PREDIABETES, HIGH BLOOD PRESSURE, DEPRESSION, AND PRESCRIPTION OPIOID MISUSE FOR UNDERSERVED, LOW-INCOME PEOPLE INITIATIVES RELATED TO PREDIABETES AND HIGH BLOOD PRESSURE ARE FOR ADULTS, INITIATIVES RELATED TO DEPRESSION AND PRESCRIPTION OPIOID MISUSE WILL INCLUDE AN ADULT AND PEDIATRIC FOCUS INITIATIVES ARE SUMMARIZED BELOW, DETAILED FRAMEWORKS WITH ANNUAL TARGETS ARE IN SPECIFIC HOSPITAL IMPLEMENTATION STRATEGY PLANS AT HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORT S/ PREVENTION OF PREDIABETES HEALTH SERVICES ADOPTED A COMPREHENSIVE APPROACH TO DIAGNOSING AND MANAGING PREDIABETES BY SCREENING UNDERSERVED COMMUNITY MEMBERS AND IMPROVING ACCESS TO PREVENTIVE INTERVENTIONS COMMUNITY MEMBERS WILL BE SIMULTANEOUSLY SCREENED FOR PREDIABETES, HIGH BLOOD PRESSURE, AND DEPRESSION PEOPLE WHO SCREEN POSITIVE FOR PREDIABETES WILL PARTICIPATE IN DIABETES PREVENTION PROGRAMS INCLUDING HEALTH SERVICES' PREDIABETES 101 CLASS OR COMMUNITY-BASED PREDIABETES PREVENTION PROGRAMS PREVENTION OF HIGH BLOOD PRESSURE HEALTH SERVICES ADOPTED A COMPREHENSIVE APPROACH TO DIAGNOSING AND MANAGING HIGH BLOOD PRESSURE BY SCREENING UNDERSERVED COMMUNITY MEMBERS AND IMPROVING ACCESS TO PREVENTIVE INTERVENTIONS AND TREATMENT PEOPLE WHO SCREEN POSITIVE FOR HIGH BLOOD PRESSURE WILL RECEIVE RESOURCES FOR TREATMENT AND A CHRONIC DISEASE SELF-MANAGEMENT PROGRAM THAT PROMOTES HEALTHY BEHAVIORS AND SELF-CARE STRATEGIES PREVENTION OF DEPRESSION HEALTH SERVICES ADOPTED A COMPREHENSIVE APPROACH TO DIAGNOSING AND MANAGING DEPRESSION BY EXPANDING SCREENING FOR DEPRESSION, IMPROVING ACCESS TO TREATMENT FOR UNDERSERVED COMMUNITY MEMBERS, AND EXPANDING EXPERTISE IN TREATING DEPRESSION IN CHILDREN AND ADOLESCENTS THIS INITIATIVE EXPANDS HEALTH SERVICES' BEHAVIORAL HEALTH NETWORKS TO ADULTS AND CHILDREN ACROSS THEIR SERVICE AREA, AND EXTENDS THE MENTAL HEALTH INTEGRATION MODEL TO COMMUNITY PARTNERS HEALTH SERVICES WILL PROVIDE PUBLIC MESSAGING TO IMPROVE AWARENESS OF THE SIGNS AND SYMPTOMS OF DEPRESSION AND SUICIDE IN YOUTH COUPLED WITH GRANT FUNDING TO SUPPORT THE DEVELOPMENT OF "HOLD ON PERSUADE EMPOWER" ("HOPE") SQUADS, THIS WILL HELP TO INCREASE ACCESS TO TREATMENT FOR CHILDREN AND ADOLESCENTS THROUGH THE NETWORKS PRIMARY CHILDREN'S HOSPITAL ADOPTED A COMPREHENSIVE APPROACH TO DIAGNOSING AND MANAGING DEPRESSION BY IMPROVING THE EXPERTISE OF THE PROFESSIONAL WORKFORCE (PHYSICIANS, MENTAL HEALTH THERAPISTS, TEACHERS, AND OTHER YOUTH SERVICES PERSONNEL) IN DIAGNOSING AND MANAGING DEPRESSION AND SUICIDAL THOUGHTS IN CHILDREN AND ADOLESCENTS ACCORDINGLY, A CURRICULUM WILL BE DEVELOPED WITH TRAININGS OFFERED TO COMMUNITY PARTNERS PREVENTION OF PRESCRIPTION OPIOID MISUSE HEALTH SERVICES PROMOTES THE SAFE USE, STORAGE, AND DISPOSAL OF PRESCRIPTION OPIOIDS AND IMPROVED ACCESS TO TREATMENT BY MAKING NALOXONE (AN OVERDOSE REVERSAL MEDICATION)</p>

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINE 11	<p>TION) WIDELY AVAILABLE, AND BY DEMONSTRATING THE EFFECTIVENESS OF MEDICATION ASSISTED TREA TMENT COMBINED WITH COUNSELING HEALTH SERVICES WILL SUPPORT THE DISSEMINATION OF NALOXONE RESCUE KITS AND THE INSTALLATION OF MEDICATION DISPOSAL DROP BOXES AND PROVIDE COMMUNITY- BASED CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS FOR CHRONIC PAIN WORKSHOPS OTHER NEEDS IDEN TIFIED AND REASONS WHY SUCH NEEDS ARE NOT ADDRESSED IN IMPLEMENTATION STRATEGIES HEALTH S ERVICES' CHNA IDENTIFIED "ACCESS TO HEALTHCARE" AMONG THE TOP FIVE NEEDS IN THE ASSESSMENT ACCESS WAS NOT IDENTIFIED AS A HIGH PRIORITY FOR THE HOSPITALS BECAUSE THE ISSUE IS CURR ENTLY PART OF HEALTH SERVICES INITIATIVES AS DESCRIBED BELOW ACCESS TO HEALTHCARE SERVICES HEALTH SERVICES PROVIDES ACCESS TO HEALTHCARE SERVICES FOR LOW-INCOME AND UNINSURED PEOP L E IN COMMUNITIES SERVED BY ITS HOSPITALS AND CLINICS THROUGH ITS FINANCIAL ASSISTANCE PROG RAM AND BY SUPPORTING AND OPERATING CLINICS TO ELIMINATE BARRIERS IN ACCESSING CARE FOR UN DERSERVED PEOPLE IN OUR COMMUNITIES - PEOPLE PRESENTING IN HEALTH SERVICES' HOSPITALS AND CLINICS ARE ELIGIBLE TO RECEIVE MEDICALLY NECESSARY SERVICES REGARDLESS OF ABILITY TO PAY AND ARE ASSISTED IN APPLYING FOR FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS FOR WHICH T HEY ARE ELIGIBLE IN 2016, HEALTH SERVICES PROVIDED MORE THAN \$175 MILLION (COST) IN FINAN CIAL ASSISTANCE IN MORE THAN 245,000 CASES - HEALTH SERVICES OPERATES FOUR COMMUNITY AND SCHOOL CLINICS LOCATED IN GEOGRAPHIC AREAS WHERE THERE ARE NO OTHER HEALTH PROVIDERS, FEES ARE CHARGED ON A SLIDING SCALE BASED ON FEDERAL POVERTY GUIDELINES - HEALTH SERVICES HAS AGREEMENTS WITH 48 CLINICS SERVING PEOPLE BELOW 200 PERCENT OF FEDERAL POVERTY GUIDELINES TO PROVIDE VOUCHERS FOR DIAGNOSTIC IMAGING, LAB TESTS, AND CERTAIN SPECIALTY CARE SERVICE S IN 2016, MORE THAN 9,000 VOUCHERS VALUED AT OVER \$8 3 MILLION WERE PROVIDED TO THESE CL INICS FOR SERVICES IN HEALTH SERVICES' CLINICS AND HOSPITALS - HEALTH SERVICES PROVIDED G RANTS THROUGH THE INTERMOUNTAIN COMMUNITY CARE FOUNDATION TO FEDERALLY QUALIFIED HEALTH CE NTERS AND OTHER SAFETY NET CLINICS IN EXCESS OF \$3 5 MILLION PER YEAR TO HELP INCREASE ACC ESS TO A REGULAR PLACE FOR COMPREHENSIVE MEDICAL CARE FOR LOW-INCOME AND UNINSURED PEOPLE</p>

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINE 6A	THE FOLLOWING HOSPITALS WORKED TOGETHER TO COLLECT AND ANALYZE DATA AND TO UNDERSTAND THE NEEDS OF THE COMMUNITIES HOWEVER, EACH HOSPITAL PRODUCED ITS OWN CHNA ALTA VIEW HOSPITAL IN SANDY, UTAHAMERICAN FORK HOSPITAL IN AMERICAN FORK, UTAHBEAR RIVER VALLEY HOSPITAL IN TREMONTON, UTAHCASSIA REGIONAL HOSPITAL IN BURLEY, IDAHO CEDAR CITY HOSPITAL IN CEDAR CITY, UTAHDELTA COMMUNITY HOSPITAL IN DELTA, UTAHDIXIE REGIONAL MEDICAL CENTER IN ST GEORGE, UTAHFILLMORE COMMUNITY HOSPITAL IN FILLMORE, UTAHHEBER VALLEY HOSPITAL IN HEBER CITY, UTAHINTERMOUNTAIN MEDICAL CENTER IN SALT LAKE CITY, UTAHLDS HOSPITAL IN SALT LAKE CITY, UTAHLOGAN REGIONAL HOSPITAL IN LOGAN, UTAHMCKAY-DEE HOSPITAL IN OGDEN, UTAHOREM COMMUNITY HOSPITAL IN OREM, UTAHPARK CITY HOSPITAL IN PARK CITY, UTAHPRIMARY CHILDREN'S HOSPITAL IN SALT LAKE CITY, UTAHRIVERTON HOSPITAL IN RIVERTON, UTAHSANPETE VALLEY HOSPITAL IN MOUNT PLEASANT, UTAHSEVIER VALLEY HOSPITAL IN RICHFIELD, UTAHTHE ORTHOPEDIC SPECIALTY HOSPITAL IN MURRAY, UTAHUTAH VALLEY HOSPITAL IN PROVO, UTAH

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINE 6B	HEALTH SERVICES' HOSPITALS WORKED WITH THE FOLLOWING ORGANIZATIONS TO COLLECT THE INFORMATION NECESSARY TO CONDUCT THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS BEAR RIVER HEALTH DEPARTMENTCENTRAL UTAH PUBLIC HEALTH DEPARTMENTDAVIS COUNTY HEALTH DEPARTMENTSALT LAKE COUNTY HEALTH DEPARTMENTSOUTHWEST UTAH PUBLIC HEALTH DEPARTMENTSUMMIT COUNTY HEALTH DEPARTMENTWASATCH COUNTY HEALTH DEPARTMENTWEBER-MORGAN HEALTH DEPARTMENTUTAH COUNTY HEALTH DEPARTMENT UTAH DEPARTMENT OF HEALTHIDAHO DEPARTMENT OF HEALTH AND WELFARESOUTH CENTRAL HEALTH DEPARTMENT

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

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

Form and Line Reference	Explanation
HOSPITAL GROUP A, PART V, SECTION B, LINE 7A AND 10A	HTTPS //INTERMOUNTAINHEALTHCARE ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS/

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

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

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

Name and address	Type of Facility (describe)
1 1 - MEMORIAL CLINIC 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
1 2 - BOUNTIFUL CLINIC 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
2 3 - AVENUES SPECIALTY CLINIC 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032870	CLINIC
3 4 - INT HEART INSTITUTE-CARDIOLOGY 5169 S COTTONWOOD ST STE 520 MURRAY, UT 841075701	CLINIC
4 5 - ORTHOPEDIC SPECIALTY GROUP - TOSH 5848 S FASHION BLVD STE 120 MURRAY, UT 841076121	CLINIC
5 6 - LOGAN REGIONAL ORTHOPEDICS 1350 N 500 E LOGAN, UT 843412400	CLINIC
6 7 - MCKAY DEE RHEUMATOLOGY 4403 HARRISON BLVD STE 3650 OGDEN, UT 844033288	CLINIC
7 8 - SOUTHERN UT NEUROSCIENCES INSTITUTE 652 S MEDICAL CENTER DR STE 420 ST GEORGE, UT 847907049	CLINIC
8 9 - INT NEUROSCIENCES INSTITUTE 5171 S COTTONWOOD ST STE 810 MURRAY, UT 841075705	CLINIC
9 10 - ALTA VIEW SPECIALTY CLINIC 9450 S 1300 E SANDY, UT 840945555	CLINIC
10 11 - SALT LAKE CLINIC RADIOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 12 - INT HEART RHYTHM 5169 S COTTONWOOD ST STE 510 MURRAY, UT 841075701	CLINIC
12 13 - INTERMOUNTAIN OBSTETRICS & GYN 5063 S COTTONWOOD ST STE 120 MURRAY, UT 841076772	CLINIC
13 14 - CALTON-HARRISON ORTHOPEDIC & SPORTS MEDI 4403 HARRISON BLVD STE 2455 OGDEN, UT 844033297	CLINIC
14 15 - BUDGE CLINIC OBSTETRICS & GYNECOLOGY 1400 N 500 E LOGAN, UT 843412455	CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - MCKAY DEE CARDIOLOGY 4403 HARRISON BLVD STE 3490 OGDEN, UT 844033284	CLINIC
1 17 - BUDGE CLINIC MEDICAL SPECIALISTS 1350 N 500 E LOGAN, UT 843412400	CLINIC
2 18 - SOUTHWEST ORTHO & SPORTS MED 652 S MEDICAL CENTER DR STE 120 ST GEORGE, UT 847907017	CLINIC
3 19 - LAYTON CLINIC 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
4 20 - SOUTHRIDGE CLINIC 3723 W 12600 S STE 270 RIVERTON, UT 840657296	CLINIC
5 21 - SOUTHRIDGE PEDIATRICS 3723 W 12600 S STE 450 RIVERTON, UT 840657296	CLINIC
6 22 - INT HEART CARDIOTHORACIC SURGERY 5169 S COTTONWOOD ST STE 600 MURRAY, UT 841076771	CLINIC
7 23 - SANDY CLINIC 9500 S 1300 E SANDY, UT 840943763	CLINIC
8 24 - NORTH OGDEN CLINIC 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
9 25 - BUDGE CLINIC PEDIATRICS 1350 N 500 E LOGAN, UT 843412400	CLINIC
10 26 - SALT LAKE CLINIC-FAMILY INTERNAL MEDICIN 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 27 - REDROCK PEDIATRICS 1380 E MEDICAL CENTER DR STE 3100 ST GEORGE, UT 847902135	CLINIC
12 28 - LEGACY OBGYN 1159 E 200 N STE 250 AMERICAN FORK, UT 840032028	CLINIC
13 29 - NORTHERN UTAH SURGEONS 4403 HARRISON BLVD STE 1635 OGDEN, UT 844033272	CLINIC
14 30 - MCKAY DEE DERMATOLOGY & PLASTIC SURGERY 4403 HARRISON BLVD STE 3680 OGDEN, UT 844033289	CLINIC

