

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
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

D Employer identification number
94-2854057
E Telephone number
(801) 442-2000

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

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW.INTERMOUNTAINHEALTHCARE.ORG

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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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 2019-11-11
VP FINANCE VP FINANCE
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date
Check if self-employed
PTIN P01286320
Firm's name ERNST & YOUNG US LLP
Firm's EIN 34-6565596
Firm's address 560 MISSION STREET STE 1600
SAN FRANCISCO, CA 94105
Phone no (415) 894-8000

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 \$ 5,142,953,697 including grants of \$ 92,131,258) (Revenue \$ 6,280,675,057)
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 ▶ 5,142,953,697

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45,114			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b If "Yes," enter the name of the foreign country ▶ BR , AR , EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	Yes			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: COLIN QUINCY 36 S STATE STREET SUITE 1600 SALT LAKE CITY, UT 84111 (801) 442-3491

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	36,518,889		
	e Government grants (contributions)	1e	3,169,179		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		39,688,068			

Program Service Revenue			Business Code			
	2a PATIENT SERVICE		446199	5,150,297,447	5,120,897,454	29,399,993
b LABORATORY		621500	757,337,579	745,257,372	12,080,207	
c PHARMACY		446110	318,006,057	103,451,377	214,554,680	
d RENTAL (RELATED)		531120	13,424,333	13,424,333	0	
e LAUNDRY		812300	8,419,097	5,592,030	2,827,067	
f All other program service revenue			11,668,020	8,828,851	2,839,169	
g Total. Add lines 2a-2f			6,259,152,533			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			100,878,265		-38,260,028	139,138,293
	4 Income from investment of tax-exempt bond proceeds			-805,131			-805,131
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		8,983,472					
	b Less rental expenses	2,863,680					
	c Rental income or (loss)	6,119,792					
	d Net rental income or (loss)			6,119,792		53,500	6,066,292
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,048,335,163	2,042,996				
	b Less cost or other basis and sales expenses	5,905,878,320	3,339,963				
	c Gain or (loss)	142,456,843	-1,296,967				
	d Net gain or (loss)			141,159,876		13,223,585	127,936,291
	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 CORP CHARGE REVENUE		624100	21,095,783	21,095,783		0	
b CAFETERIA		722514	18,455,331	0		18,455,331	
c GIFT SHOP/RETAIL		453220	5,595,552	0		5,595,552	
d All other revenue			426,741	426,741			
e Total. Add lines 11a-11d			45,573,407				
12 Total revenue. See Instructions			6,591,766,810	6,018,973,941	236,718,173	296,386,628	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	92,120,654	92,120,654		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,604	10,604		
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	35,215,745		35,215,745	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,636,236		1,636,236	
7 Other salaries and wages	2,414,625,428	2,164,707,815	245,688,274	4,229,339
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	169,503,700	160,851,448	8,652,252	
9 Other employee benefits	144,088,322	96,868,530	46,589,475	630,317
10 Payroll taxes	155,675,776	137,946,801	17,463,451	265,524
11 Fees for services (non-employees)				
a Management				
b Legal	13,050,285	228,969	12,821,316	
c Accounting	822,477	16,732	771,102	34,643
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,505,719		25,505,719	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	543,632,785	341,348,314	202,083,557	200,914
12 Advertising and promotion	22,863,630	12,966,951	9,867,799	28,880
13 Office expenses	78,884,636	63,530,804	15,182,665	171,167
14 Information technology	43,327,724	15,276,507	28,026,165	25,052
15 Royalties				
16 Occupancy	156,354,680	110,208,842	46,140,407	5,431
17 Travel	18,899,684	14,420,704	4,419,349	59,631
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,021,004	1,353,582	653,398	14,024
20 Interest	62,288,633	62,288,633		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	311,788,093	274,124,516	37,657,315	6,262
23 Insurance	12,100,046		12,100,046	
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	1,215,972,435	1,212,852,113	3,115,195	5,127
b BAD DEBTS	300,968,992	300,968,992	0	0
c NON-MEDICAL SUPPLIES	42,123,070	35,986,598	5,809,819	326,653
d RISK MANAGEMENT	40,844,523	10,022,938	30,821,585	0
e All other expenses	53,761,541	34,852,650	18,836,124	72,767
25 Total functional expenses. Add lines 1 through 24e	5,958,086,422	5,142,953,697	809,056,994	6,075,731
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	440,441	1	176,664
	2 Savings and temporary cash investments	136,943,644	2	629,604,824
	3 Pledges and grants receivable, net	3,860,423	3	4,517,932
	4 Accounts receivable, net	799,620,416	4	779,501,285
	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	1,523,233	7	6,526,168
	8 Inventories for sale or use	150,112,331	8	176,132,434
	9 Prepaid expenses and deferred charges	54,632,537	9	55,330,499
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,865,130,821		
	b Less accumulated depreciation	10b 2,556,486,104	3,104,239,769	10c 3,308,644,717
	11 Investments—publicly traded securities	3,181,878,649	11	3,069,468,237
	12 Investments—other securities See Part IV, line 11	2,608,849,632	12	2,659,052,374
	13 Investments—program-related See Part IV, line 11	67,670,435	13	57,716,186
	14 Intangible assets	49,975,296	14	49,069,741
	15 Other assets See Part IV, line 11	366,612,855	15	360,364,303
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,526,359,661	16	11,156,105,364	
Liabilities	17 Accounts payable and accrued expenses	394,763,040	17	441,318,981
	18 Grants payable		18	
	19 Deferred revenue	7,418,725	19	7,505,731
	20 Tax-exempt bond liabilities	2,013,359,141	20	2,378,514,238
	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	3,008,513	23	2,884,907
	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	1,643,759,786	25	1,527,235,660
	26 Total liabilities. Add lines 17 through 25	4,062,309,205	26	4,357,459,517
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	6,463,741,305	27	6,794,017,048
	28 Temporarily restricted net assets	309,151	28	4,628,799
	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	6,464,050,456	33	6,798,645,847
	34 Total liabilities and net assets/fund balances	10,526,359,661	34	11,156,105,364

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	6,591,766,810
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,958,086,422
3	Revenue less expenses Subtract line 2 from line 1	3	633,680,388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,464,050,456
5	Net unrealized gains (losses) on investments	5	-382,211,767
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	13,101,224
9	Other changes in net assets or fund balances (explain in Schedule O)	9	70,025,546
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,798,645,847

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

IHC HEALTH SERVICES, INC ("HEALTH SERVICES") PROVIDED HIGH QUALITY HEALTHCARE THROUGH ITS SYSTEM OF 22 HOSPITALS (2,866 LICENSED BEDS) AND 371 CLINICS. IN ADDITION TO THE 136,000 INPATIENT ADMISSIONS, 495,000 EMERGENCY ROOM VISITS AND 3.3 MILLION CLINIC VISITS, HEALTH SERVICES PROVIDED MORE THAN \$156 MILLION IN CHARITY CARE (AT COST) THROUGH MORE THAN 269,000 CASES. FOR A MORE DETAILED EXPLANATION OF THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS IN 2018, 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			
MARK R BRIESACHER MD SENIOR VICE PRESIDENT	50 00 6 00			X				1,118,080	0	611,357
MOODY L CHISHOLM VICE PRESIDENT (PARTIAL YEAR)	50 00 0 00			X				1,171,167	0	10,939
TODD E CRAGHEAD VICE PRESIDENT	50 00 0 00			X				349,523	0	154,098
DAVID L FLOOD SENIOR VICE PRESIDENT	3 00 50 00			X				708,599	0	389,474
JOSEPH D FOURNIER SENIOR VICE PRESIDENT (PARTIAL YEAR)	50 00 4 00			X				1,046,116	0	9,950
DOUGLAS J HAMMER SVP / GENERAL COUNSEL	50 00 3 00			X				832,795	0	352,005
KIMBERLY HENRICHSEN SENIOR VICE PRESIDENT (PARTIAL YEAR)	50 00 5 00			X				718,260	0	100,472
GREGORY M JOHNSON VICE PRESIDENT	50 00 10 00			X				598,114	0	349,769
DAN LILJENQUIST SENIOR VICE PRESIDENT (PARTIAL YEAR)	50 00 0 00			X				472,889	0	328,093
KEVAN MABBUTT SENIOR VICE PRESIDENT (PARTIAL YEAR)	50 00 3 00			X				715,136	0	330,165