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

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

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

Name and address	Type of Facility (describe)
31 31 - SOUTHWEST CARDIOLOGY-ST GEORGE 1380 E MEDICAL CENTER DR STE 1500 ST GEORGE, UT 847902128	CLINIC
1 32 - INTERMOUNTAIN SURGICAL SPECIALISTS 5169 S COTTONWOOD ST STE 410 MURRAY, UT 841076769	CLINIC
2 33 - WASATCH OBGYN 4403 HARRISON BLVD STE 4815 OGDEN, UT 844033333	CLINIC
3 34 - AVENUES WOMENS CENTER 370 9TH AVE STE 205 SALT LAKE CITY, UT 841033184	CLINIC
4 35 - SALT LAKE CLINIC-INFUSION 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 36 - HEBER VALLEY CLINIC 1473 S HIGHWAY 40 STE E HEBER CITY, UT 840323522	CLINIC
6 37 - AVENUES PSYCHIATRY & COUNSELING 324 10TH AVE STE 178 SALT LAKE CITY, UT 841032885	CLINIC
7 38 - RIVER ROAD FAMILY MEDICINE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
8 39 - CEDAR CITY CLINIC 1303 N MAIN ST STE 3C CEDAR CITY, UT 847209746	CLINIC
9 40 - TAYLORSVILLE INSTACARE 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
10 41 - HOLLADAY PEDIATRICS 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
11 42 - CALTON-HARRISON ORTHOPEDIC & SPORTS MEDI 4403 HARRISON BLVD STE 2400 OGDEN, UT 844033297	CLINIC
12 43 - CARDIOVASCULAR & THORACIC SURGERY 1380 E MEDICAL CENTER DR STE 2600 ST GEORGE, UT 847902134	CLINIC
13 44 - TAYLORSVILLE CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
14 45 - BUDGE CLINIC INTERNAL MEDICINE 1350 N 500 E LOGAN, UT 843412400	CLINIC

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

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

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

Name and address	Type of Facility (describe)
46 46 - OREM OBGYN 505 W 400 N OREM, UT 840571950	CLINIC
1 47 - RIVER ROAD INTERNAL MEDICINE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
2 48 - LOGAN INSTACARE 412 N 200 E LOGAN, UT 843214038	CLINIC
3 49 - NORTH OGDEN INSTACARE 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
4 50 - MOUNTAIN VIEW PEDIATRICS 9720 S 1300 E STE 100 SANDY, UT 840943743	CLINIC
5 51 - MURRAY INSTACARE 196 E WINCHESTER ST MURRAY, UT 841077211	CLINIC
6 52 - COTTONWOOD FAMILY PRACTICE 5872 S 900 E STE 100 MURRAY, UT 841211677	CLINIC
7 53 - UTAH VALLEY ORTHOPAEDICS - PROVO 1157 N 300 W STE 201 PROVO, UT 846046124	CLINIC
8 54 - INTERMOUNTAIN UROLOGICAL INSTITUTE 5171 S COTTONWOOD ST STE 720 MURRAY, UT 841075705	CLINIC
9 55 - HOLLADAY INSTACARE 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
10 56 - CENTRAL OREM CLINIC 505 W 400 N OREM, UT 840571950	CLINIC
11 57 - UNION PARK PSYCHIATRY & COUNSELING 1225 E FORT UNION BLVD STE 215 COTTONWOOD HEIGHTS, UT 840471882	CLINIC
12 58 - NORTHERN UTAH PEDIATRICS 4403 HARRISON BLVD STE 4875 OGDEN, UT 844033335	CLINIC
13 59 - SANDY INSTACARE 9493 S 700 E SANDY, UT 840703459	CLINIC
14 60 - BOUNTIFUL INSTACARE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC

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

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

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

Name and address	Type of Facility (describe)
61 61 - ZION ORTHOPAEDICS & SPORTS MEDICINE 652 S MEDICAL CENTER DR STE 400 ST GEORGE, UT 847907017	CLINIC
1 62 - MCKAY DEE EAR NOSE & THROAT 4403 HARRISON BLVD STE 2645 OGDEN, UT 844033278	CLINIC
2 63 - INTERNAL MEDICINE ASSOCIATES 9844 S 1300 E STE 200 SANDY, UT 840944689	CLINIC
3 64 - UTAH VALLEY PSYCHIATRY & COUNSELING 1157 N 300 W PROVO, UT 846046124	CLINIC
4 65 - ROSE CANYON CLINIC 5541 W 13400 S RIVERTON, UT 840965640	CLINIC
5 66 - MEMORIAL INSTACARE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
6 67 - UTAH VALLEY VASCULAR SURGERY 1055 N 300 W STE 205 PROVO, UT 846045044	CLINIC
7 68 - SEVIER VALLEY CLINIC 1000 N MAIN ST STE A RICHFIELD, UT 847012069	CLINIC
8 69 - BUDGE CLINIC DERMATOLOGY 1350 N 500 E LOGAN, UT 843412400	CLINIC
9 70 - HOLLADAY ALLERGY AND DERMATOLOGY 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
10 71 - HURRICANE VALLEY CLINIC 75 N 2260 W HURRICANE, UT 847372034	CLINIC
11 72 - BUDGE CLINIC SURGICAL SPECIALISTS 1350 N 500 E LOGAN, UT 843412400	CLINIC
12 73 - AMERICAN FORK DERMATOLOGY 98 N 1100 E STE 301 AMERICAN FORK, UT 840032947	CLINIC
13 74 - WOMENS HEALTH SPECIALISTS 346 E 600 S ST GEORGE, UT 847703949	CLINIC
14 75 - ORTHOPEDIC SPEC GROUP-RIVERTON 3723 W 12600 S STE 460 RIVERTON, UT 840657295	CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
76 76 - UTAH VALLEY EAR NOSE & THROAT 98 N 1100 E STE 203 AMERICAN FORK, UT 840032941	CLINIC
1 77 - SUNSET FAMILY PRACTICE 1739 W SUNSET BLVD ST GEORGE, UT 847707141	CLINIC
2 78 - SALT LAKE INSTACARE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 79 - RIVER ROAD INSTACARE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
4 80 - WEST JORDAN INSTACARE 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
5 81 - SALT LAKE CLINIC-PHYSICAL MEDICINE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
6 82 - SALT LAKE CLINIC-PEDIATRICS 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 83 - SOUTH OGDEN CLINIC 975 CHAMBERS ST SOUTH OGDEN, UT 844034591	CLINIC
8 84 - LAYTON INSTACARE 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
9 85 - BEAR RIVER CLINIC 935 N 1000 W TREMONTON, UT 843379356	CLINIC
10 86 - SALT LAKE CLINIC-DERMATOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 87 - NORTH OREM INSTACARE 1975 N STATE ST OREM, UT 840572028	CLINIC
12 88 - PARK CITY SPECIALTY 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607532	CLINIC
13 89 - HILLCREST PEDIATRICS 5063 S COTTONWOOD ST STE 160 MURRAY, UT 841076773	CLINIC
14 90 - SEVIER VALLEY SPECIALTY CLINIC 1000 N MAIN ST STE B RICHFIELD, UT 847012069	CLINIC

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

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

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

Name and address	Type of Facility (describe)
91 91 - OGDEN CARDIOVASCULAR ASSOCIATES 4403 HARRISON BLVD STE 3835 OGDEN, UT 844033331	CLINIC
1 92 - ORTHOPEDIC SPEC GROUP-ALTA VIEW 9450 S 1300 E STE 120 SANDY, UT 840945559	CLINIC
2 93 - ORTHOPEDIC SPECIALTY GROUP - LDS 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032870	CLINIC
3 94 - BUDGE CLINIC GI 1350 N 500 E LOGAN, UT 843412400	CLINIC
4 95 - MCKAY-DEE ORTHO & SPORTS MEDICINE 4401 HARRISON BLVD STE 2600 OGDEN, UT 844033195	CLINIC
5 96 - MCKAY DEE INTERNAL MEDICINE 4403 HARRISON BLVD STE 3875 OGDEN, UT 844033332	CLINIC
6 97 - SOUTHRIDGE INSTACARE 3723 W 12600 S STE 150 RIVERTON, UT 840657296	CLINIC
7 98 - TAYLORSVILLE ALLERGY AND DERMATOLOGY 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
8 99 - WEST JORDAN CLINIC 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
9 100 - HEREFORDSHIRE CLINIC 1915 W 5950 S ROY, UT 840671454	CLINIC
10 101 - UTAH VALLEY HEART & LUNG SURG ASSOC 1134 N 500 W STE 100 PROVO, UT 846046101	CLINIC
11 102 - SOUTH SANDY CLINIC 955 E 11400 S SANDY, UT 840946946	CLINIC
12 103 - NORTH CANYON FAMILY PRACTICE 3200 N CANYON RD STE D PROVO, UT 846044678	CLINIC
13 104 - SARATOGA SPRINGS INSTACARE 354 W STATE RD 73 SARATOGA SPRINGS, UT 840432901	CLINIC
14 105 - PARK CITY CLINIC-ROUND VALLEY 750 ROUND VALLEY DR PARK CITY, UT 840607548	CLINIC

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

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

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

Name and address	Type of Facility (describe)
106 106 - SOUTH JORDAN CLINIC 11444 S REDWOOD RD SOUTH JORDAN, UT 840957803	CLINIC
1 107 - UTAH VALLEY WOMENS CENTER 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
2 108 - DRAPER INSTACARE 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
3 109 - LOGAN CLINIC 412 N 200 E LOGAN, UT 843214038	CLINIC
4 110 - HEREFORDSHIRE INSTACARE 1915 W 5950 S ROY, UT 840671454	CLINIC
5 111 - SALT LAKE CLINIC-ALLERGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
6 112 - KAYSVILLE CREEKSIDE CLINIC 435 N MAIN ST KAYSVILLE, UT 840371194	CLINIC
7 113 - SALT LAKE CLINIC EAR NOSE & THROAT 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
8 114 - SOUTHERN UTAH SURGICAL ASSOCIATES 166 W 1325 N STE 350 CEDAR CITY, UT 847207796	CLINIC
9 115 - NORTH VALLEY PEDIATRICS 98 N 1100 E STE 201 AMERICAN FORK, UT 840032941	CLINIC
10 116 - PARK CITY BONANZA INSTACARE 1665 BONANZA DR PARK CITY, UT 840605127	CLINIC
11 117 - MCKAY DEE HEART RHYTHM SPECIALISTS 4403 HARRISON BLVD STE 3450 OGDEN, UT 844033282	CLINIC
12 118 - SOUTHWEST UROLOGY 1380 E MEDICAL CENTER DR STE 2100 ST GEORGE, UT 847902129	CLINIC
13 119 - SOUTHRIDGE OB-GYN 3723 W 12600 S STE 360 RIVERTON, UT 840657296	CLINIC
14 120 - AMERICAN FORK INSTACARE 98 N 1100 E STE 101 AMERICAN FORK, UT 840032940	CLINIC

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

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

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

Name and address	Type of Facility (describe)
121 121 - INTERMOUNTAIN NURSE MIDWIVES 5121 S COTTONWOOD ST STE 170 MURRAY, UT 841075701	CLINIC
1 122 - PARK CITY SPECIALTY EAST 750 ROUND VALLEY DR STE 101 PARK CITY, UT 840600000	CLINIC
2 123 - SALT LAKE CLINIC-OPHTHALMOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 124 - SOUTHRIDGE CLINIC MED SPECIALTIES 3723 W 12600 S RIVERTON, UT 840657295	CLINIC
4 125 - TAYLORSVILLE KIDSCARE 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
5 126 - HOLLADAY CLINIC 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
6 127 - PROVO INSTACARE 1134 N 500 W STE 102 PROVO, UT 846045569	CLINIC
7 128 - SOUTHERN UTAH PLASTIC SURGERY & DERMATOL 652 S MEDICAL CENTER DR STE 300 ST GEORGE, UT 847907266	CLINIC
8 129 - SOUTHWEST REGIONAL CANCER CLINIC 544 S 400 E ST GEORGE, UT 847703705	CLINIC
9 130 - SPRINGVILLE INSTACARE 762 W 400 S SPRINGVILLE, UT 846633096	CLINIC
10 131 - BUDGE CLINIC GENERAL SURGERY 1350 N 500 E LOGAN, UT 843412400	CLINIC
11 132 - SOUTHERN UTAH ORTHO SPORTS MED 166 W 1325 N STE 150 CEDAR CITY, UT 847217797	CLINIC
12 133 - INTERMOUNTAIN PLASTIC SURGERY CENTER 5169 S COTTONWOOD ST STE 410 MURRAY, UT 841076769	CLINIC
13 134 - AMERICAN FORK SURGICAL ASSOCIATES 98 N 1100 E STE 202 AMERICAN FORK, UT 840032941	CLINIC
14 135 - COTTONWOOD INTERNAL MEDICINE 5770 S 250 E STE 335 MURRAY, UT 841078111	CLINIC

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

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

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

Name and address	Type of Facility (describe)
136 136 - SARATOGA SPRINGS FAMILY PRACTICE 354 W STATE RD 73 SARATOGA SPRINGS, UT 840432901	CLINIC
1 137 - SALT LAKE CLINIC-SPINE PROGRAM 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
2 138 - SOUTH CACHE VALLEY CLINIC 190 S HIGHWAY 165 PROVIDENCE, UT 843329512	CLINIC
3 139 - SOUTH OGDEN INSTACARE 975 CHAMBERS ST SOUTH OGDEN, UT 844034591	CLINIC
4 140 - UTAH VALLEY SPORTS MEDICINE 1157 N 300 W STE 201 PROVO, UT 846046124	CLINIC
5 141 - HIGHLAND CLINIC 10968 N ALPINE HWY HIGHLAND, UT 840038874	CLINIC
6 142 - CACHE VALLEY HEART CLINIC 1300 N 500 E STE 320 LOGAN, UT 843412462	CLINIC
7 143 - TOOELE INSTACARE 777 N MAIN ST TOOELE, UT 840741611	CLINIC
8 144 - SALT LAKE CLINIC-OBGYN 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
9 145 - MT PLEASANT CLINIC 1100 S MEDICAL DR MT PLEASANT, UT 846472222	CLINIC
10 146 - DRAPER CLINIC 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
11 147 - MCKAY DEE GASTROENTEROLOGY CLINIC 4403 HARRISON BLVD STE 2600 OGDEN, UT 844033277	CLINIC
12 148 - ROCK CANYON PEDIATRIC SPECIALISTS 1134 N 500 W STE 101 PROVO, UT 846045569	CLINIC
13 149 - SOUTHWEST NEUROLOGY ASSOCIATES 652 S MEDICAL CENTER DR STE 320 ST GEORGE, UT 847907266	CLINIC
14 150 - NORTH CACHE VALLEY CLINIC 4088 N HIGHWAY 91 HYDE PARK, UT 843184108	CLINIC

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

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

Name and address	Type of Facility (describe)
151 151 - SUMMIT ORTHOPEDICS 4403 HARRISON BLVD STE 2600 OGDEN, UT 844033277	CLINIC
1 152 - SUNSET INSTACARE 1739 W SUNSET BLVD ST GEORGE, UT 847707141	CLINIC
2 153 - ORTHOPEDIC SPECIALTY GROUP - MED CTR 5169 S COTTONWOOD ST STE 430 MURRAY, UT 841076774	CLINIC
3 154 - UTAH VALLEY ORTHOPAEDICS-N VALLEY 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
4 155 - SALT LAKE CLINIC-SURGICAL SPECIALISTS 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 156 - CEDAR CITY INSTACARE 962 SAGE DR CEDAR CITY, UT 847201885	CLINIC
6 157 - KEARNS CLINIC 4946 W 6200 S KEARNS, UT 841186703	CLINIC
7 158 - SOUTHRIDGE KIDSCARE 3723 W 12600 S STE 150 RIVERTON, UT 840657296	CLINIC
8 159 - ALTA VIEW PLASTIC SURGERY SPECIALISTS 9450 S 1300 E SANDY, UT 840945555	CLINIC
9 160 - NORTH CACHE VALLEY INSTACARE 4088 N HIGHWAY 91 HYDE PARK, UT 843184108	CLINIC
10 161 - COTTONWOOD ENDOCRINE & DIABETES CTR 5770 S 250 E STE 310 MURRAY, UT 841078110	CLINIC
11 162 - VALLEY VIEW FAMILY MEDICINE 1333 N MAIN ST CEDAR CITY, UT 847219314	CLINIC
12 163 - KAYSVILLE CREEKSIDE INSTACARE 435 N MAIN ST KAYSVILLE, UT 840371194	CLINIC
13 164 - BOUNTIFUL KIDSCARE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
14 165 - REDROCK DIGESTIVE HEALTH 652 S MEDICAL CENTER DR STE 330 ST GEORGE, UT 847907017	CLINIC

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

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

Name and address	Type of Facility (describe)
166 166 - SANDY OBGYN 9600 S 1300 E STE 308 SANDY, UT 840943764	CLINIC
1 167 - SYRACUSE INSTACARE 745 S 2000 W SYRACUSE, UT 840759621	CLINIC
2 168 - FILLMORE CLINIC 700 S HIGHWAY 99 STE 3 FILLMORE, UT 846315137	CLINIC
3 169 - SPORTS MEDICINE SPEC-BOUNTIFUL 280 N MAIN ST BOUNTIFUL, UT 840106136	CLINIC
4 170 - OGDEN WORKMED 1355 W HINCKLEY DRIVE OGDEN, UT 84401	CLINIC
5 171 - HURRICANE VALLEY INSTACARE 75 N 2260 W HURRICANE, UT 847372034	CLINIC
6 172 - UTAH VALLEY PULMONARY CLINIC 1055 N 300 W STE 500 PROVO, UT 846043312	CLINIC
7 173 - OREM WORKMED CLINIC 830 N 980 W OREM, UT 840577709	CLINIC
8 174 - SPRINGVILLE CLINIC 762 W 400 S SPRINGVILLE, UT 846633096	CLINIC
9 175 - SYRACUSE CLINIC 745 S 2000 W SYRACUSE, UT 840759621	CLINIC
10 176 - INT PSYCHIATRY & COUNSELING 320 E 600 S ST GEORGE, UT 847703949	CLINIC
11 177 - SALT LAKE CLINIC-ORTHOPEDICS 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
12 178 - NORTH OREM CLINIC 1975 N STATE ST OREM, UT 840572028	CLINIC
13 179 - SALT LAKE WORKMED CLINIC 1685 W 2200 S SALT LAKE CITY, UT 841191456	CLINIC
14 180 - SALT LAKE CLINIC-ENDOCRINOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC

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

Name and address	Type of Facility (describe)
181 181 - MCKAY DEE FOOT & ANKLE 4403 HARRISON BLVD STE 2835 OGDEN, UT 844033327	CLINIC
1 182 - SL CLINIC PHYSICAL THERAPY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
2 184 - TAYLORSVILLE PT CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
3 184 - NORTH TEMPLE URGENT CARE CLINIC 54 N 800 W SALT LAKE CITY, UT 841163326	CLINIC
4 185 - MOUNTAIN FAMILY HEALTH 2720 HOMESTEAD ROAD STE 100 PARK CITY, UT 840984882	CLINIC
5 186 - SOUTHWEST RHEUMATOLOGY ASSOCIATES 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
6 187 - EPHRAIM CLINIC 525 N MAIN ST EPHRAIM, UT 846271155	CLINIC
7 188 - SALT LAKE CLINIC-UROLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
8 189 - UTAH VALLEY SPORTS MEDICINE - NORTH VALL 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
9 190 - INTERMOUNTAIN SURGICAL ONCOLOGY 5169 S COTTONWOOD ST STE 440 MURRAY, UT 841076774	CLINIC
10 191 - LAYTON DERMATOLOGY 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
11 192 - WEST JORDAN PT - REHAB SERVICES 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
12 193 - AMERICAN FORK PULMONARY CLINIC 98 N 1100 E STE 302 AMERICAN FORK, UT 840032947	CLINIC
13 194 - SALT LAKE CLINIC-RHEUMATOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
14 195 - LONE PEAK ORTHOPEDICS 9844 S 1300 E STE 275 SANDY, UT 840944692	CLINIC

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

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

Name and address	Type of Facility (describe)
196 196 - PAYSON INSTACARE 854 TURF FARM RD STE 1 PAYSON, UT 846515733	CLINIC
1 197 - ISOM PLASTIC SURGERY 1350 N 500 E STE 310 LOGAN, UT 843412400	CLINIC
2 198 - SALT LAKE CLINIC-NEUROLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 199 - MEMORIAL CLINIC PT 2000 SOUTH 900 EAST SALT LAKE CITY, UT 841053208	CLINIC
4 200 - HOLLADAY PEDIATRICS NORTH 2160 E 4500 S SALT LAKE CITY, UT 841174011	CLINIC
5 201 - BEAR RIVER SPECIALISTS 935 N 1000 W TREMONTON, UT 843379356	CLINIC
6 202 - MCKAY DEE HEART FAILURE 4403 HARRISON BLVD STE 3430 OGDEN, UT 844033343	CLINIC
7 203 - BOUNTIFUL CLINIC PT 280 N MAIN ST BOUNTIFUL, UT 84010	CLINIC
8 204 - UTAH VALLEY EAR NOSE & THROAT 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
9 205 - PHYSICAL MEDICINE & REHAB CLINIC 1055 N 300 W STE 410 PROVO, UT 846043354	CLINIC
10 206 - MANTI FAMILY CLINIC 159 N MAIN ST MANTI, UT 846421257	CLINIC
11 207 - MEMORIAL KIDSCARE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
12 208 - SALT LAKE CLINIC-CARDIOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
13 209 - MCKAY DEE NEUROLOGY 4403 HARRISON BLVD STE 3855 OGDEN, UT 844033349	CLINIC
14 210 - HEBER VALLEY SPECIALTY CLINIC 380 E 1500 S STE 202 HEBER CITY, UT 840323942	CLINIC

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

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

Name and address	Type of Facility (describe)
211 211 - WEST JORDAN KIDSCARE 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
1 212 - ALTA VIEW UROLOGICAL ASSOCIATES 9720 S 1300 E STE E230 SANDY, UT 840943771	CLINIC
2 213 - VALLEY VIEW HEART CLINIC 1303 N MAIN ST STE H CEDAR CITY, UT 847209746	CLINIC
3 214 - AVENUES CLINIC PT 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032827	CLINIC
4 215 - AMERICAN FORK INTERNAL MEDICINE 98 N 1100 E STE 302 AMERICAN FORK, UT 840032947	CLINIC
5 216 - MORONI CLINIC 51 E MAIN ST MORONI, UT 846460810	CLINIC
6 217 - MOUNTAIN VIEW KIDSCARE 9720 S 1300 E STE 100 SANDY, UT 840943743	CLINIC
7 218 - ST GEORGE WORKMED CLINIC 385 N 3050 E ST GEORGE, UT 847909003	CLINIC
8 219 - HOLLADAY PHYSICAL THERAPY 6272 S HIGHLAND DR 203 MURRAY, UT 841211677	CLINIC
9 220 - SALT LAKE CLINIC-PODIATRY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
10 221 - MCKAY DEE ENDOCRINE & DIABETES 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
11 222 - COTTONWOOD PODIATRY 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
12 223 - LIVE WELL CENTER-SALT LAKE CITY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
13 224 - DRAPER PHYSICAL THERAPY 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
14 225 - CENTRAL EAR NOSE & THROAT 5169 S COTTONWOOD ST STE 640 MURRAY, UT 841076771	CLINIC

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

Name and address	Type of Facility (describe)
226 226 - SALT LAKE WORKMED PT 1685 W 2200 S SALT LAKE CITY, UT 841191456	CLINIC
1 227 - DIXIE INPATIENT PSYCHIATRY 544 S 400 E ST GEORGE, UT 847703705	CLINIC
2 228 - SPRINGVILLE WORKMED CLINIC 385 S 400 E SPRINGVILLE, UT 846631955	CLINIC
3 229 - LOGAN WORKMED CLINIC 412 N 200 E LOGAN, UT 843214038	CLINIC
4 230 - MURRAY WORKMED CLINIC 201 E 5900 S STE 100 MURRAY, UT 841075429	CLINIC
5 231 - UTAH VALLEY NEUROLOGICAL 3685 N 100 E PROVO, UT 846044594	CLINIC
6 232 - DIXIE HIGH RISK OB 544 S 400 E ST GEORGE, UT 847703705	CLINIC
7 233 - LAYTON WORKMED CLINIC 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
8 234 - BUDGE CLINIC FAMILY MEDICINE 1350 N 500 E LOGAN, UT 843412400	CLINIC
9 235 - ROSE CANYON PHYSICAL THERAPY 5541 W 13400 S RIVERTON, UT 840965640	CLINIC
10 236 - WHITE SAGE FAMILY MEDICINE 130 WHITE SAGE AVE DELTA, UT 846248928	CLINIC
11 237 - WEST VALLEY INSTACARE 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
12 238 - BOX ELDER INSTACARE 1050 S 500 W BRIGHAM CITY, UT 843024715	CLINIC
13 239 - MEDICAL TOWER FAMILY PRACTICE 5770 S 250 E STE 170 MURRAY, UT 841078107	CLINIC
14 240 - NORTHERN UTAH KIDSCARE 4403 HARRISON BLVD STE 4875 OGDEN, UT 844033335	CLINIC

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

Name and address	Type of Facility (describe)
241 241 - INT TRAUMA GENERAL SURGERY 5169 S COTTONWOOD ST STE 400 MURRAY, UT 841076769	CLINIC
1 242 - BUDGE CLINIC RADIOLOGY 1350 N 500 E LOGAN, UT 843412400	CLINIC
2 243 - SNOWBIRD CLINIC HIGHWAY 210 LITTLE COTTONWOOD CYN SNOWBIRD, UT 840920000	CLINIC
3 244 - ALTA VIEW NURSE MIDWIVES 9600 S 1300 E STE 310 SANDY, UT 840943766	CLINIC
4 245 - CANYON VIEW FAMILY PRACTICE 15 E 400 N PAROWAN, UT 847610000	CLINIC
5 246 - LOGAN PSYCHIATRY 1350 N 500 E LOGAN, UT 843412400	CLINIC
6 247 - SOUTH SEVIER CLINIC 539 S MAIN ST MONROE, UT 847544623	CLINIC
7 248 - COMPREHENSIVE CARE MURRAY 5171 S COTTONWOOD ST STE 350 MURRAY, UT 841075704	CLINIC
8 249 - DIXIE ACUTE REHAB 544 S 400 E ST GEORGE, UT 847703705	CLINIC
9 250 - AMERICAN FORK PHYSICAL MED & REHAB 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
10 251 - LINCOLN SCHOOL CLINIC 1090 ROBERTA ST SALT LAKE CITY, UT 841114624	CLINIC
11 252 - IM FLASH TECHNOLOGY CLINIC 1550 E 3400 N LEHI, UT 840439692	CLINIC
12 253 - PAYSON CLINIC 854 TURF FARM RD STE 1 PAYSON, UT 846515733	CLINIC
13 254 - WEST VALLEY FAMILY MEDICINE 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
14 255 - PARK CITY CLINIC-CANYONS 4000 CANYONS RESORT DR PARK CITY, UT 840986546	CLINIC