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			
JACQUELINE MILLARD VICE PRESIDENT	50 00 0 00			X				570,045	0	328,695
MIKELLE MOORE SENIOR VICE PRESIDENT	50 00 6 00			X				540,493	0	305,114
TIMOTHY T PEHRSON VICE PRESIDENT (PARTIAL YEAR)	50 00 0 00			X				2,141,600	0	55,582
GREGORY P POULSEN SENIOR VICE PRESIDENT	50 00 3 00			X				4,901,098	0	541,392
MARCUS F PROBST VICE PRESIDENT	50 00 0 00			X				798,952	0	657,172
MARK A RUNYON VICE PRESIDENT	50 00 1 00			X				620,044	0	297,497
ALBERT R ZIMMERLI EVP / CFO / SEC / TREAS	50 00 21 00			X				3,206,043	0	681,786
CASEY BACHISON MD-SURGERY/ORTHOPEDIC	50 00 0 00					X		1,232,692	0	68,521
BERKELEY BATE MD-NEUROSURGERY	50 00 0 00					X		1,169,429	0	46,488
BENJAMIN FOX MD-NEUROSURGERY	50 00 0 00					X		1,277,217	0	70,680

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC HOOLEY MD-SURGERY/ORTHOPEdic	50 00 0 00					X		1,209,806	0	72,176
JOSEPH MOTT VP COO - SPEC BASED CARE	50 00 0 00					X		3,113,360	0	667,432
TERRI L KANE FORMER OFFICER	50 00 1 00						X	832,056	0	371,811
STEVEN R SMOOT FORMER OFFICER	50 00 0 00						X	678,352	0	22,518
CHARLES W SORENSON JR MD FORMER OFFICER	50 00 0 00						X	508,703	0	71,081
JOHN WRIGHT FORMER OFFICER	50 00 0 00						X	454,580	0	150,415

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018

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

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

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

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

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

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

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	25,460	25,460
c Total lobbying expenditures (add lines 1a and 1b)	25,460	25,460
d Other exempt purpose expenditures	5,958,060,962	6,004,556,643
e Total exempt purpose expenditures (add lines 1c and 1d)	5,958,086,422	6,004,582,103
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	17,588	22,585	23,448	25,460	89,081
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 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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 \$5,958,086,422 501(H) ELECTION YES INTERMOUNTAIN HEALTH CARE, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 87-0269232 EXEMPT PURPOSE EXPENDITURES \$113,383 501(H) ELECTION NO INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2853320 EXEMPT PURPOSE EXPENDITURES \$5,000,071 501(H) ELECTION NO INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111 EIN 80-0225150 EXEMPT PURPOSE EXPENDITURES \$41,378,650 501(H) ELECTION NO THE HEART AND LUNG RESEARCH FOUNDATION 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157 EIN 87-0617606 EXEMPT PURPOSE EXPENDITURES \$3,577 501(H) ELECTION NO
FORM 990, SCHEDULE C, PART II-A	HEALTH SERVICES 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 BOARD OF FAMILY MEDICINE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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	272,656,448	240,916,500	212,341,483	188,902,315	199,458,157
b Contributions	88,627,844	56,147,635	53,364,528	43,191,896	26,121,255
c Net investment earnings, gains, and losses	-2,144,922	4,060,214	2,383,968	-654,103	2,018,991
d Grants or scholarships	1,327,590	3,120,750	2,905,191	3,298,412	4,072,489
e Other expenditures for facilities and programs	39,576,411	25,347,151	24,268,288	15,800,213	34,622,367
f Administrative expenses	50,976				1,232
g End of year balance	318,184,393	272,656,448	240,916,500	212,341,483	188,902,315

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 16 770 %
 - b** Permanent endowment ▶ 12 810 %
 - c** Temporarily restricted endowment ▶ 70 420 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 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	44,704,898	241,562,002		286,266,900
b Buildings	27,721,663	2,177,775,616	1,036,316,775	1,169,180,504
c Leasehold improvements	532,306	118,554,417	71,569,378	47,517,345
d Equipment	224,458	2,438,417,426	1,448,599,951	990,041,933
e Other	499,245	815,138,790		815,638,035
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,308,644,717

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	2,659,052,374	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,659,052,374	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
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)	1,527,235,660

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	77,985,613
MINORITY INTEREST IN JOINT VENTURES	3,854,660
457 PLAN LIABILITY	105,320,842
ASSET RETIREMENT OBLIGATION	3,308,847
INTEREST RATE SWAP LIABILITIES	146,283,304
OTHER LONG TERM LIABILITIES	76,394,559
INVESTMENT PAYABLE	426,224,994
ACCRUED PAYROLL/LEAVE	320,219,226
ACCRUED PENSION LIABILITY	234,838,315
SELF INSURANCE LIABILITIES	117,314,509

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

1 (a) Description of Liability	(b) Book Value
DEFERRED TAX LIABILITIES	15,490,791

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 IHC HEALTH SERVICES, INC 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)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			997,967,180
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			997,967,180

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3	AS PART OF A FULLY DIVERSIFIED PORTFOLIO, 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 76% OF THE TOTAL INTERNATIONAL INVESTMENT VALUES (BY MARKET VALUE) THE REMAINING 24% 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		657,097,419
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			INVESTMENTS		70,193,857

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
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		245,776,802
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			INVESTMENTS		21,633,871

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 AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, FRENC			INVESTMENTS		3,265,231

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

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

Name of the organization
 IHC HEALTH SERVICES INC

Employer identification number
 94-2854057

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

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)			156,676,877	0	156,676,877	2 770 %
b Medicaid (from Worksheet 3, column a)			623,270,776	577,856,882	45,413,894	0 800 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			779,947,653	577,856,882	202,090,771	3 570 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,550,447	0	4,550,447	0 080 %
f Health professions education (from Worksheet 5)			36,193,608	0	36,193,608	0 640 %
g Subsidized health services (from Worksheet 6)			22,070,865	0	22,070,865	0 390 %
h Research (from Worksheet 7)			16,415,111	6,495,662	9,919,449	0 180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			92,129,820	0	92,129,820	1 630 %
j Total. Other Benefits			171,359,851	6,495,662	164,864,189	2 920 %
k Total. Add lines 7d and 7j			951,307,504	584,352,544	366,954,960	6 490 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements			29,645	0	29,645	0 %
5 Leadership development and training for community members						
6 Coalition building			187,694	0	187,694	0 %
7 Community health improvement advocacy						
8 Workforce development			1,249	0	1,249	0 %
9 Other						
10 Total			218,588		218,588	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.	2 300,968,992	
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 39,125,969	
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).	5 673,493,924
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 708,313,300
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -34,819,376
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	77.300 %		22.700 %
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?