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

Name and address	Type of Facility (describe)
256 256 - WASATCH GYN 2075 N UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
1 257 - US SYNTHETIC CLINIC 1260 S 1600 W OREM, UT 840584931	CLINIC
2 258 - PARK CITY ALLERGY CLINIC 750 ROUND VALLEY DR STE 101A PARK CITY, UT 840607549	CLINIC
3 259 - NORTH SEVIER MEDICAL CLINIC 530 N 250 W SALINA, UT 846545514	CLINIC
4 260 - SOUTH JORDAN WORKMED CLINIC 1067 W SOUTH JORDAN PARKWAY STE 500 SOUTH JORDAN, UT 840958809	CLINIC
5 261 - PROVO NEUROLOGICAL CLINIC-UVRMC 1055 N 300 W STE 501 PROVO, UT 846043312	CLINIC
6 262 - INTERMOUNTAIN LIFETIME CLINIC FREEPORT CENTER BLDG D-12 CLEARFIELD, UT 840160010	CLINIC
7 263 - CEDAR CITY WORKMED CLINIC 962 SAGE DR CEDAR CITY, UT 847201885	CLINIC
8 264 - LAYTON KIDSCARE 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
9 265 - INTERMOUNTAIN PSYCH & COUNSELING 5169 S COTTONWOOD ST STE 400 MURRAY, UT 841076769	CLINIC
10 266 - ST GEORGE PULMONARY CLINIC 1380 E MEDICAL CENTER DR STE 2200 ST GEORGE, UT 847902130	CLINIC
11 267 - MCKAY DEE INFECTIOUS DISEASE 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
12 268 - SO JORDAN CLINIC PT 11444 S REDWOOD RD SOUTH JORDAN, UT 84095	CLINIC
13 269 - LOGAN CANCER CLINIC 1350 N 500 E LOGAN, UT 843412400	CLINIC
14 270 - DIXIE INFECTIOUS DISEASE CLINIC 1380 E MEDICAL CENTER DR STE 2300 ST GEORGE, UT 847902131	CLINIC

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

Name and address	Type of Facility (describe)
271 271 - ROSE PARK ELEMENTARY CLINIC 1105 W 1000 N SALT LAKE CITY, UT 841162135	CLINIC
1 272 - DIXON CLINIC 750 W 200 N PROVO, UT 846012606	CLINIC
2 273 - MCKAY DEE PALLIATIVE CARE 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
3 274 - SALT LAKE CLINIC-MHI 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
4 275 - SALT LAKE CLINIC - ANTICOAGULATION 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 276 - COTTONWOOD RHEUMATOLOGY CLINIC 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
6 277 - UTAH VALLEY PALLIATIVE CARE CLINIC 1034 W 500 N PROVO, UT 846012537	CLINIC
7 278 - WEST VALLEY CLINIC PHYSICAL THERAPY 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
8 279 - PARK CITY MOUNTAIN MEDICAL CLINIC 1493 LOWELL AVE PARK CITY, UT 840605116	CLINIC
9 280 - INTERMOUNTAIN EMPLOYEE CLINIC 5171 S COTTONWOOD ST STE 130 MURRAY, UT 841075731	CLINIC
10 281 - SALT LAKE COUNTY HEALTHMED 2001 S STATE ST STE S2-500 SALT LAKE CITY, UT 841903100	CLINIC
11 282 - PARK CITY SLEEP DISORDERS CLINIC 750 ROUND VALLEY DR STE 101A PARK CITY, UT 840607549	CLINIC
12 283 - AMERICAN FORK SPECIALTY 98 N 1100 E STE 402 AMERICAN FORK, UT 840032951	CLINIC
13 284 - SNOWBASIN CLINIC 3925 E SNOWBASIN DR HUNTSVILLE, UT 843170000	CLINIC
14 285 - WEST VALLEY SPECIALTY CLINIC 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
286 286 - INTERMOUNTAIN MEDICAL ONCOLOGY-IMC 5121 S COTTONWOOD ST STE STE 610 MURRAY, UT 841075701	CLINIC
1 287 - BOX ELDER CLINIC 1050 S 500 W BRIGHAM CITY, UT 843024715	CLINIC
2 288 - INTERMOUNTAIN HC FLU SHOT CLINIC 776 N TERMINAL DR SALT LAKE CITY, UT 841227003	CLINIC
3 289 - CALTON-HARRISON CLINIC - TRAUMA 4403 HARRISON BLVD STE 2400 OGDEN, UT 844033297	CLINIC
4 290 - MCKAY DEE PEDS CS SEDATION 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
5 291 - ORTHOPEDIC SPECIALTY GROUP - TRAUMA 5169 S COTTONWOOD ST STE 430 MURRAY, UT 841076774	CLINIC
6 292 - AMERICAN FORK PULMONARY CRITICAL CARE 170 N 1100 E AMERICAN FORK, UT 840032096	CLINIC
7 293 - COTTONWOOD ENT 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
8 294 - INTEGRATED CARE CLINIC 1134 N 500 W STE 102 PROVO, UT 846045569	CLINIC

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 79

3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) PHARMACY VOUCHERS	48	17,297		CASH	PHARMACY DRUG ASSISTANCE
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	BY POLICY, HEALTH SERVICES' GRANTS ARE GENERALLY LIMITED TO PUBLIC CHARITIES EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3) THAT (1) SUPPORT EFFORTS TO IMPROVE HEALTH AND/OR HEALTHCARE AND HUMAN SERVICES OR (2) STRENGTHEN THE LOCAL COMMUNITY THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD APPROVE INDIVIDUAL GRANTS EXCEEDING \$25,000

Additional Data

Software ID:
Software Version:
EIN: 94-2854057
Name: IHC HEALTH SERVICES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE HOUSE INC 1724 S MAIN STREET SALT LAKE CITY, UT 84115	74-2440617	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
AMERICAN ASSOC OF UNIV WOMEN ST GEORGE PO BOX 790 ST GEORGE, UT 84771	46-4440807	501(C)(3)	5,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF NORTHERN UTAH 641 E 200 N BRIGHAM CITY, UT 84302	87-0529606	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH
BREATHE UTAH PO BOX 522435 SALT LAKE CITY, UT 84152	27-2111061	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM YOUNG UNIVERSITY PO BOX 45654 SALT LAKE CITY, UT 84145	87-0217280	501(C)(3)	5,000				HEALTH EDUCATION
CATHOLIC COMMUNITY SERVICES 745 E 300 S SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	5,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITYVISION INTERNATIONAL INC 1282 CAMBRIDGE COURT PROVO, UT 84604	72-0222786	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
CHILDREN'S MEDIA WORKSHOP 1215 5TH AVE SALT LAKE CITY, UT 84103	74-2523218	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S SERVICE SOCIETY OF UTAH 655 EAST 4500 SOUTH STE 200 SALT LAKE CITY, UT 84107	87-0212451	501(C)(3)	30,000				SUPPORT CHILDREN'S HEALTH
CITY OF ST GEORGE 220 N 200 EAST ST GEORGE, UT 84770	87-6000275	GOV	8,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GROUND OUTDOOR ADVENTURES 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
CURESEARCH FOR CHILDREN'S CANCER 4600 EAST WEST HIGHWAY STE 600 BETHESDA, MD 20814	95-4132414	501(C)(3)	10,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIXIE STATE UNIVERSITY 225 SOUTH 700 EAST ST GEORGE, UT 84770	87-6000488	GOV	10,000				PROMOTE COMMUNITY HEALTH
DOCTORS VOLUNTEER CLINIC OF ST GEORGE 1036 EAST RIVERSIDE DR ST GEORGE, UT 84790	87-0645898	501(C)(3)	10,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOVE CENTER INC 1040 E 100 S STE 221 ST GEORGE, UT 84790	87-0529095	501(C)(3)	5,500				SUPPORT COMMUNITY HEALTH
EATS PARK CITY 3280 CRESTLINE DR PARK CITY, UT 84111	46-4131176	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENABLEUTAH INC 2640 INDUSTRIAL DRIVE OGDEN, UT 84401	87-0283745	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
FAMILY COUNSELING CENTER 5250 S COMMERCE DR 250 MURRAY, UT 84107	87-0212455	501(C)(3)	5,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING MATTERS INC 7650 E REDFIELD RD STE C4 SCOTTSDALE, AZ 85260	20-8095826	501(C)(3)	7,500				SUPPORT COMMUNITY HEALTH
FOREVER YOUNG FOUNDATION FOR CHILDREN 559 WEST 500 SOUTH BOUNTIFUL, UT 84010	87-0509354	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOURTH STREET CLINIC 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	10,900				SUPPORT COMMUNITY CLINIC
FREE BIKES 4 KIDZ - UTAH 661 SOUTH 200 EAST SALT LAKE CITY, UT 84111	47-4316663	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS FOR SIGHT 661 S 200 E SALT LAKE CITY, UT 84111	87-6126811	501(C)(3)	5,750				SUPPORT COMMUNITY HEALTH
FRIENDS OF SWITCHPOINT INC 948 NORTH 1300 W ST GEORGE, UT 84770	76-0740457	501(C)(3)	5,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF UTAH 445 E 4500 S STE 125 SALT LAKE CITY, UT 84157	87-0221612	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH
GOAL FOUNDATION 2440 WASHINGTON BLVD OGDEN, UT 84401	87-0673086	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER EDUCATIONAL PROGRAMS INC 1385 NORTH 1200 WEST SALT LAKE CITY, UT 84116	87-0299521	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
HELPING HAND ASSOCIATION INC 974 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	23-7043339	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE4UTAH 5455 NORTH RIVER RUN DR PROVO, UT 84604	90-0969731	501(C)(3)	5,000				PROMOTE COMMUNITY HEALTH
INTERMOUNTAIN DONOR SERVICES 230 SOUTH 500 EAST STE 490 SALT LAKE CITY, UT 84102	87-0447660	501(C)(3)	10,250				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE STREET SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	3,876,931				SUPPORT COMMUNITY HEALTH
JEWISH FAMILY SERVICE 1111 EAST BRICKYARD RD STE 218 SALT LAKE CITY, UT 84106	87-0227089	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF UTAH INC 515 EAST 100 SOUTH STE 200 SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	10,000				SUPPORT ELEMENTARY EDUCATION
JUST FOR KIDS OF UTAH COUNTY 722 EAST 300 NORTH LEHI, UT 84043	20-5192178	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL 26 BROADWAY STREET 14TH FLOOR NEW YORK, NY 10004	23-1907729	501(C)(3)	5,000				PROMOTE COMMUNITY HEALTH
KOSTOPULOS DREAM FOUNDATION 4180 EMIGRATION CANYON SALT LAKE CITY, UT 84108	87-6125177	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ABILITY CENTER PO BOX 682799 PARK CITY, UT 84068	94-3025807	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	13-1673104	501(C)(3)	9,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY UTAH - SOUTHERN IDAHO CHAPTER 1440 FOOTHILL DR STE 200 SALT LAKE CITY, UT 84108	23-7150399	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 500 S SALT LAKE CITY, UT 84104	87-0212462	501(C)(3)	5,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OGDEN PIONEER HERITAGE FOUNDATION PO BOX 150092 OGDEN, UT 84415	42-1573321	501(C)(3)	10,500				SUPPORT COMMUNITY HEALTH
PERSONALIZED MEDICINE COALITION 1710 RHODE ISLAND AVENUE NW STE 700 700 WASHINGTON, DC 20036	54-2134884	501(C)(3)	35,000				PROMOTE PERSONALIZED MEDICINE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH
POLIZZI FOUNDATION 515 E 4500 S SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT CHILD ABUSE UTAH 2955 HARRISON BLVD STE 104 OGDEN, UT 84403	74-2434274	501(C)(3)	9,000				SUPPORT CHILDREN'S HEALTH
RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-0308785	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF PARK CITY UTAH INC PO BOX 1115 PARK CITY, UT 84060	87-0373212	501(C)(3)	5,000				SUPPORT COMMUNITY LEADERSHIP
SALT LAKE COMMUNITY ACTION PROGRAM 764 SOUTH 200 WEST SALT LAKE CITY, UT 84101	87-0269683	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALT LAKE COUNTY HEALTH DEPARTMENT 2001 S STATE ST SUITE S2-600 SALT LAKE CITY, UT 84114	87-6000316	GOV	11,250				SUPPORT COMMUNITY HEALTH
SOUTHERN UTAH UNIVERSITY 351 WEST UNIVERSITY BLVD CEDAR CITY, UT 84720	87-6000481	GOV	22,070				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANNE'S CENTER INC 269 WEST 3300 SOUTH OGDEN, UT 84401	87-0368808	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
STATE OF UTAH 168 NORTH 1950 WEST 201 SALT LAKE CITY, UT 84116		GOV	7,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDRENS CENTER 350 S 400 E SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	10,000				SUPPORT CHILDREN'S HEALTH
THE DR DALE B HULL FOUNDATION FOR NEUROLOGICAL REHABILITATION INC 90 W ALBION VILLAGE WAY SANDY, UT 84070	20-0291769	501(C)(3)	5,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INSTITUTE FOR SPIRITUALITY AND HEALING IN MEDICINE 4000 SOUTH 700 EAST STE 10 MURRAY, UT 84107	26-0020085	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMARONECK AVENUE STE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	5,000				SUPPORT FINDING CURES & IMPROVED QUALITY OF LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHARING PLACE 1695 E 3300 S SALT LAKE CITY, UT 84106	87-0514353	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
TURN COMMUNITY SERVICES INC 4230 W 800 S STE 200 SALT LAKE CITY, UT 84101	87-0303448	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UHA UTAH HOSPITALS AND HEALTH SYSTEMS ASSOCIATION 2180 S 1300 E STE 440 SALT LAKE CITY, UT 84107	87-6119772	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
UNITED WAY OF NORTHERN UTAH 2955 HARRISON BLVD STE 201 OGDEN, UT 84403	87-0224251	501(C)(3)	33,627				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH SUITE 300 SALT LAKE CITY, UT 84111	87-0227091	501(C)(3)	352,664				SUPPORT COMMUNITY HEALTH
UNITED WAY OF UTAH COUNTY 148 NORTH 100 WEST PROVO, UT 84603	94-2851681	501(C)(3)	67,221				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 301 WALKER WAY SALT LAKE CITY, UT 84106	87-6000525	GOV	6,000				HEALTH EDUCATION
UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY, UT 84105	87-0455172	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH BICYCLE COALITION PO BOX 4523 SALT LAKE CITY, UT 84110	20-2804553	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
UTAH CLEAN AIR PARTNERSHIP INC 195 N 1950 W SALT LAKE CITY, UT 84116	46-1224589	501(C)(3)	17,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH FAST PASS INC 9350 S 150 E STE 1000 SANDY, UT 84070	37-1520982	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
UTAH HEALTH POLICY PROJECT 1832 W RESEARCH WAY 60 SALT LAKE CITY, UT 84119	87-0684606	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH STATE UNIVERSITY FOUNDATION 1490 OLD MAIN HILL LOGAN, UT 84322	87-6000528	501(C)(3)	168,001				HEALTH EDUCATION
UTAH SUMMER GAMES FOUNDATION 351 WEST UNIVERSITY BLVD CEDAR CITY, UT 84720	87-0431148	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH SYMPHONY & OPERA 123 W SOUTH TEMPLE SALT LAKE CITY, UT 84101	51-0145980	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
UTAH YOUTH VILLAGE 5790 S HIGHLAND DR SALT LAKE CITY, UT 84121	87-0301014	501(C)(3)	5,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA UTAH 435 W BEARCAT DR SALT LAKE CITY, UT 84115	94-3008720	501(C)(3)	25,685				SUPPORT COMMUNITY HEALTH
WASATCH COMMUNITY GARDENS 824 S 400 W STE 127 SALT LAKE CITY, UT 84101	74-2550359	501(C)(3)	5,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASATCH FORENSIC NURSES 3300 SOUTH 1565 EAST SALT LAKE CITY, UT 84106	87-0687017	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
WEBER SCHOOL DISTRICT 5320 ADAMS AVENUE PARKWAY OGDEN, UT 84405	87-6000534	GOV	5,750				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEBER STATE UNIVERSITY 3875 STADIUM WAY DEPT 3901 OGDEN, UT 84408	87-6000535	GOV	257,000				HEALTH EDUCATION
WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-0212470	501(C)(3)	5,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD PEACE PARENTS FOUNDATION PO BOX 71501 COTTONWOOD, UT 84171	75-3140425	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization IHC HEALTH SERVICES INC	Employer identification number 94-2854057
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	Yes								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 94-2854057
Name: IHC HEALTH SERVICES INC

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL - IN ACCORDANCE WITH COMPANY POLICY, FIRST CLASS TRAVEL WAS PROVIDED TO ONE BOARD MEMBER TO ACCOMMODATE A PHYSICAL CONDITION THAT MAKES IT DIFFICULT FOR HIM TO TRAVEL THE ADDITIONAL COST OF THE FIRST CLASS TICKETS WAS NOT REPORTED AS TAXABLE COMPENSATION TRAVEL FOR COMPANIONS - PURSUANT TO COMPANY POLICY, COMPANION TRAVEL EXPENSES MUST BE APPROVED BY SENIOR MANAGEMENT IF APPROVED, THE REIMBURSED EXPENSES ARE REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2 OR 1099 TAX GROSS-UP PAYMENTS - PURSUANT TO COMPANY POLICY, A LIMITED NUMBER OF BENEFITS AND PERQUISITES TO THE GOVERNING BODY ARE GROSSED UP FOR TAX PURPOSES HOUSING ALLOWANCE - PURSUANT TO COMPANY POLICY, A MARC HARRISON RECEIVED REIMBURSEMENT FOR TEMPORARY HOUSING EXPENSES THE REIMBURSED EXPENSES WERE REPORTED AS TAXABLE TO THIS INDIVIDUAL ON FORM W-2 HEALTH CLUB DUES - THE FILING ORGANIZATION PAYS A PORTION OF THE MONTHLY FEE FOR EMPLOYEES OF ITS CENTRAL OFFICE WHO SIGN UP AT A LOCAL HEALTH CLUB THIS PROGRAM IS AVAILABLE TO ALL CENTRAL OFFICE EMPLOYEES

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	HEALTH SERVICES IS NATIONALLY RECOGNIZED FOR PROVIDING QUALITY MEDICAL CARE THAT RANKS AMONG THE HIGHEST IN THE NATION WITH CHARGES THAT ARE AMONG THE LOWEST IN THE NATION HEALTH SERVICES' POLICY IS TO COMPENSATE ITS EMPLOYEES, INCLUDING SENIOR MANAGEMENT, AT MARKET COMPETITIVE RATES THE COMPENSATION COMMITTEE OF THE BOARD RETAINS OUTSIDE CONSULTANTS TO PROVIDE OBJECTIVE DATA ON COMPENSATION LEVELS AND PRACTICES THE COMMITTEE ANNUALLY ANALYZES THIS DATA AND MAKES COMPENSATION DECISIONS, WHICH ARE REVIEWED BY THE FULL BOARD OF TRUSTEES THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL PERFORMANCE TO ACHIEVE A TOP-TIER INTEGRATED HEALTHCARE DELIVERY SYSTEM COMPENSATION LEVELS FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS AUDIT A PORTION OF THE COMPENSATION REPORTED ON THIS FORM REFLECTS DEFERRED AMOUNTS THAT ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE THE REPORTABLE COMPENSATION ON SCHEDULE J INCLUDES CERTAIN AMOUNTS THAT HAVE BEEN OR WILL BE REPORTED TWICE, BOTH IN THE YEAR ACCRUED AND AGAIN IN THE YEAR PAID

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2016 - CHARLES W SORENSON JR MD - \$292,987 - ALBERT R ZIMMERLI - \$219,211 - DANIEL L ZUHLKE - \$1,321,710 THE FOLLOWING INDIVIDUAL RECEIVED A 457(F) PAYMENT IN 2016 - DAVID GOFF - \$55,344 THE FILING ORGANIZATION OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO EMPLOYEES DESIGNATED BY THE BOARD THE AMOUNTS IN THE PLAN ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE PHYSICIANS AND CERTAIN MANAGEMENT LEVEL EMPLOYEES WHOSE COMPENSATION EXCEEDS A MINIMUM THRESHOLD MAY ALSO PARTICIPATE IN THE FILING ORGANIZATION'S 457(F) PLAN

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 6	CERTAIN PHYSICIAN CONTRACTS PROVIDE FOR ANY EXCESS OF COLLECTED REVENUE OVER ANNUAL EXPENSES TO BE PAID TO THE PHYSICIAN ON A PHYSICIAN PRACTICE BASIS

Part III, Supplemental Information

Return Reference	Explanation
PART II, COLUMN (C)	DURING 2016, A BENEFIT OF \$288,209 WAS INCLUDED IN PART II, COLUMN (C) FOR MR ALBERT R ZIMMERLI AS PART OF A THREE YEAR DEFERRED COMPENSATION PACKAGE PRIOR AMOUNTS OF \$244,483 AND \$294,469 WERE DEFERRED IN 2014 AND 2015, RESPECTIVELY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1A MARC HARRISON MD TRUSTEE/PRES/CEO (PARTIAL YEAR)	(i)	605,404	0	45,647	231,997	16,450	899,498	0
	(ii)	0	0	0	0	0	0	0
1 CHARLES W SORENSON JR MD TRUSTEE/PRES/CEO (PARTIAL YEAR)	(i)	930,054	654,938	565,488	359,759	37,835	2,548,074	652,417
	(ii)	0	0	0	0	0	0	0
2 ROBERT W ALLEN VICE PRESIDENT	(i)	518,321	181,155	4,583	322,435	25,466	1,051,960	178,087
	(ii)	0	0	0	0	0	0	0
3 MARK R BRIESACHER MD SENIOR VICE PRESIDENT	(i)	545,956	88,417	29,786	261,693	24,587	950,439	81,376
	(ii)	0	0	0	0	0	0	0
4 MOODY L CHISHOLM VICE PRESIDENT	(i)	659,954	128,456	12,537	415,161	26,885	1,242,993	115,000
	(ii)	0	0	0	0	0	0	0
5 TODD CRAGHEAD VICE PRESIDENT	(i)	224,538	64,181	10,401	109,439	21,134	429,693	64,181
	(ii)	0	0	0	0	0	0	0
6 DAVID L FLOOD VP/CHIEF DEV OFFICER	(i)	398,572	182,840	3,119	237,825	25,226	847,582	182,840
	(ii)	0	0	0	0	0	0	0
7 DOUGLAS J HAMMER VP / GENERAL COUNSEL	(i)	466,107	229,732	11,384	238,779	27,996	973,998	215,025
	(ii)	0	0	0	0	0	0	0
8 COREY B HELLER VICE PRESIDENT	(i)	268,782	72,678	215,928	0	19,763	577,151	68,006
	(ii)	0	0	0	0	0	0	0
9 KIMBERLY HENRICHSEN VICE PRESIDENT	(i)	355,837	160,195	16,873	261,979	25,042	819,926	160,195
	(ii)	0	0	0	0	0	0	0
10 GREGORY M JOHNSON VICE PRESIDENT	(i)	351,667	164,282	20,056	272,331	26,814	835,150	161,737
	(ii)	0	0	0	0	0	0	0
11 LAURA S KAISER EXEC VP / COO	(i)	920,253	561,017	8,300	754,141	12,704	2,256,415	558,857
	(ii)	0	0	0	0	0	0	0
12 TERRI L KANE VICE PRESIDENT	(i)	457,988	224,089	23,131	313,844	24,874	1,043,926	213,937
	(ii)	0	0	0	0	0	0	0
13 LINDA C LECKMAN MD VICE PRESIDENT	(i)	575,329	273,882	33,087	268,420	15,456	1,166,174	264,198
	(ii)	0	0	0	0	0	0	0
14 JACQUE MILLARD VP / CHIEF INVEST OFCR	(i)	316,815	144,931	14,401	241,245	23,581	740,973	141,562
	(ii)	0	0	0	0	0	0	0
15 TIMOTHY T PEHRSON VICE PRESIDENT	(i)	478,969	235,951	22,153	361,267	27,494	1,125,834	225,395
	(ii)	0	0	0	0	0	0	0
16 GREGORY P POULSEN SENIOR VICE PRESIDENT	(i)	500,239	308,019	21,799	658,757	27,461	1,516,275	306,838
	(ii)	0	0	0	0	0	0	0
17 MARC PROBST VICE PRES / CIO	(i)	479,265	231,268	25,068	535,490	25,925	1,297,016	224,854
	(ii)	0	0	0	0	0	0	0
18 MARK A RUNYON VICE PRESIDENT	(i)	372,033	109,600	2,677	244,606	22,550	751,466	94,569
	(ii)	0	0	0	0	0	0	0
19 STEVEN R SMOOT VICE PRESIDENT	(i)	478,060	230,291	22,360	293,998	24,967	1,049,676	216,995
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JOSEPH F WALSH VICE PRESIDENT	(i)	196,228	57,840	21,613	15,010	14,668	305,359	0
	(ii)	0	0	0	0	0	0	0
1 ALBERT R ZIMMERLI EVP / CFO / SEC / TREAS	(i)	917,298	561,017	271,175	968,389	31,541	2,749,420	558,857
	(ii)	0	0	0	0	0	0	0
2 DANIEL L ZUHLKE SENIOR VICE PRESIDENT	(i)	431,282	203,460	1,329,646	451,484	24,977	2,440,849	880,374
	(ii)	0	0	0	0	0	0	0
3 BENJAMIN FOX MD-NEUROSURGERY	(i)	1,296,816	114,938	18,025	135,879	23,936	1,589,594	0
	(ii)	0	0	0	0	0	0	0
4 ERIC HOOLEY MD-SURGERY/ORTHOPEDIC	(i)	1,319,033	375	1,350	25,636	21,352	1,367,746	0
	(ii)	0	0	0	0	0	0	0
5 CASEY BACHISON MD-SURGERY/ORTHOPEDIC	(i)	1,107,631	122,323	1,350	133,536	21,815	1,386,655	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM GOWSKI MD-ORTHOPEDICS	(i)	1,197,954	375	1,328	23,960	21,713	1,245,330	0
	(ii)	0	0	0	0	0	0	0
7 DAVID GOFF MD-SURGERY/CARDIO	(i)	1,039,500	100,673	57,558	159,615	24,456	1,381,802	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number