22

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 B

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?	Yes	
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	Yes	
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)		No
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input 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 ____		
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 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		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		
6b	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		
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)		
a	<input type="checkbox"/> Hospital facility's website (list url) _____		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input 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		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

HOSPITAL REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
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?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input 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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

HOSPITAL REPORTING GROUP B

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input 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	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

HOSPITAL REPORTING GROUP B

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 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): _____

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE 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	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
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) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input 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 nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input 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	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 371

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

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Form and Line Reference	Explanation
PART I, LINE 3C	MAXIMUM FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES ("FPG") APPLICANTS EQUAL TO OR BELOW THIS THRESHOLD ARE RESPONSIBLE FOR ONLY A MINIMUM CO-PAY EVIDENCE HAS SHOWN THAT PATIENTS WHO PAY SOMETHING, EVEN VERY SMALL AMOUNTS, ARE MORE LIKELY TO FOLLOW THE MEDICAL RECOMMENDATIONS GIVEN TO THEM BY PROVIDERS PATIENTS WHO ARE NOT ABLE TO CONTRIBUTE ANYTHING ARE NOT REQUIRED TO CONTRIBUTE AND STILL RECEIVE CARE A SLIDING SCALE IS USED FOR PATIENTS BETWEEN 200% AND 500% OF FPG TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE, HEALTH SERVICES USES A VARIETY OF FACTORS, INCLUDING INCOME AND ASSET LEVELS, MEDICAL INDIGENCE, INSURANCE STATUS, AND MEDICARE AND MEDICAID ELIGIBILITY HEALTH SERVICES ALSO LIMITS CHARGES WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 35% OF THE PATIENT'S GROSS ANNUAL HOUSEHOLD INCOME SINCE EACH PATIENT'S CIRCUMSTANCES VARY, HEALTH SERVICES ALLOWS FOR EXTENUATING CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE
PART I, LINE 7	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 \$21,533,041 FROM 29 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 25, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS \$300,968,992

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	HEALTH SERVICES' COALITION BUILDING PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES BY NETWORKING WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND SAFETY ISSUES OF THE COMMUNITY HEALTH SERVICES PARTICIPATES IN STATEWIDE SAFE KIDS COALITIONS TO PROMOTE AWARENESS AND USE OF CHILD SEAT BELTS AND TRAFFIC AND BICYCLE SAFETY, DIABETES-RELATED COALITIONS TO HELP REDUCE THE INCIDENCE OF DIABETES IN CHILDREN AND ADULTS, MULTIPLE MENTAL HEALTH COLLABORATIONS AND SUICIDE PREVENTION EFFORTS, A STATEWIDE COALITION TO ADDRESS PRESCRIPTION OPIOID MISUSE, AND OTHER COALITIONS THAT ADDRESS HEALTHCARE ISSUES IN THE COMMUNITY TWO HEALTH SERVICES' HOSPITALS PROVIDE SPACE AND MAINTENANCE FOR COMMUNITY GARDENS MADE AVAILABLE TO COMMUNITY MEMBERS TO PROVIDE ACCESS TO FRESH, HEALTHY FOOD HEALTH SERVICES' EMPLOYEES UTILIZE THEIR CLINICAL EXPERTISE TO COLLABORATE WITH OTHER COMMUNITY AGENCIES AND COUNTY AND STATE HEALTH DEPARTMENTS TO PROVIDE EDUCATION AND OTHER INITIATIVES HEALTH SERVICES ALSO RECRUITS PHYSICIANS TO MEDICALLY UNDERSERVED AREAS TO MEET HEALTHCARE NEEDS OF RESIDENTS, THEREBY HELPING REDUCE BARRIERS TO ACCESSING CARE
PART III, LINE 2	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

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Form and Line Reference	Explanation
PART III, LINE 3	<p>WHEN A PATIENT OR RESPONSIBLE PARTY IS UNINSURED OR UNDERINSURED AND EXPRESSES EITHER CONCERN ABOUT THEIR ABILITY TO PAY OR INTEREST IN APPLYING FOR FINANCIAL ASSISTANCE, HEALTH SERVICES' STAFF ARE EDUCATED TO GIVE THE PATIENT AN APPLICATION FOR FINANCIAL ASSISTANCE AND INSTRUCTIONS FOR COMPLETING AND RETURNING THE APPLICATION. IN SITUATIONS WHERE THE PATIENT FAILS TO RETURN THE APPLICATION AND THE ACCOUNT PROGRESSES THROUGH THE COLLECTION CYCLE, THE ACCOUNT WILL BE WRITTEN OFF AS A BAD DEBT. HEALTH SERVICES UTILIZES DATA SOURCES TO IDENTIFY UNRESPONSIVE PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE. ACCOUNTS BELONGING TO QUALIFIED PATIENTS ARE ADJUSTED TO CHARITY CARE RATHER THAN BAD DEBTS AT THE END OF THE INTERNAL COLLECTIONS CYCLE. HEALTH SERVICES ALSO ANALYZES THIS DATA TO ESTIMATE THE NUMBER OF PATIENTS THAT COULD POTENTIALLY QUALIFY FOR FINANCIAL ASSISTANCE IF ADDITIONAL INFORMATION IS AVAILABLE OR PROVIDED BY THE PATIENT. THE CHARITY CARE AMOUNTS INCLUDED IN THE FINANCIAL STATEMENTS ARE SEPARATE AND DISTINCT FROM BAD DEBT EXPENSE, WHICH GENERALLY REPRESENTS PATIENT SERVICES REVENUES THAT ARE NOT COLLECTIBLE DUE TO EITHER AN UNWILLINGNESS TO PAY BY THOSE RESPONSIBLE FOR PAYMENT OR AN INABILITY BY HEALTH SERVICES TO OBTAIN DOCUMENTATION FROM THOSE RESPONSIBLE FOR PAYMENT THAT WOULD SUBSTANTIATE THE PATIENT'S QUALIFICATION FOR CHARITY CONSIDERATION. BAD DEBT EXPENSE IS REFLECTED IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AND WAS \$279 MILLION AND \$301 MILLION FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2018, RESPECTIVELY. PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT OF THE REGISTRATION, BILLING OR COLLECTION PROCESSES.</p>
PART III, LINE 4	<p>BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE COMPANY'S UNINSURED AND UNDERINSURED PATIENTS ARE UNWILLING TO PAY FOR THE SERVICES PROVIDED. ACCORDINGLY, THE COMPANY RECORDS A PROVISION FOR UNPAID SERVICES (OR PROVISION FOR BAD DEBTS PRIOR TO ADOPTION OF ASU NO. 2014-09) IN THE PERIOD. SERVICES ARE RENDERED. MANAGEMENT ESTIMATES THE PROVISION FOR UNPAID SERVICES 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 THIS PROVISION BASED ON HISTORICAL WRITE-OFFS, ACCOUNTS RECEIVABLE AGING AND OTHER FACTORS. PART III, LINES 5-7 THE 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 \$456 MILLION, A DIFFERENCE OF \$421 MILLION FROM THE AMOUNT DISCLOSED ON PART III OF THE SCHEDULE H.</p>

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Form and Line Reference	Explanation
PART III, LINE 8	TOTAL DIRECT AND OVERHEAD COSTS FOR EACH COST CENTER ARE DIVIDED BY THE CORRESPONDING TOTAL PATIENT REVENUE TO DETERMINE COST/CHARGE RATIOS. THE COST/CHARGE RATIOS ARE MULTIPLIED BY THE APPLICABLE MEDICARE CHARGES TO DETERMINE MEDICARE COSTS. ALLOWABLE COSTS ARE CALCULATED BASED ON PER DIEM COSTS (I.E., (TOTAL COSTS / TOTAL DAYS) X MEDICARE DAYS). THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART III, SECTION B, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL OF THE ASSOCIATED COSTS INCURRED BY HEALTH SERVICES' HOSPITALS FOR THE SERVICES PROVIDED AND DOES NOT REPRESENT THE TOTAL COMMUNITY BENEFIT PROVIDED IN THIS AREA. THE MEDICARE SHORTFALL REFLECTED ON SCHEDULE H, PART III, SECTION B IS DETERMINED USING INFORMATION FROM THE ORGANIZATION'S MEDICARE COST REPORTS (USING THE MEDICARE COST REPORT STEP-DOWN METHODOLOGY). MEDICARE SHORTFALLS SHOULD BE TREATED AND REPORTED ON SCHEDULE H AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: (1) ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS, (2) BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, BURDENS BORNE BY GOVERNMENTS ARE RELIEVED, (3) A SIGNIFICANT POSSIBILITY EXISTS THAT CONTINUED REDUCTIONS TO MEDICARE PAYMENTS MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND (4) THE AMOUNT SPENT TO COVER THE REPORTED MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS.
PART III, LINE 9B	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.

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Form and Line Reference	Explanation
PART VI, LINE 3	<p>BY POLICY, HEALTH SERVICES PROVIDES HEALTHCARE SERVICES TO RESIDENTS IN THE COMMUNITY ON THE BASIS OF MEDICAL NEED WITHOUT REGARD TO RACE, RELIGION, GENDER, AGE, OR ABILITY TO PAY AN UNINSURED, OR UNDERINSURED, LOW-INCOME PERSON WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE 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 MEDICALLY NECESSARY AND GENERALLY AVAILABLE AT THE HOSPITALS AND CLINICS 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 A PLAIN LANGUAGE EXPLANATION OF THE PROGRAM, FREQUENTLY ASKED QUESTIONS, A TOLL-FREE 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 AND AFTER THE TIME OF SERVICE THE PROCESS OFTEN BEGINS WITH THE PATIENT'S PRE-REGISTRATION PRIOR TO SERVICE HEALTH SERVICES PARTICIPATES IN AN OUTREACH PROGRAM OFFERED BY THE UTAH DEPARTMENT OF WORKFORCE SERVICES THAT ALLOWS HOSPITALS TO PLACE STATE ASSISTANCE ELIGIBILITY REPRESENTATIVES AT PARTICIPATING HOSPITALS THESE REPRESENTATIVES MEET WITH PATIENTS AND THEIR FAMILIES AND ASSIST IN QUALIFYING THOSE ELIGIBLE FOR VARIOUS PROGRAMS SUCH AS MEDICAID, CHILDREN'S HEALTH INSURANCE PROGRAM, DISABILITY, OR OTHER GOVERNMENT ASSISTANCE PROGRAMS HEALTH SERVICES CONTRIBUTES TO THE SALARIES OF THESE REPRESENTATIVES IN ORDER TO PARTICIPATE IN THIS OUTREACH PROGRAM 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 " COMMUNICATION ASSISTANCE, SUCH AS ADDITIONAL TRANSLATION SERVICES AND AMERICAN SIGN-LANGUAGE, IS ALSO AVAILABLE TO PATIENTS AS NEEDED A BILLING STATEMENT INSERT INCLUDES A PLAIN LANGUAGE SUMMARY IN ENGLISH AND SPANISH THAT PROVIDES SIMPLIFIED INSTRUCTIONS ON HOW TO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM, AS WELL AS LANGUAGE THAT STATES "WHEN THOSE WHO LIVE IN OUR COMMUNITIES NEED CARE, FINANCIAL CONCERNS SHOULD NOT PREVENT THEM FROM RECEIVING TREATMENT INTERMOUNTAIN HEALTHCARE IS COMMITTED TO PROVIDING MEDICALLY NECESSARY CARE BY OFFERING FINANCIAL ASSISTANCE TO INDIVIDUALS THAT QUALIFY PEOPLE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NOT BE CHARGED MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNTS GENERALLY BILLED TO INSURED PEOPLE " A TOLL-FREE NUMBER AND A PHYSICAL ADDRESS WHERE PATIENTS CAN RECEIVE HELP APPLYING FOR ASSISTANCE ARE ALSO INCLUDED WITH THE BILLING STATEMENT INSERT THIS INSERT IS INCLUDED WITH THE FIRST SELF-PAY STATEMENT EVERY BILLING STATEMENT STATES THE FOLLOWING "FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO QUALIFY VISIT OUR WEBSITE OR CONTACT US AT OUR OFFICE FOR MORE INFORMATION " A URL IS PROVIDED WHICH WILL DIRECT THE PATIENT TO THE FINANCIAL ASSISTANCE LANDING PAGE ON THE PUBLIC WEBSITE THIS STATEMENT IS PROVIDED ON THE FRONT OF EACH STATEMENT IN CONSPICUOUS FONT A PRE-RECORDED HOLD-MESSAGE STATES THE FOLLOWING "INTERMOUNTAIN HEALTHCARE OFFERS FINANCIAL ASSISTANCE TO THOSE WHO CANNOT PAY THEIR BILL, AND WHO QUALIFY FOR ASSISTANCE FOR MORE INFORMATION ASK YOUR REPRESENTATIVE " BILLING ENVELOPES ALSO INCLUDE A STATEMENT ON THE BACK THAT STATES THE FOLLOWING 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</p>
PART VI, LINE 4	<p>UTAH HAS 37 HOSPITALS THROUGHOUT THE STATE HEALTH SERVICES OWNS 22 HOSPITALS AND 371 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 2018 ESTIMATES, HEALTH SERVICES SERVES A POPULATION OF APPROXIMATELY 3.2 MILLION PEOPLE, 2 MILLION OF WHICH LIVE ALONG THE WASATCH FRONT ENCOMPASSING 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 11% IS 65 YEARS AND OLDER) EDUCATION LEVELS ARE SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE (92% OF THE POPULATION ARE HIGH SCHOOL GRADUATES AND 33% HAVE A BACHELOR'S DEGREE OR HIGHER) THE 2017 MEDIAN HOUSEHOLD INCOME FOR THE AREA WAS APPROXIMATELY \$65,000 IN 2018 ABOUT 9.7% OF THE POPULATION LIVED AT OR BELOW THE FEDERAL POVERTY LEVEL AND ABOUT 10.1% OF THE POPULATION DID NOT HAVE HEALTH INSURANCE (U.S. CENSUS QUICK FACTS)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>HEALTH SERVICES PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PARTICIPATION IN VARIOUS COALITIONS AND SERVICES THAT ADDRESS DOCUMENTED HEALTH NEEDS TO IMPROVE HEALTH EMPLOYEES PARTICIPATE IN MULTIPLE HEALTH-RELATED BOARDS AND COALITIONS TO ADVOCATE FOR HEALTH IMPROVEMENTS AND INCREASED ACCESS TO HEALTHCARE SERVICES FOR UNINSURED, LOW-INCOME, AND UNDERSERVED POPULATIONS THE MAJORITY OF HEALTH SERVICES' GOVERNING BODY IS COMPRISED OF PEOPLE WHO RESIDE IN ITS SERVICE AREA AND REPRESENT BROAD COMMUNITY PERSPECTIVES HEALTH SERVICES DIRECTLY OWNS AND OPERATES 4 COMMUNITY AND SCHOOL CLINICS AND HELPS SUPPORT 50 INDEPENDENTLY OWNED COMMUNITY SAFETY NET CLINICS SERVING LOW-INCOME AND AT-RISK PEOPLE IN MEDICALLY UNDERSERVED COMMUNITIES THROUGH GRANTS, CASH, AND IN-KIND CONTRIBUTIONS SUCH SUPPORT INCREASES ACCESS TO HEALTHCARE SERVICES ADDITIONALLY, HEALTH SERVICES' STAFF PROVIDES ONGOING CONSULTATIONS TO IMPROVE LOCAL OPERATIONS HEALTH SERVICES EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS FOR ITS DEPARTMENTS AND SPECIALTIES IN THE COMMUNITIES SERVED AS AN ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3), SURPLUS FUNDS OF HEALTH SERVICES ARE REINVESTED BACK INTO THE COMMUNITY TO IMPROVE PATIENT CARE BY UPGRADING FACILITIES AND EQUIPMENT AND BY PROVIDING FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT ACTIVITIES THAT IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES SERVED</p>
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 MEDICAL AND OTHER SUPPLIES NAVICAN GENOMICS, INC IS HELPING BOTH ONCOLOGISTS AND PATIENTS HARNESS THE POWER OF PRECISION GENOMICS, CLINICAL ANALYTICS, AND PATIENT SERVICES FOR OPTIMAL CANCER TREATMENT AND MANAGEMENT BY MATCHING PATIENTS WITH PRIORITIZED TREATMENT OPTIONS AND APPROPRIATE CLINICAL TRIALS, THE ORGANIZATION IS HELPING TO DELIVER BETTER OUTCOMES, REDUCE COSTS, AND PROVIDE AN ESSENTIAL BRIDGE FOR EVERYONE TO ACCESS PRECISION CANCER THERAPY EMPIRIC HEALTH, INC IS A TECHNOLOGY-ENABLED SERVICE COMPANY THAT HELPS HEALTH SYSTEMS LOWER COSTS AND IMPROVE OUTCOMES THROUGH DATA-DRIVEN PHYSICIAN PRACTICE ENHANCEMENTS THE ORGANIZATION POSSESSES A PROPRIETARY COMPARATIVE ANALYTICS METHODOLOGY THAT ENABLES CARE PROVIDERS TO UNDERSTAND VARIATIONS IN PROCESSES AND OPTIMIZE RESOURCE UTILIZATION FOR HIGH VALUE, EPISODIC CARE CULMINATION BIO, INC (FKA MATTERHORN BIO, INC) IS A DATA AND ANALYTICS BIOREPOSITORY ORGANIZATION THAT USES DATA FROM ARCHIVAL SAMPLES TO INFORM THE DEVELOPMENT OF NOVEL DISCOVERIES FOR BIOTECH AND PHARMACEUTICAL CUSTOMERS ALLUCEO, INC OFFERS PROVEN, TEAM-BASED MENTAL HEALTH INTEGRATION SERVICES AND TECHNOLOGY IT AIMS TO SIMPLIFY THE PROCESS FOR CONNECTING PEOPLE IN NEED OF MENTAL HEALTH SERVICES WITH A TEAM OF SKILLED CAREGIVERS THE DIGITAL PLATFORM MAKES THE SCIENCE OF MENTAL HEALTH INTEGRATION ACCESSIBLE, POWERS TEAM-BASED CARE PROTOCOLS, AND ENABLES A PATIENT'S FULL CARE TEAM TO COMMUNICATE REMOTELY AND SEAMLESSLY, ASSESS RISK AND COMPLEXITY, AND DELIVER HIGH-QUALITY CONNECTED CARE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	HEALTH SERVICES FILES COMMUNITY BENEFIT REPORTS (OR "CHARITY PLANS") WITH EACH COUNTY IN UTAH WHERE HOSPITALS ARE LOCATED, AS REQUIRED BY THE UTAH NONPROFIT HOSPITAL AND NURSING HOME PROPERTY TAX EXEMPTION STANDARDS HEALTH SERVICES HAS 1 HOSPITAL IN IDAHO, CASSIA REGIONAL HOSPITAL IDAHO CURRENTLY DOES NOT HAVE STATE NOT-FOR-PROFIT HOSPITAL COMMUNITY BENEFIT REPORTING REQUIREMENTS
PART VI, LINE 2	HEALTH SERVICES CONTINUES TO ASSESS HEALTHCARE NEEDS OF THE 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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 22		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	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
3	UTAH VALLEY HOSPITAL 1034 NORTH 500 WEST PROVO, UT 84604 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-210	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	MCKAY-DEE HOSPITAL 4401 HARRISON BOULEVARD OGDEN, UT 84403 HTTP //INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-191	X	X		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? 22											
Name, address, primary website address, and state license number											
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 (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 22		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
11	PARK CITY HOSPITAL 900 ROUND VALLEY DRIVE PARK CITY, UT 84060 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-90903	X	X					X			A
12	THE ORTHOPEDIC SPECIALTY HOSPITAL 5848 SOUTH FASHION BOULEVARD MURRAY, UT 84107 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-394	X									A
13	CEDAR CITY HOSPITAL 1303 NORTH MAIN STREET CEDAR CITY, UT 84720 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-211	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