94-2854057

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MURRAY CITY UTAH	87-6000254	626853CE3	11-19-2003	308,000,000	BLDG CONSTRUCTION & EQUIPMENT		X		X		X
B MURRAY CITY UTAH	87-6000254	626853CJ2	10-04-2005	262,000,000	BLDG CONSTRUCTION & EQUIPMENT		X		X		X
C CITY OF RIVERTON UTAH	87-0344045	769369AL3	11-05-2009	252,199,400	BLDG CONSTRUCTION & EQUIPMENT		X		X		X
D SALT LAKE COUNTY UTAH	87-6000316	795677BM4	03-21-2011	63,362,310	REFUND PRIOR ISSUE 2001B		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			91,160,000		25,000,000		37,300,000	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	314,823,712		273,598,644		253,629,646		63,362,310	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds					1,597,895			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,561,803		1,339,946				50,000	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	313,261,909		272,258,698		252,031,751			
11 Other spent proceeds							63,312,310	
12 Other unspent proceeds								
13 Year of substantial completion	2007		2007		2014		2004	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X	X			X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X				X		X
b Exception to rebate?		X				X	X	
c No rebate due?	X				X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	JP MORGAN		JP MORGAN					
c Term of hedge	2930 0000000000 %		3160 0000000000 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?	X			X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART II, LINE 3	AMOUNTS ON LINE 3 DIFFER FROM AMOUNTS REPORTED IN PART I COLUMN E DUE TO INVESTMENT EARNINGS RECEIVED DURING THE PROJECT PERIOD

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11, PART III, COL D & PART IV, LINE 2C COL D	(CUSIP 795677BM4) - THE SERIES 2011 BONDS REFUNDED THE SERIES 2001B BONDS THE 2001B BONDS WERE CALLED ON MAY 15, 2011 ALL PROCEEDS LESS ISSUANCE COSTS WERE USED TO REFUND THE 2001B BONDS

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11, COLUMN A & PART IV, LINE 2C, COLUMN A	(CUSIP 769369AM1) - THE SERIES 2012A BONDS REFUNDED THE SERIES 2007A BONDS THE 2007A BONDS WERE CALLED ON MAY 15, 2012 ALL PROCEEDS WERE USED TO REFUND THE 2007A BONDS

Return Reference	Explanation
FORM 990, SCH K, PT II, LN 11, COL D, PT III, COL D & PT IV, LN 2C, COL D	(CUSIP 917393BJ8) - THE SERIES 2016A BONDS REFUNDED A PORTION OF THE SERIES 2002B AND 2002C BONDS ALL PROCEEDS WERE USED TO REFUND A PORTION OF THE 2002B AND 2002C BONDS ON JULY 13, 2016

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN A (CUSIP 626853CE3)	THE REBATE COMPUTATION FOR THE SERIES 2003 BONDS WAS PERFORMED ON DECEMBER 17, 2008

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN C (CUSIP 769369AL3)	THE REBATE COMPUTATION FOR THE SERIES 2009 BONDS WAS PERFORMED ON DECEMBER 2, 2014

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN D (CUSIP 795677BM4)	THE REBATE COMPUTATION FOR THE SERIES 2011 BONDS WAS PERFORMED INTERNALLY ON MAY 20, 2016, AND BY A THIRD PARTY ON AUGUST 3, 2016

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 3, COLUMN C (CUSIP 917393AY6)	\$80,000,000 OF THE TOTAL ISSUE PRICE (\$250,004,117) WAS ISSUED AS VARIABLE RATE BONDS THE REMAINDER WAS ISSUED AS FIXED RATE BONDS

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 3, COLUMN A (CUSIP 917393CE8)	\$200,000,000 OF THE TOTAL ISSUE PRICE (\$406,502,765) WAS ISSUED AS VARIABLE RATE BONDS THE REMAINDER WAS ISSUED AS FIXED RATE BONDS

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 4E, COLUMN A (CUSIP 626853CE3)	ONE QUALIFIED HEDGE CONSISTING OF \$106,380,000 NOTIONAL WITH AN ORIGINAL MATURITY DATE OF 8/1/2026 WAS NOVATED FROM JP MORGAN TO WELLS FARGO ON DECEMBER 1, 2014 THE SWAP WAS RESTRUCTURED WITH WELLS FARGO AND IS NO LONGER CONSIDERED A QUALIFIED HEDGE WITH RESPECT TO THE SERIES 2003 BONDS AT THAT TIME, THREE OTHER QUALIFIED HEDGES (IN CONNECTION WITH THE SERIES 2003 BONDS) TOTALING \$187,800,000 IN NOTIONAL, REMAINED WITH JP MORGAN, MAINTAINING FINAL MATURITY DATES THROUGH 2/1/2033 ON AUGUST 1, 2016, ONE OF THE REMAINING QUALIFIED HEDGES, WITH \$65,000,000 IN NOTIONAL MATURED ON SEPTEMBER 29, 2016 AND OCTOBER 6, 2016, THE REMAINING QUALIFIED HEDGES CONSISTING OF \$82,276,000 AND \$40,524,000 IN NOTIONAL WERE NOVATED FROM JP MORGAN TO WELLS FARGO, CITI, AND KEYBANK THESE SWAPS WERE RESTRUCTURED AND ARE NO LONGER CONSIDERED QUALIFIED HEDGES WITH RESPECT TO THE SERIES 2003 BONDS AS OF DECEMBER 31, 2016, NO QUALIFIED HEDGES REMAINED WITH RESPECT TO THE 2003 BONDS

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 4E, COLUMN B (CUSIP 626853CJ2)	\$75,720,000 OF ONE QUALIFIED HEDGE WITH JP MORGAN WAS TERMINATED ON DECEMBER 17, 2014 - THE REMAINING \$78,780,000 OF THE HEDGE REMAINED WITH JP MORGAN, MAINTAINING THE ORIGINAL MATURITY DATE OF 5/15/2037 AT THAT TIME, ONE ADDITIONAL QUALIFIED HEDGE (IN CONNECTION WITH THE SERIES 2005 BONDS), TOTALING \$68,000,000 IN NOTIONAL, ALSO REMAINED WITH JP MORGAN, MAINTAINING A FINAL MATURITY DATE OF 5/15/2037

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 6, COLUMN C (CUSIP 769369AL3)	DUE TO UNEXPECTED DELAYS IN SEVERAL LARGE CONSTRUCTION PROJECTS, LESS THAN 10% OF THE SERIES 2009 BOND PROCEEDS WERE INVESTED SLIGHTLY BEYOND THE THREE-YEAR TEMPORARY PERIOD. HOWEVER, THE YIELD RESTRICTION RULES WERE FOLLOWED FOR ANY PROCEEDS INVESTED BEYOND THE TEMPORARY PERIOD.

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization IHC HEALTH SERVICES INC

Employer identification number 94-2854057

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include CITY OF RIVERTON UTAH, UTAH COUNTY UTAH, etc.

Part II Proceeds

Table with 17 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 IHC HEALTH SERVICES INC

Employer identification number
 94-2854057

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A UTAH COUNTY UTAH	87-6000312	917393CE8	07-13-2016	406,502,765	BLDG CONSTRUCTION & EQUIPMENT		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	406,753,183			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds	250,418			
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	139,756,295			
11 Other spent proceeds				
12 Other unspent proceeds	266,149,456			
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization IHC HEALTH SERVICES INC

Employer identification number 94-2854057

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY L ANDERSON	TRUSTEE FAMILY	202,921	WAGES		No
(2) JEFFREY T CRAGHEAD	OFFICER FAMILY	98,666	WAGES		No
(3) GRANT L ZIMMERLI	OFFICER FAMILY	48,379	WAGES		No
(4) KRISTINA HOLLISTER	OFFICER FAMILY	39,560	WAGES		No
(5) HOLLY H YOUNG	OFFICER FAMILY	50,472	WAGES		No
(6) GRAHAM H BURDETT	OFFICER FAMILY	113,097	WAGES		No
(7) ZACHARY L REESE	TRUSTEE FAMILY	413,676	WAGES		No
(8) RICHARD B STEVENSON	OFFICER FAMILY	162,153	WAGES		No
(9) SCOTT L HAMMER	OFFICER FAMILY	10,008	WAGES		No
(10) JASON R HAACKE	OFFICER FAMILY	27,198	WAGES		No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
IHC HEALTH SERVICES INC