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? 22											
Name, address, primary website address, and state license number											
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? 22		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	LAYTON HOSPITAL 201 WEST LAYTON PARKWAY LAYTON, UT 84041 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2019-HOSP-UT000863	X	X					X			B
22	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUP A, PART V, SECTION B, LINE 5	<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 THEIR LOCAL HEALTH DEPARTMENT, THE UTAH DEPARTMENT OF HEALTH, AND/OR 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 IN RESPONSE TO COMMUNITY NEED AND INPUT, SUICIDE PREVENTION WAS ADDED AS A HEALTH PRIORITY IN 2018 RESULTS OF EACH HOSPITAL'S CHNA AND THE COMMUNITY HEALTH IMPROVEMENT PLANS (INITIATIVES) THAT WERE CREATED TO ADDRESS THE 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 INTEREST OF THE COMMUNITIES SERVED BY THE HOSPITALS PARTICIPANTS INCLUDED 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 AND SAFETY NET CLINICS AND FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED, LOW-INCOME, AND HOMELESS PEOPLE IN ADDITION, 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 PARTICIPATED 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</p>

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

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

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINES 13B & 13H	CATASTROPHIC ASSISTANCE HEALTH SERVICES ATTEMPTS TO LIMIT A PATIENT'S FINANCIAL RESPONSIBILITY WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 35% OF THE PATIENT'S GROSS HOUSEHOLD ANNUAL INCOME EXTENUATING CIRCUMSTANCES SINCE EACH PATIENT'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 A PATIENT'S GROSS HOUSEHOLD ANNUAL INCOME COMPARED TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FEDERAL POVERTY INCOME GUIDELINES AND OFFERS THE MAXIMUM AVAILABLE ASSISTANCE TO QUALIFYING PATIENTS UNDER 200% OF THOSE GUIDELINES HEALTH SERVICES APPLIES AN EVALUATIVE MODEL TO ESTIMATE A REASONABLE AMOUNT A PATIENT COULD PAY WHEN INCOME FALLS BETWEEN 200% 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUPS A & B, PART V, SCT B, LINES 15E, 16I, 16J AND 20E	<p>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, A TOLL-FREE 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</p>

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

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

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINE 22B	HEALTH SERVICES DETERMINED THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO A FINANCIAL ASSISTANCE ELIGIBLE PATIENT 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINES 16A-C	HTTPS //INTERMOUNTAINHEALTHCARE ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE/ OTHER-RESOURCES/ HTTPS //INTERMOUNTAINHEALTHCARE ORG/PATIENT-TOOLS/FINANCIAL-ASSISTANCE/HOW-TO-APPLY/

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

Form and Line Reference	Explanation
<p>HOSPITAL REPORTING GROUP A, PART V, SECTION B, LINE 11</p>	<p>HEALTH SERVICES ESTABLISHED A SYSTEM PLAN WITH LOCAL IMPLEMENTATION OF COMMUNITY HEALTH IMPROVEMENT INITIATIVES IN EACH HOSPITAL COMMUNITY TO PREVENT PREDIABETES, HIGH BLOOD PRESSURE, DEPRESSION, AND PRESCRIPTION OPIOID MISUSE FOR UNDERSERVED AND LOW-INCOME PEOPLE. INITIATIVES RELATED TO PREDIABETES AND HIGH BLOOD PRESSURE ARE FOR ADULTS, INITIATIVES RELATED TO DEPRESSION AND PRESCRIPTION OPIOID MISUSE INCLUDE AN ADULT AND PEDIATRIC FOCUS. INITIATIVES ARE SUMMARIZED BELOW. DETAILED FRAMEWORKS WITH ANNUAL TARGETS ARE IN SPECIFIC HOSPITAL COMMUNITY HEALTH IMPROVEMENT PLANS (IMPLEMENTATION STRATEGY PLANS) AT HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS/. 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 AND/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, INCLUDING REFERRAL TO COMMUNITY-BASED PRIMARY CARE PROVIDERS, 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 PROVIDES PUBLIC MESSAGING TO IMPROVE AWARENESS OF THE SIGNS AND SYMPTOMS OF DEPRESSION AND SUICIDE IN YOUTH, INCLUDING THE DEVELOPMENT OF "HOLD ON/PERSUADE/EMPOWER" ("HOPE") SQUADS, WHICH HELP 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 WAS 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 IMPROVE</p>