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE OUR VISION BE A MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICE AT AN AFFORDABLE COST DIMENSIONS OF CARE - CLINICAL EXCELLENCE WE DELIVER OUTSTANDING CLINICAL CARE IN A CONSISTENT, COORDINATED WAY - ALWAYS IMPROVING THROUGH EVIDENCE-BASED PRACTICE - PATIENT ENGAGEMENT WE PROVIDE A COMPASSIONATE HEALING EXPERIENCE FULLY INVOLVING PATIENTS IN CLINICAL AND FINANCIAL DECISIONS ABOUT THEIR HEALTHCARE AND ENCOURAGING THEM TO TAKE RESPONSIBILITY FOR HEALTHY LIFE CHOICES - OPERATIONAL EFFECTIVENESS WE ARE WISE AND INNOVATIVE STEWARDS OF OUR RESOURCES AND MAINTAIN THE FINANCIAL STABILITY NECESSARY TO MEET OUR HIGH STANDARDS OF QUALITY AND AFFORDABILITY - PHYSICIAN ENGAGEMENT WE RESPECT THE PROFESSIONAL AND CLINICAL SKILLS OF OUR PHYSICIAN COLLEAGUES AND ENGAGE THEM IN TEAMS THAT HELP US DELIVER OPTIMAL OUTCOMES AND BEST SERVE OUR PATIENTS - COMMUNITY STEWARDSHIP WE HELP MEET THE DIVERSE HEALTHCARE NEEDS OF OUR COMMUNITIES BY PROVIDING EXCELLENT CARE AT THE LOWEST APPROPRIATE COST, REGARDLESS OF THE PATIENT'S ABILITY TO PAY THIS IS AN IMPORTANT PART OF OUR STRONG NOT-FOR-PROFIT HERITAGE - EMPLOYEE ENGAGEMENT WE HONOR THE NOBLE CAUSE THAT INSPIRES US AS COLLEAGUES TOGETHER, WE CREATE A WORKPLACE THAT IS BUILT ON OUR VALUES, ATTRACTS AND REWARDS CARING AND TALENTED INDIVIDUALS, AND ENGAGES US TO LIVE LIVES THAT ARE CONNECTED, BALANCED, SECURE, AND HEALTHY OUR VALUES - INTEGRITY WE ARE PRINCIPLED, HONEST, AND ETHICAL, AND WE DO THE RIGHT THING FOR THOSE WE SERVE - TRUST WE COUNT ON AND SUPPORT ONE ANOTHER INDIVIDUALLY AND AS TEAM MEMBERS - EXCELLENCE WE PERFORM AT THE HIGHEST LEVEL, ALWAYS LEARNING AND LOOKING FOR WAYS TO IMPROVE - ACCOUNTABILITY WE ACCEPT RESPONSIBILITY FOR OUR ACTIONS, ATTITUDES AND HEALTH - MUTUAL RESPECT WE EMBRACE DIVERSITY AND TREAT ONE ANOTHER WITH DIGNITY AND EMPATHY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>INTERMOUNTAIN HEALTH CARE, INC (INTERMOUNTAIN) WAS ORGANIZED IN 1975 TO OWN AND OPERATE THE 15 HOSPITALS FORMERLY OWNED BY THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS IN 1982 . INTERMOUNTAIN FORMED IHC HEALTH SERVICES, INC (FORMERLY IHC HOSPITALS, INC) AS A UTAH NONPROFIT SUBSIDIARY AND TRANSFERRED TO HEALTH SERVICES ITS HEALTHCARE FACILITIES HEALTH SERVICES CURRENTLY CONSISTS OF THE HOSPITAL DIVISION, COMPRISED OF 21 HOSPITALS WITH 2,769 LICENSED BEDS IN UTAH AND SOUTHERN IDAHO, AND THE INTERMOUNTAIN MEDICAL GROUP, WHICH EMPLOYS MORE THAN 1,600 PHYSICIANS AND ADVANCED PRACTICE CLINICIANS LEAD CAREGIVER TEAMS IN HOSPITALS AND 294 CLINIC SITES TWENTY OF HEALTH SERVICES' HOSPITALS ARE GENERAL ACUTE CARE FACILITIES WHICH PROVIDE INPATIENT AND OUTPATIENT MEDICAL SERVICES BASED ON SPECIFIC NEEDS IN EACH COMMUNITY TWO HOSPITALS PROVIDE SPECIALTY CARE IN THE FOLLOWING AREAS - PRIMARY CHILDREN'S HOSPITAL - PEDIATRIC CARE - THE ORTHOPEDIC SPECIALTY HOSPITAL - ORTHOPEDIC CARE HEALTH SERVICES' CLINICAL STATISTICS FOR 2016 - ACUTE ADMISSIONS - 139,024 - INSTACARE VISITS - 644,516 - BIRTHS - 30,885 - INPATIENT SURGERIES - 41,484 - OUTPATIENT SURGERIES - 116,847 - EMERGENCY ROOM VISITS - 513,545 - PHYSICIAN CLINIC VISITS - 3,362,302 - HOMECARE PATIENTS SERVED - 121,789 HEALTH SERVICES' CORE BUSINESS IS MANAGING COMMON CLINICAL PROCESSES OF CARE TO ACHIEVE THE HIGHEST CLINICAL QUALITY, SERVICE QUALITY, AND COST OUTCOMES EACH YEAR, HEALTH SERVICES SETS GOALS FOR CLINICAL QUALITY IMPROVEMENT IN TEN CLINICAL PROGRAMS AND OTHER AREAS PHYSICIANS, NURSES, AND OTHER CLINICAL PROFESSIONALS MEASURE THEIR PROGRESS TOWARD THESE GOALS AND EVALUATE RESULTS THIS LEADS TO THE SYSTEMATIC IMPLEMENTATION OF BEST PRACTICES - A PROCESS THAT YIELDS BETTER CARE FOR PATIENTS HEALTH SERVICES AND ITS AFFILIATES (COLLECTIVELY RECOGNIZED AS INTERMOUNTAIN HEALTHCARE) IS RECOGNIZED WORLDWIDE AS AN ORGANIZATION FOCUSED ON PROVIDING CARE BASED ON PROVEN RESULTS THE FOLLOWING TEN CLINICAL PROGRAMS ARE ORGANIZED AND OPERATED BY HEALTH SERVICES TO DEVELOP AND IMPLEMENT EVIDENCED-BASED BEST PRACTICES IN OUR HOSPITAL AND COMMUNITY-BASED SETTINGS THE BEHAVIORAL HEALTH CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, BEHAVIORAL THERAPISTS, ADMINISTRATORS, AND OTHER CARE PROVIDERS THESE TEAMS WORK TO IMPROVE THERAPEUTIC ALLIANCE SCORES FOR THEIR PATIENTS WITH THE UNDERSTANDING OF THE POSITIVE CORRELATION TO CLINICAL OUTCOME MEASUREMENTS CURRENTLY, THE TEAMS ARE WORKING TO IMPROVE POST DISCHARGE CARE PLANNING FOR PATIENTS ADMITTED TO INPATIENT BEHAVIORAL HEALTH FACILITIES THE TEAMS HAVE EXPANDED MENTAL HEALTH INTEGRATION INTO THE MAJORITY OF INTERMOUNTAIN'S PRIMARY CARE CLINICS AND HAVE DEVELOPED TELEPSYCHIATRY AND TELECRISIS SERVICES ACROSS THE SYSTEM AND INTO RURAL SETTINGS CARE PROCESS MODELS ARE IN PLACE FOR THE MANAGEMENT OF DEPRESSION, BIPOLAR DISORDER, EATING DISORDERS, ATTENTION DEFICIT DISORDER, SUBSTANCE USE DISORDERS, AND SUICIDE ASSESSMENT AND PREVENTION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>THEY HAVE BEGUN DEVELOPMENT OF "ACCESS CENTERS" TO INCREASE CAPABILITIES TO CARE FOR PATIENTS WITH MENTAL HEALTH ILLNESS. HEALTH SERVICES' CLINICAL INTEGRATION STRATEGY OVER THE LAST 17 YEARS HAS BEEN WELL VALIDATED BY THE SUCCESS OF THE NATIONALLY-RESPECTED CARDIOVASCULAR CLINICAL PROGRAM. THROUGH HIGHLY-EVOLVED TEAMWORK AND ALIGNMENT, CARDIOLOGISTS, CARDIOVASCULAR (CV) SURGEONS, THORACIC SURGEONS, AND VASCULAR SURGEONS ALONG WITH NURSES AND ADMINISTRATIVE SUPPORT HAVE ACHIEVED OUTSTANDING CLINICAL QUALITY, SERVICE QUALITY AND VALUE. USING EXTENSIVE EVIDENCE-BASED GUIDELINES SUPPORTED BY MEANINGFUL MEASUREMENTS AND REPORTS, THE CV PROGRAM HAS ACHIEVED EXCEPTIONAL OUTCOMES IN SUCH AREAS AS CV SURGERY, ACUTE MYOCARDIAL INFARCTION (MI), HEART FAILURE, CARDIAC RISK MANAGEMENT AND RHYTHM MANAGEMENT. THE INTENSIVE MEDICINE CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, RESPIRATORY THERAPISTS, ADMINISTRATORS, AND OTHER CARE PROVIDERS IN THE AREAS OF EMERGENCY CARE, CRITICAL CARE, TRAUMA CARE, TRANSPORT (AIR AND GROUND AMBULANCE), HOSPITALISTS, AND TELEMEDICINE. EACH TEAM IDENTIFIES AND IMPLEMENTS VERY FOCUSED GOALS OF EVIDENCE-BASED BEST PRACTICES, WHICH HAVE THE POTENTIAL OF POSITIVELY IMPACTING PATIENT OUTCOMES. THE TEAM HAS WORKED TO REDUCE VENTILATOR ASSOCIATED PNEUMONIA, CONTROL GLUCOSE LEVELS IN THE CRITICAL CARE POPULATION, IMPLEMENT RAPID RESPONSE TEAMS IN EACH HOSPITAL, AND IMPLEMENT THE SEPSIS, VENTILATOR, AND CENTRAL LINE BUNDLES. TELECRITICAL CARE HAS BEEN IMPLEMENTED IN ALL INTENSIVE CARE UNITS ACROSS THE INTERMOUNTAIN SYSTEM IMPROVING OVERSIGHT OF PATIENTS IN ICUS. THIS SERVICE HAS BEEN EXPANDED TO SERVE NON-INTERMOUNTAIN HOSPITALS LOCATED IN RURAL SETTINGS ACROSS THE INTERMOUNTAIN WEST. THE PEDIATRIC SPECIALTIES CLINICAL PROGRAM WORKS TO IMPROVE CARE FOR CHILDREN, INCLUDING CARE BY PEDIATRIC SUBSPECIALTY PROVIDERS. BEST PRACTICE GUIDELINES HAVE BEEN DEVELOPED FOR TREATMENT OF BRONCHIOLITIS, THE FEBRILE INFANT, TYPE 1 DIABETES, EARLY RECOGNITION AND TREATMENT OF SHOCK, AND ASTHMA. PEDIATRIC TEAMS ARE WORKING WITH OTHER DISCIPLINES TO EVALUATE AND IMPROVE THE TRANSITION OF ADOLESCENT PATIENTS WITH CHRONIC ILLNESS TO ADULT CARE PROVIDERS AS THEY GRADUATE FROM HIGH SCHOOL AND MOVE AWAY FROM THEIR TRADITIONAL SUPPORT SYSTEMS. THE PRIMARY CARE CLINICAL PROGRAM ADDRESSES THE NEEDS OF AMBULATORY PATIENTS CARED FOR BY FAMILY PRACTITIONERS, INTERNISTS AND PEDIATRICIANS. MAJOR EFFORTS HAVE BEEN DIRECTED TOWARD IMPROVING QUALITY OUTCOMES FOR CHRONIC DISEASES SUCH AS DIABETES AND ASTHMA. ADDITIONALLY, HEALTH SERVICES LAUNCHED A "CHOOSING WISELY" CAMPAIGN TO EVALUATE OVERUSE OF MEDICAL TESTS AND PROCEDURES, AS WELL AS TO PROVIDE ADVICE ON UNDERUTILIZED AND PREVENTATIVE CARE. TO GET AHEAD OF CHRONIC DISEASE, HEALTH SERVICES CREATED A NEW CARE PROCESS MODEL "LIFESTYLE AND WEIGHT MANAGEMENT: HELPING PATIENTS FIND THEIR WAY TO LIVE WELL" TO PROMOTE AN EVIDENCE-BASED APPROACH TO LIFESTYLE AND WEIGHT MANAGEMENT, AND TO FACILITATE IMPLEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ATION IN ROUTINE PRIMARY CARE. ADDITIONALLY, HEALTH SERVICES CREATED A DIABETES PREVENTION PROGRAM TO DELAY OR PREVENT DIABETES FOR THE PATIENTS' HEALTH SERVICES' SERVICES. THE ONCOLOGY CLINICAL PROGRAM INVOLVES A NETWORK OF CANCER SPECIALISTS IN SURGERY, RADIATION ONCOLOGY, MEDICAL ONCOLOGY, INFUSION, NURSING, PATHOLOGY, RADIOLOGY, GENETICS, AND SUPPORTIVE CARE TO IMPROVE THE PROCESS OF CANCER DIAGNOSIS, TREATMENT, AND DELIVERY OF CARE ACROSS THE CONTINUUM. CONSIDERABLE EFFORTS HAVE BEEN MADE TO DEVELOP AND STANDARDIZE BEST PRACTICES IN SURGICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, MEDICAL ONCOLOGY, AND RADIATION ONCOLOGY BY ENGAGING THE PROVIDER NETWORK AND UTILIZING MEANINGFUL CLINICAL DATA LOCATED IN HEALTH SERVICES' CANCER REGISTRY AND ELECTRONIC MEDICAL RECORD. THE ONCOLOGY PROGRAM ADDITIONALLY SUPPORTS THE HUNTSMAN-INTERMOUNTAIN CANCER CARE PROGRAM, A COLLABORATIVE EFFORT BETWEEN HEALTH SERVICES AND HUNTSMAN CANCER INSTITUTE, TO IMPROVE PROVIDER COLLABORATION AND ENHANCE CANCER OUTCOMES, RESEARCH, QUALITY IMPROVEMENT, AND PATIENT EDUCATION. THE SURGICAL SERVICES CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, ADMINISTRATORS, AND OTHER CARE PROVIDERS IN THE AREAS OF PRE-SCREENING, SAME DAY SURGERY, OPERATING ROOMS, POST ANESTHESIA CARE UNITS, ANESTHESIA, CENTRAL PROCESSING, AND SEDATION SERVICES. EACH TEAM IDENTIFIES AND IMPLEMENTS VERY FOCUSED GOALS OF EVIDENCE-BASED BEST PRACTICES, WHICH POSITIVELY AFFECT PATIENT OUTCOMES. THE SURGICAL SERVICES TEAMS HAVE HAD SEVERAL AREAS OF FOCUS INCLUDING THE IMPLEMENTATION OF A CARE PROCESS MODEL FOR COLON RESECTION PATIENTS, DECREASING UTILIZATION OF BLOOD PRODUCTS, ESTABLISHING PHYSICIAN CREDENTIALING AND CLINICAL CRITERIA FOR ROBOTICS SURGERY, DEVELOPMENT OF CLINICAL PATHWAYS FOR BARIATRIC, CHOLECYSTECTOMY, AND APPENDECTOMY SURGERY PATIENTS, AND DEVELOPMENT AND IMPLEMENTATION OF TOOLS TO REDUCE SUPPLY COSTS AND PATIENT LENGTH OF STAY. THE WOMEN AND NEWBORNS CLINICAL PROGRAM FOCUSES ATTENTION ON WOMEN'S CARE AND THE CARE OF THE NEWBORN IN THE NEONATAL PERIOD. THIS INCLUDES CARE RELATED TO PREGNANCY (INCLUDING HIGH-RISK PREGNANCY), CHILDBIRTH, AND THE POSTPARTUM PERIOD. GUIDELINES ADOPTED FROM NATIONAL SPECIALTY SOCIETIES AND PEER REVIEW STUDIES HAVE BEEN USED TO ESTABLISH BEST PRACTICE MODELS AND DRIVE CONSISTENCY IN ANTEPARTUM, INTRAPARTUM, POSTPARTUM, AND NEONATAL PROCESSES. MUCH OF THEIR WORK THIS PAST YEAR HAS FOCUSED ON CREATING ADDITIONAL STANDARDS OF CARE FOR BABIES IN THE NEONATAL INTENSIVE CARE NURSERY RESULTING IN IMPROVED OUTCOMES. THE MUSCULOSKELETAL CLINICAL PROGRAM IS A NEWLY ORGANIZED CLINICAL PROGRAM, ESTABLISHED IN THE SUMMER OF 2014. THIS TEAM WORKS IN CLOSE COLLABORATION WITH THE REHABILITATION CLINICAL SERVICE AND IS FOCUSED ON DEVELOPING CARE PROCESSES FOR TREATMENT OF TOTAL JOINTS AND FRACTURES. THE MUSCULOSKELETAL CLINICAL PROGRAM COMPLETED DEVELOPMENT OF A CARE PROCESS MODEL FOR TOTAL JOINT REPLACEMENT AND IS IN THE PROCESS OF IMPLEMENTING CARE STANDARDS FOR THESE CO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE MISSION OF HEALTH SERVICES IS HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE. PROVIDING THE HIGHEST QUALITY HEALTHCARE AT THE LOWEST POSSIBLE COST TO OUR PATIENTS AND CUSTOMERS IS ONE OF OUR MOST IMPORTANT CONSIDERATIONS. HEALTH SERVICES PROVIDES SERVICES ON THE BASIS OF MEDICAL NEED WITHOUT REGARD OF ABILITY TO PAY. AN UNINSURED, LOW-INCOME PERSON WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE AT ITS HOSPITALS AND CLINICS FOR NO CHARGE OR A REDUCED CHARGE BASED UPON SUCH PERSON'S ABILITY TO PAY, IF IN THE JUDGMENT OF THE ADMITTING PHYSICIAN THE SERVICES ARE GENERALLY AVAILABLE AT THE HOSPITAL AND CLINICS AND THE PERSON REQUIRES THAT SERVICE. THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WILL CONTINUE TO BE COMMUNICATED THROUGH ALL REASONABLE MEANS. HEALTH SERVICES HAS ESTABLISHED A FINANCIAL ASSISTANCE POLICY FOR THE UNINSURED AND THE UNDERINSURED, WHICH OFFERS DISCOUNTS UP TO 100 PERCENT OF CHARGES ON A SLIDING SCALE. FINANCIAL ASSISTANCE IS BASED ON BOTH INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL GUIDELINES AND THE CHARGES FOR SERVICES RENDERED. HEALTH SERVICES' FINANCIAL ASSISTANCE GUIDELINES INCLUDE PROVISIONS THAT ARE RESPONSIVE TO THOSE PATIENTS WHO HAVE CATASTROPHIC HEALTHCARE EXPENSES. DURING 2016, THROUGH 248,673 CASES, HEALTH SERVICES' FACILITIES AND PHYSICIANS PROVIDED MORE THAN \$175 MILLION IN FINANCIAL ASSISTANCE (AT COST) TO PEOPLE UNABLE TO PAY. THIS AMOUNT DOES NOT INCLUDE BAD DEBTS. BAD DEBTS OCCUR IN CIRCUMSTANCES WHERE A PERSON HAS THE ABILITY TO PAY BUT DOES NOT PAY FOR THE SERVICES RECEIVED, AND THE AMOUNT IS NOT OTHERWISE COLLECTED. IF AN ACCOUNT HAS BEEN INITIALLY IDENTIFIED AS A BAD DEBT, BUT THE PATIENT LATER IS DETERMINED TO HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF TREATMENT, THEN THE BILL IS NO LONGER CONSIDERED A BAD DEBT, AND IS CHARGED TO CHARITY CARE. HOWEVER, IF IT IS DETERMINED THAT THE PATIENT HAD THE ABILITY TO PAY AT THE TIME OF SERVICE BUT THE ACCOUNT CANNOT BE COLLECTED LATER, OR, IN SOME CASES, THE PATIENT DID NOT COMMUNICATE AN INABILITY TO PAY, IT IS CONSIDERED TO BE A BAD DEBT. HEALTH SERVICES GENERALLY INCURS SHORTFALLS BETWEEN ITS ESTABLISHED RATES AND AMOUNTS PAID BY MEDICARE AND MEDICAID. HEALTH SERVICES PROVIDES A SIGNIFICANT ARRAY OF ADDITIONAL COMMUNITY SERVICES, INCLUDING OWNING AND OPERATING FIVE COMMUNITY AND SCHOOL-BASED CLINICS TO HELP MEET THE NEEDS OF UNINSURED AND LOW-INCOME PEOPLE IN NEIGHBORHOODS THAT WOULD OTHERWISE LACK CONVENIENT ACCESS TO HEALTHCARE. IN 2016, THESE CLINICS HAD 12,033 PATIENT VISITS. MOST PATIENTS PAY ON A SLIDING FEE SCALE ACCORDING TO THEIR HOUSEHOLD INCOMES, AND MANY QUALIFY FOR HEALTH SERVICES' FINANCIAL ASSISTANCE. INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC., AN AFFILIATE SUPPORTED BY HEALTH SERVICES, AWARDED GRANTS AND OTHER CASH CONTRIBUTIONS TO 48 INDEPENDENTLY OWNED COMMUNITY CLINICS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED, LOW-INCOME, AND HOMELESS POPULATIONS. THESE CLINICS, LOCATED THROUGHOUT UTAH,</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	HAD 456,860 PATIENT VISITS IN 2016 HEALTH SERVICES PROVIDES COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, IN TERN AND RESIDENT TRAINING, AND MEDICAL RESEARCH DURING 2016, THESE COMMUNITY SERVICES AND CONTRIBUTIONS TOTALED \$68 MILLION SEE SCHEDULE H

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	IHC HEALTH SERVICES, INC DELEGATES BROAD AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE GOVERNING BODY AS A RESULT, THE EXECUTIVE COMMITTEE, WHEN SO APPOINTED BY THE BOARD OF TRUSTEES, SHALL HAVE AND MAY EXERCISE THE POWERS OF THE BOARD OF TRUSTEES IN MANAGEMENT OF 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 EXECUTION OF DOCUMENTS IN THE NAME OF AND UNDER THE SEAL OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHARLES W SORENSON JR MD / GREGORY P POULSEN - FAMILY RELATIONSHIP ALBERT R ZIMMERLI / CHARLES W SORENSON JR MD / DOUGLAS C BLACK / DANIEL G GOMEZ / MARK R BRIESACHER, MD / A MARC HARRISON, MD / GREGORY M JOHNSON - BUSINESS RELATIONSHIP (BOARD MEMBERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION) A SCOTT ANDERSON / GAIL MILLER - BUSINESS RELATIONSHIP (BOARD MEMBER AND OFFICER OF AN UNRELATED CORPORATION) ALBERT R ZIMMERLI / DOUGLAS C BLACK / BRENT T JOHNSON - BUSINESS RELATIONSHIP (BOARD MEMBERS OF INTERMOUNTAIN SUPPLY SERVICES, INC AND INTALERE, INC , TAXABLE CORPORATIONS THAT ARE WHOLLY-OWNED BY THE FILING ORGANIZATION) 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-EXEMPT ORGANIZATION) ALBERT R ZIMMERLI / GREGORY M JOHNSON - BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF NAVICAN GENOMICS, INC , A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATION) SPENCER F ECCLES / DOUGLAS J HAMMER - BUSINESS RELATIONSHIP (TRUSTEE/EMPLOYEE IN AN UNRELATED TAX-EXEMPT ORGANIZATION)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF HEALTH SERVICES IS INTERMOUNTAIN HEALTH CARE, INC , A UTAH NONPROFIT CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UNDER THE APPROVED BYLAWS, HEALTH SERVICES' SOLE MEMBER ELECTS HEALTH SERVICES' TRUSTEES AT THE ANNUAL MEMBER MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	UNDER THE ARTICLES OF INCORPORATION, THE SOLE MEMBER EXERCISES ALL PROPERTY, VOTING, AND OTHER RIGHTS, INTERESTS, AND POWERS CONFERRED UNDER LOCAL STATUTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	HEALTH SERVICES' BOARD OF TRUSTEES DELEGATED THE INITIAL DETAILED REVIEW OF THE FORM 990 TO THE AUDIT AND COMPLIANCE COMMITTEE DRAFT COPIES OF THE RETURN WERE MAILED AND/OR PROVIDED ELECTRONICALLY TO COMMITTEE MEMBERS IN ADVANCE AND DISCUSSED DURING AN AUDIT AND COMPLIANCE COMMITTEE MEETING PRIOR TO FILING WITH THE IRS, COPIES OF THE FINAL RETURN WERE PROVIDED TO THE HEALTH SERVICES BOARD OF TRUSTEES FOR REVIEW AND WERE DISCUSSED AS PART OF A REGULARLY SCHEDULED BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST 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 NEW CONFLICTS ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY THE VICE PRESIDENT OF BUSINESS ETHICS AND COMPLIANCE POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT, AND THE LEGAL DEPARTMENT IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST OR REQUIRING A CHOICE OF THE INDIVIDUAL'S ROLE WITH HEALTH SERVICES OR THE OUTSIDE ENTITY) FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE THE MINUTES FROM THAT REPORT ARE SUBMITTED TO THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"), A SUBSET OF HEALTH SERVICES' GOVERNING BODY, IS RESPONSIBLE FOR THE PROCESS OF ANNUALLY DETERMINING THE TOTAL COMPENSATION PACKAGES (INCLUDING CASH AND NON-CASH BENEFITS) FOR THE FOLLOWING OFFICERS - PRESIDENT / CHIEF EXECUTIVE OFFICER - EXECUTIVE VICE PRESIDENTS, INCLUDING THE CFO - SENIOR VICE PRESIDENTS - CERTAIN CORPORATE AND REGIONAL VICE PRESIDENTS PURSUANT TO HEALTH SERVICES' WRITTEN "COMPENSATION PHILOSOPHY," THE COMMITTEE ANNUALLY 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-PROFIT 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 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 TO THE ENTIRE BOARD OF TRUSTEES HEALTH SERVICES' PHILOSOPHY IS TO PAY COMPENSATION AT MARKET COMPETITIVE RATES THE DETERMINATION OF EXECUTIVE COMPENSATION IS ALSO DESIGNED TO MEET THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" STANDARD AS OUTLINED IN THE TREASURY REGULATIONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HEALTH SERVICES DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY A COPY OF THE CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDES THE FILING ORGANIZATION IS ATTACHED TO THIS RETURN THE CONSOLIDATED FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE, A SERVICE PROVIDED BY THE MUNICIPAL SECURITIES RULEMAKING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNRECOGNIZED CHANGE IN FUNDED STATUS OF POSTRETIREMENT BENEFIT PLANS -63,950,348 ADJUSTMENT TO BALANCE OF INVESTMENT IN AFFILIATE -2,698,079 CAPITAL TRANSFER TO AN AFFILIATE -150,000,000 MISCELLANEOUS CHANGES TO RESTRICTED NET ASSETS 160,866

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number

94-2854057

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) INTERMOUNTAIN HEALTH CARE INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0269232	HOLDING COMPANY	UT	501(C)(3)	LINE 12B, II N/A	INTERMOUNTAIN HEALTH CARE INC		No
(2) INTERMOUNTAIN COMMUNITY CARE FOUND INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE INC	Yes	
(3) SELECTHEALTH INC 5381 GREEN STREET MURRAY, UT 84123 87-0409820	DELIVERY OF HEALTH BENEFITS	UT	501(C)(4)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(4) INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREE BENEFIT	UT	501(C)(9)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(5) INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	IHC HEALTH SERVICES INC	Yes	
(6) HEART & LUNG RESEARCH FOUNDATION 5121 S COTTONWOOD DR MURRAY, UT 84157 87-0617606	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MCKAY DEE SURGICAL CENTER LLC 3895 HARRISON BLVD STE 200 OGDEN, UT 84403 26-0286308	OUTPATIENT SURGERY	UT	IHC HEALTH SERVICES INC	RELATED	5,422,754	5,585,227		No		Yes		75 000 %
(2) HEART LUNG INSTITUTE LLC 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157	RESEARCH AND DEVELOPMENT	UT	N/A	N/A				No		Yes		
(3) GRANDEUR PEAK INTERNATIONAL STALWARTS LP 136 S MAIN STREET STE 720 SALT LAKE CITY, UT 84101 47-5468723	INVESTMENTS	DE	IHC HEALTH SERVICES INC	EXCLUDED	5,538,534	69,751,062		No			No	80 000 %
(4) INTERMOUNTAIN HEALTHCARE INNOVATION FUND I LP 1000 W FULTON STREET CHICAGO, IL 60607 47-1525723	INNOVATION	DE	IHC HEALTH SERVICES INC	EXCLUDED		5,256,237		No			No	100 000 %
(5) HEALTHBOX SALT LAKE CITY I LLC 1000 W FULTON MARKET STE 213 CHICAGO, IL 60607 46-5338772	INNOVATION	DE	IHC HEALTH SERVICES INC	EXCLUDED	-86,286	495,485		No			No	78 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SELECTHEALTH BENEFIT ASSURANCE COMPANY 5381 GREEN STREET MURRAY, UT 84123 87-0497549	INSURANCE	UT	N/A	C				Yes	
(2) HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C				Yes	
(3) INTERMOUNTAIN SUPPLY SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955	HOLDING COMPANY	DE	IHC HEALTH SERVICES INC	C		86,000,000	100 000 %	Yes	
(4) INTALERE INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071	GROUP PURCHASING	DE	IHC HEALTH SERVICES INC	C	64,315,526	201,490,209	100 000 %	Yes	
(5) NAVICAN GENOMICS INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-4153832	CANCER TREATMENT	DE	IHC HEALTH SERVICES INC	C		5,962,115	100 000 %	Yes	

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

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

	Yes	No
1 During the tax year, did the 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 Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g Yes	
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
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 Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 94-2854057
Name: IHC HEALTH SERVICES INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) LOST CREEK-MURRAY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0622176	APARTMENT RENTALS	UT	2,574,744	7,967,772	IHC HEALTH SERVICES INC
(1) IHC UTAH VALLEY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	MEDICAL OFFICES	UT	390,769	2,572,219	IHC HEALTH SERVICES INC
(2) INTERMOUNTAIN INVENTION MANAGEMENT LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	IP MANAGEMENT	UT	133,108	3,080	IHC HEALTH SERVICES INC
(3) 5300 SOUTH CENTER LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-5881911	OFFICE RENTAL	UT	2,307,080	14,402,340	IHC HEALTH SERVICES INC
(4) 5245 COLLEGE DRIVE LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 26-0806138	OFFICE RENTAL	UT	1,888,320	12,751,771	IHC HEALTH SERVICES INC
(5) PEDIATRIC SPECIALTY SERVICES LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	PEDIATRIC SERVICES	UT	0	0	IHC HEALTH SERVICES INC
(6) INTERMOUNTAIN INSIGHTS LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-2067137	INNOVATION	UT	722,706	6,016,673	IHC HEALTH SERVICES INC
(7) 2000 WEST DEVELOPMENT LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	PROPERTY ACQUISITION/OPERATION	UT	0	2,830,362	IHC HEALTH SERVICES INC
(8) INTERMOUNTAIN ALTA VIEW LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	OFFICE RENTAL	UT	467,920	2,321,209	IHC HEALTH SERVICES INC
(9) INTERMOUNTAIN EAST BAY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-3640554	PROPERTY ACQUISITION/OPERATION	UT	150,243	4,624,479	IHC HEALTH SERVICES INC
(10) ICENTRA SOLUTIONS LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-0641101	TECHNOLOGY MARKETING	UT	0	0	IHC HEALTH SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0269232	HOLDING COMPANY	UT	501(C)(3)	LINE 12B, II	N/A		No
(1) 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE INC	Yes	
(2) 5381 GREEN STREET MURRAY, UT 84123 87-0409820	DELIVERY OF HEALTH BENEFITS	UT	501(C)(4)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(3) 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREE BENEFIT	UT	501(C)(9)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(4) 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	IHC HEALTH SERVICES INC	Yes	
(5) 5121 S COTTONWOOD DR MURRAY, UT 84157 87-0617606	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) MCKAY DEE SURGICAL CENTER LLC	A	546,857	CONTRACT
(1) MCKAY DEE SURGICAL CENTER LLC	L	897,982	CONTRACT
(2) MCKAY DEE SURGICAL CENTER LLC	Q	3,575,756	CONTRACT
(3) MCKAY DEE SURGICAL CENTER LLC	J	546,857	CONTRACT
(4) SELECTHEALTH INC	L	1,236,656,572	CONTRACT
(5) SELECTHEALTH INC	M	15,363,164	CONTRACT
(6) SELECTHEALTH INC	Q	126,519,547	CONTRACT
(7) SELECTHEALTH INC	G	8,706,356	COST
(8) SELECTHEALTH INC	P	3,225,075	COST
(9) INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Q	4,059,658	COST
(10) INTERMOUNTAIN HEALTHCARE FOUNDATION INC	C	15,697,132	COST
(11) INTERMOUNTAIN HEALTHCARE FOUNDATION INC	B	3,876,931	COST
(12) INTERMOUNTAIN COMMUNITY CARE FOUNDATIONINC	C	1,063,921	COST
(13) SELECTHEALTH INC	R	150,000,000	COST
(14) SELECTHEALTH INC	J	1,938,512	CONTRACT
(15) INTALERE INC	M	1,553,590	CONTRACT
(16) HEALTHCARE CAPTIVE INSURANCE COMPANY	M	1,332,418	CONTRACT
(17) SELECTHEALTH INC	A	1,938,512	CONTRACT
(18) NAVICAN GENOMICS INC	R	5,000,000	CASH