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

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUP A, PART V, SECTION B, LINE 11	<p>D ACCESS TO TREATMENT BY 1) FUNDING THE INSTALLATION OF MEDICATION DISPOSAL DROP BOXES, 2) MAKING NALOXONE (AN OVERDOSE REVERSAL MEDICATION) WIDELY AVAILABLE, AND 3) DEMONSTRATING THE EFFECTIVENESS OF MEDICATION ASSISTED TREATMENT COMBINED WITH COUNSELING AND PROVIDING COMMUNITY-BASED CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS FOR CHRONIC PAIN WORKSHOPS OTHER NEEDS IDENTIFIED AND REASONS WHY SUCH NEEDS ARE NOT ADDRESSED IN IMPLEMENTATION STRATEGIE S HEALTH SERVICES' 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 ISS UE IS CURRENTLY PART OF THE HEALTH SERVICES INITIATIVES AS DESCRIBED BELOW ACCESS TO HEALTH CARE SERVICES HEALTH SERVICES PROVIDES ACCESS TO HEALTHCARE SERVICES FOR LOW-INCOME AND UNINSURED PATIENTS IN COMMUNITIES SERVED BY ITS HOSPITALS AND CLINICS THROUGH ITS FINANCIAL ASSISTANCE PROGRAM AND BY SUPPORTING AND OPERATING CLINICS TO ELIMINATE BARRIERS IN ACCES SING CARE FOR UNDERSERVED 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 PROGR AMS FOR WHICH THEY ARE ELIGIBLE IN 2018, HEALTH SERVICES PROVIDED MORE THAN \$156 MILLION (COST) IN FINANCIAL ASSISTANCE IN MORE THAN 269,000 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 54 CLINICS SERVING PEOPLE BELOW 200 PERCENT OF FEDERAL POVE RTY GUIDELINES TO PROVIDE VOUCHERS FOR DIAGNOSTIC IMAGING, LAB TESTS, AND SPECIALTY CARE S ERVICES IN 2018, MORE THAN 16,500 VOUCHERS VALUED AT OVER \$12 9 MILLION WERE PROVIDED TO THESE CLINICS FOR SERVICES IN HEALTH SERVICES' CLINICS AND HOSPITALS - HEALTH SERVICES PRO VIDED GRANTS THROUGH THE INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC TO FEDERALLY QUALIF IED HEALTH CENTERS AND OTHER SAFETY NET CLINICS IN EXCESS OF \$2 5 MILLION IN 2018 TO HELP INCREASE ACCESS TO A REGULAR PLACE FOR COMPREHENSIVE MEDICAL CARE FOR LOW-INCOME AND UNINS URED 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL REPORTING 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, UTAH DELTA COMMUNITY HOSPITAL IN DELTA, UTAH DIXIE REGIONAL MEDICAL CENTER IN ST GEORGE, UTAH FILLMORE COMMUNITY HOSPITAL IN FILLMORE, UTAH HEBER VALLEY HOSPITAL IN HEBER CITY, UTAH INTERMOUNTAIN MEDICAL CENTER IN SALT LAKE CITY, UTAH LDS HOSPITAL IN SALT LAKE CITY, UTAH LOGAN REGIONAL HOSPITAL IN LOGAN, UTAH MCKAY-DEE HOSPITAL IN OGDEN, UTAH OREM COMMUNITY HOSPITAL IN OREM, UTAH PARK CITY HOSPITAL IN PARK CITY, UTAH PRIMARY CHILDREN'S HOSPITAL IN SALT LAKE CITY, UTAH RIVERTON HOSPITAL IN RIVERTON, UTAH SANPETE VALLEY HOSPITAL IN MOUNT PLEASANT, UTAH SEVIER VALLEY HOSPITAL IN RICHFIELD, UTAH THE ORTHOPEDIC SPECIALTY HOSPITAL IN MURRAY, UTAH UTAH 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL REPORTING 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 DEPARTMENTSSALT LAKE COUNTY HEALTH DEPARTMENTSSOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT SUMMIT COUNTY HEALTH DEPARTMENTWASATCH COUNTY HEALTH DEPARTMENTWEBER-MORGAN HEALTH DEPARTMENT UTAH COUNTY HEALTH DEPARTMENTUTAH DEPARTMENT OF HEALTH IDAHO 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

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

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUP A, PART V, SECTION B, LINE 3E	HEALTH SERVICES' CHNA IS COMPLETED EVERY THREE YEARS WITH THE MOST RECENT COMPLETED IN 2016 THE 2016 CHNA WAS COMPLETED IN COLLABORATION WITH SALT LAKE COUNTY HEALTH DEPARTMENT AND THE UTAH DEPARTMENT OF HEALTH TO IDENTIFY HEALTH INDICATORS, GATHER AND ANALYZE DATA, AND PRIORITIZE THE INDICATORS TO DETERMINE THE SIGNIFICANT HEALTH NEEDS TO ADDRESS OVER THE NEXT SEVERAL YEARS BASED ON THAT PRIORITIZATION PROCESS, HEALTH SERVICES IDENTIFIED THE PRIORITY HEALTH NEEDS AS FOLLOWS PREVENTION OF PREDIABETES, HIGH BLOOD PRESSURE, DEPRESSION AND PRESCRIPTION OPIOID MISUSE, WITH THE ADDITION OF SUICIDE PREVENTION IN 2018 IN RESPONSE TO CURRENT COMMUNITY INPUT AND NEED ALL INDIVIDUAL HOSPITAL CHNA REPORTS INCLUDE A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY

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

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

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUP B, PART V, SECTION B, LINE 2	LAYTON HOSPITAL IS A NEW FACILITY THAT WAS PLACED IN SERVICE AS A TAX-EXEMPT HOSPITAL ON OCTOBER 15, 2018

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

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

Form and Line Reference	Explanation
HOSPITAL REPORTING GROUP B, PART V, SECTION B, LINE 12A	LAYTON HOSPITAL IS A NEW FACILITY THAT WAS PLACED IN SERVICE AS A TAX-EXEMPT HOSPITAL ON OCTOBER 15, 2018 THE HOSPITAL WILL PARTICIPATE IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WITH THE OTHER SYSTEM RELATED HOSPITALS

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - BOUNTIFUL CLINIC 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
1 2 - MEMORIAL CLINIC 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
2 3 - INTERMOUNTAIN NEUROSCIENCES INST 5171 S COTTONWOOD ST STE 810 MURRAY, UT 841075705	CLINIC
3 4 - MCKAY DEE RHEUMATOLOGY 4403 HARRISON BLVD STE 3650 OGDEN, UT 844033288	CLINIC
4 5 - LOGAN REGIONAL ORTHOPEDICS 1350 N 500 E LOGAN, UT 843412400	CLINIC
5 6 - INTERMOUNTAIN PEDIATRIC IMAGING 3741 W 12600 S RIVERTON, UT 840657215	CLINIC
6 7 - INTERMOUNTAIN HEART INSTITUTE 5169 S COTTONWOOD ST STE 520 MURRAY, UT 841075701	CLINIC
7 8 - SALT LAKE CLINIC RADIOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
8 9 - INTERMOUNTAIN HEART RHYTHM 5169 S COTTONWOOD ST STE 510 MURRAY, UT 841075701	CLINIC
9 10 - BUDGE CLINIC OBGYN 1400 N 500 E LOGAN, UT 843412455	CLINIC
10 11 - INTERMOUNTAIN OBGYN 5063 S COTTONWOOD ST STE 120 MURRAY, UT 841076772	CLINIC
11 12 - SOUTHERN UTAH NEURO-CEDAR 1303 N MAIN ST CEDAR CITY, UT 847209746	CLINIC
12 13 - SOUTHERN UTAH NEUROSCIENCES INST 652 S MEDICAL CENTER DR STE 420 ST GEORGE, UT 847907049	CLINIC
13 14 - SOUTHWEST CARDIOLOGY-ST GEORGE 1380 E MEDICAL CENTER DR STE 1500 ST GEORGE, UT 847902128	CLINIC
14 15 - MCKAY DEE ORTHOPEDIC AND SPORTS MED 3895 HARRISON BLVD OGDEN, UT 844038440	CLINIC

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

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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)
16 16 - MCKAY DEE ORTHOPEDICS AND SPORTS MED 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
1 17 - SALT LAKE CLINIC-INFUSION 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
2 18 - ALTA VIEW CLINIC PEDIATRICS 9450 S 1300 E SANDY, UT 840945555	CLINIC
3 19 - SOUTHWEST ORTHO AND SPORTS MEDICINE 652 S MEDICAL CENTER DR STE 120 ST GEORGE, UT 847907017	CLINIC
4 20 - SOUTHRIDGE CLINIC SURGICAL SPEC 3723 W 12600 S STE 270 RIVERTON, UT 840657296	CLINIC
5 21 - UTAH VALLEY NEONATOLOGY 1034 N 500 W PROVO, UT 846043380	CLINIC
6 22 - CALTON-HARRISON ORTHOPEDIC & SPORTS MED 4403 HARRISON BLVD STE 2400 OGDEN, UT 844033297	CLINIC
7 23 - MCKAY DEE BEHAVIORAL HEALTH 3903 HARRISON BLVD STE 300 OGDEN, UT 844032314	CLINIC
8 24 - SOUTHRIDGE CLINIC PEDIATRICS 3723 W 12600 S STE 330 RIVERTON, UT 840657296	CLINIC
9 25 - MURRAY VASCULAR AND VEIN 5323 S WOODROW ST STE 101 MURRAY, UT 841075843	CLINIC
10 26 - BUDGE CLINIC PEDIATRICS 1350 N 500 E LOGAN, UT 843412400	CLINIC
11 27 - PARK CITY SPECIALTY 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607532	CLINIC
12 28 - NORTH OGDEN CLINIC 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
13 29 - INTERMOUNTAIN HEART CARDIO SURGERY 5169 S COTTONWOOD ST STE 600 MURRAY, UT 841076771	CLINIC
14 30 - REDROCK PEDIATRICS 1380 E MEDICAL CENTER DR STE 3100 ST GEORGE, UT 847902135	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 - SALT LAKE CLINIC-FAMILY INTERNAL MED 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
1 32 - MCKAY DEE DERMATOLOGY & PLASTIC SURGERY 4403 HARRISON BLVD STE 3680 OGDEN, UT 844033289	CLINIC
2 33 - LAYTON CLINIC 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
3 34 - SALT LAKE CLINIC LABORATORY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
4 35 - AVENUES WOMENS CENTER 370 9TH AVE STE 205 SALT LAKE CITY, UT 841033184	CLINIC
5 36 - HEBER VALLEY CLINIC 1473 S HIGHWAY 40 STE E HEBER CITY, UT 840323522	CLINIC
6 37 - NORTHERN UTAH SURGEONS 4403 HARRISON BLVD STE 1635 OGDEN, UT 844033272	CLINIC
7 38 - ORTHOPEDIC SPECIALTY GROUP - TOSH 5848 S FASHION BLVD STE 120 MURRAY, UT 841076121	CLINIC
8 39 - CEDAR CITY CLINIC 1303 N MAIN ST STE 3C CEDAR CITY, UT 847209746	CLINIC
9 40 - INTERMOUNTAIN SURGICAL SPECIALISTS 5169 S COTTONWOOD ST STE 410 MURRAY, UT 841076769	CLINIC
10 41 - RIVER ROAD FAMILY MEDICINE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
11 42 - COTTONWOOD FAMILY MEDICINE 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
12 43 - ALTA VIEW CLINIC - ADULT MENTAL HLTH 9450 S 1300 E SANDY, UT 840945555	CLINIC
13 44 - UTAH VALLEY ORTHOPAEDICS 1157 N 300 W STE 201 PROVO, UT 846046124	CLINIC
14 45 - HOLLADAY ALLERGY AND DERMATOLOGY 6272 S HIGHLAND DR MURRAY, UT 841212126	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 - SOUTHRIDGE CLINIC MEDICAL SPEC 3723 W 12600 S RIVERTON, UT 840657295	CLINIC
1 47 - UTAH VALLEY PSYCH AND COUNSEL 1157 N 300 W PROVO, UT 846046124	CLINIC
2 48 - AVENUES GENERAL SURGERY 324 E 10TH AVE STE 200 SALT LAKE CITY, UT 841032853	CLINIC
3 49 - TAYLORSVILLE CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
4 50 - ZION ORTHOPEDICS AND SPORTS MEDICINE 652 S MEDICAL CENTER DR STE 400 ST GEORGE, UT 847907017	CLINIC
5 51 - WASATCH OBGYN 4403 HARRISON BLVD STE 4815 OGDEN, UT 844033333	CLINIC
6 52 - SALT LAKE CLINIC-DERMATOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 53 - SEVIER VALLEY CLINIC 1000 N MAIN ST STE A RICHFIELD, UT 847012069	CLINIC
8 54 - MCKAY DEE VASCULAR AND VEIN 1486 E SKYLINE DR SOUTH OGDEN, UT 844054877	CLINIC
9 55 - BUDGE CLINIC INTERNAL MEDICINE 1350 N 500 E LOGAN, UT 843412400	CLINIC
10 56 - BUDGE CLINIC GI 1350 N 500 E LOGAN, UT 843412400	CLINIC
11 57 - UNION PARK PSYCHIATRY AND COUNSELING 1225 E FORT UNION BLVD STE 215 COTTONWOOD HEIGHTS, UT 840471882	CLINIC
12 58 - ORTHOPEDIC SPECIALTY GROUP 9450 S 1300 E STE 120 SANDY, UT 840945559	CLINIC
13 59 - AVENUES GASTROENTEROLOGY 324 10TH AVE STE 249 SALT LAKE CITY, UT 841032853	CLINIC
14 60 - LEGACY OBGYN 1159 E 200 N STE 250 AMERICAN FORK, UT 840032028	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)
61 61 - HOLLADAY PEDIATRICS 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
1 62 - LAYTON INSTACARE 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
2 63 - BEAR RIVER 935 N 1000 W TREMONTON, UT 843379356	CLINIC
3 64 - SUNSET FAMILY PRACTICE 1739 W SUNSET BLVD ST GEORGE, UT 847707141	CLINIC
4 65 - ALTA VIEW INSTACARE KIDSCARE 9450 S 1300 E SANDY, UT 840705555	CLINIC
5 66 - SEVIER VALLEY SPECIALTY CLINIC 1000 N MAIN ST STE B RICHFIELD, UT 847012069	CLINIC
6 67 - COTTONWOOD INSTACARE 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
7 68 - BUDGE CLINIC DERMATOLOGY 1350 N 500 E LOGAN, UT 843412400	CLINIC
8 69 - NORTH OGDEN INSTACARE 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
9 70 - BUDGE CLINIC SURGICAL SPECIALISTS 1350 N 500 E LOGAN, UT 843412400	CLINIC
10 71 - ORTHOPEDIC SPECIALTY GROUP-RIVERTON 3723 W 12600 S STE 460 RIVERTON, UT 840657295	CLINIC
11 72 - AMERICAN FORK DERMATOLOGY 98 N 1100 E STE 301 AMERICAN FORK, UT 840032947	CLINIC
12 73 - NORTHERN UTAH PEDIATRICS 4403 HARRISON BLVD STE 4875 OGDEN, UT 844033335	CLINIC
13 74 - LOGAN INSTACARE 412 N 200 E LOGAN, UT 843214038	CLINIC
14 75 - TAYLORSVILLE INSTACARE 3845 W 4700 S TAYLORSVILLE, UT 841293454	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)
76 76 - WOMENS HEALTH SPECIALISTS 346 E 600 S ST GEORGE, UT 847703949	CLINIC
1 77 - RIVER ROAD INTERNAL MEDICINE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
2 78 - MCKAY DEE CARDIOLOGY 4403 HARRISON BLVD STE 3490 OGDEN, UT 844033284	CLINIC
3 79 - INTERMOUNTAIN UROLOGICAL INSTITUTE 5171 S COTTONWOOD ST STE 720 MURRAY, UT 841075705	CLINIC
4 80 - ROSE CANYON CLINIC 5541 W 13400 S RIVERTON, UT 840965640	CLINIC
5 81 - CENTRAL OREM CLINIC 505 W 400 N OREM, UT 840571950	CLINIC
6 82 - HURRICANE VALLEY CLINIC 75 N 2260 W HURRICANE, UT 847372034	CLINIC
7 83 - HOLLADAY INSTACARE 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
8 84 - SOUTH OGDEN CLINIC 975 CHAMBERS ST SOUTH OGDEN, UT 844034591	CLINIC
9 85 - MCKAY DEE NEONATOLOGY 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
10 86 - MCKAY DEE GASTROENTEROLOGY CLINIC 4403 HARRISON BLVD STE 2600 OGDEN, UT 844033277	CLINIC
11 87 - INTERMOUNTAIN PLASTIC SURGERY CENTER 5169 S COTTONWOOD ST STE 420 MURRAY, UT 841076769	CLINIC
12 88 - SALT LAKE INSTACARE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
13 89 - MCKAY DEE CARDIOLOGY SOUTH 4403 HARRISON BLVD STE 3400 OGDEN, UT 844033281	CLINIC
14 90 - HEREFORDSHIRE CLINIC 1915 W 5950 S ROY, UT 840671454	CLINIC

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

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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)
91 91 - UTAH VALLEY VASCULAR SURGERY 1055 N 300 W STE 205 PROVO, UT 846045044	CLINIC
1 92 - WEST JORDAN INSTACARE 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
2 93 - MCKAY DEE INTERNAL MEDICINE 4403 HARRISON BLVD STE 3875 OGDEN, UT 844033332	CLINIC
3 94 - NORTH CANYON FAMILY PRACTICE 3200 N CANYON RD STE D PROVO, UT 846044678	CLINIC
4 95 - BOUNTIFUL INSTACARE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
5 96 - UTAH VALLEY ENT - NORTH VALLEY 98 N 1100 E STE 203 AMERICAN FORK, UT 840032941	CLINIC
6 97 - UTAH VALLEY ENT-NORTH VALLEY-AF 1159 E 200 N STE 325 AMERICAN FORK, UT 840032036	CLINIC
7 98 - WEST JORDAN CLINIC 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
8 99 - SOUTHWEST UROLOGY 1380 E MEDICAL CENTER DR STE 2100 ST GEORGE, UT 847902129	CLINIC
9 100 - MEDICAL CENTER RADIATION ONCOLOGY 5121 S COTTONWOOD ST MURRAY, UT 841075701	CLINIC
10 101 - SALT LAKE CLINIC-PHYSICAL MEDICINE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 102 - CARDIOVASCULAR AND THORACIC SURGERY 1380 E MEDICAL CENTER DR STE 2600 ST GEORGE, UT 847902134	CLINIC
12 103 - RIVER ROAD INSTACARE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
13 104 - DRAPER INSTACARE 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
14 105 - SALT LAKE CLINIC-PEDIATRICS 389 S 900 E SALT LAKE CITY, UT 841022310	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)
106 106 - MEMORIAL INSTACARE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
1 107 - MCKAY DEE NEUROLOGY 4403 HARRISON BLVD STE 3855 OGDEN, UT 844033349	CLINIC
2 108 - UTAH VALLEY HEART LUNG VEIN 1134 N 500 W STE 100 PROVO, UT 846046101	CLINIC
3 109 - ALTA VIEW WOMEN'S SPECIALISTS 9450 S 1300 E SANDY, UT 840945555	CLINIC
4 110 - SOUTHRIDGE INSTACARE 3723 W 12600 S STE 150 RIVERTON, UT 840657296	CLINIC
5 111 - HILLCREST PEDIATRICS 5063 S COTTONWOOD ST STE 160 MURRAY, UT 841076773	CLINIC
6 112 - ORTHOPEDIC SPECIALTY GROUP 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032870	CLINIC
7 113 - LOGAN CLINIC 412 N 200 E LOGAN, UT 843214038	CLINIC
8 114 - OGDEN CARDIOVASCULAR ASSOCIATES 4403 HARRISON BLVD STE 3835 OGDEN, UT 844033331	CLINIC
9 115 - INTERMOUNTAIN MFM SPECIALISTS DIAG 5121 S COTTONWOOD ST STE 100 MURRAY, UT 841075701	CLINIC
10 116 - NORTH CACHE VALLEY CLINIC 4088 N HIGHWAY 91 HYDE PARK, UT 843184108	CLINIC
11 117 - NORTH OREM INSTACARE 1975 N STATE ST OREM, UT 840572028	CLINIC
12 118 - MCKAY DEE ENT 4403 HARRISON BLVD STE 2645 OGDEN, UT 844033278	CLINIC
13 119 - TAYLORSVILLE ALLERGY AND DERMATOLOGY 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
14 120 - SOUTH SANDY CLINIC 955 E 11400 S SANDY, UT 840946946	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)
121 121 - KAYSVILLE CREEKSIDE CLINIC 435 N MAIN ST KAYSVILLE, UT 840371194	CLINIC
1 122 - UTAH VALLEY INSTACARE 1134 N 500 W STE 102 PROVO, UT 846045569	CLINIC
2 123 - AVENUES OB-GYN 324 10TH AVE STE 184 SALT LAKE CITY, UT 841032861	CLINIC
3 124 - ALTA VIEW CLINIC DERMATOLOGY 9450 S 1300 E SANDY, UT 840955555	CLINIC
4 125 - SALT LAKE CLINIC-ALLERGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 126 - HEREFORDSHIRE INSTACARE 1915 W 5950 S ROY, UT 840671454	CLINIC
6 127 - MCKAY DEE HEART RHYTHM SPECIALISTS 4403 HARRISON BLVD STE 3450 OGDEN, UT 844033282	CLINIC
7 128 - WEST VALLEY INSTACARE 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
8 129 - SARATOGA SPRINGS FAMILY PRACTICE 354 W STATE RD 73 SARATOGA SPRINGS, UT 840432901	CLINIC
9 130 - UTAH VALLEY ORTHOPAEDICS 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
10 131 - SARATOGA SPRINGS INSTACARE 354 W STATE RD 73 SARATOGA SPRINGS, UT 840432901	CLINIC
11 132 - BUDGE CLINIC GENERAL SURGERY 1350 N 500 E LOGAN, UT 843412400	CLINIC
12 133 - LAYTON PARKWAY NORTHERN UTAH PEDS 201 W LAYTON PARKWAY STE 1C LAYTON, UT 840413692	CLINIC
13 134 - PARK CITY CLINIC-ROUND VALLEY 750 ROUND VALLEY DR PARK CITY, UT 840607548	CLINIC
14 135 - SOUTHWEST REGIONAL CANCER CLINIC 544 S 400 E ST GEORGE, UT 847703705	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 - AMERICAN FORK INSTACARE 98 N 1100 E STE 101 AMERICAN FORK, UT 840032940	CLINIC
1 137 - SOUTH CACHE VALLEY CLINIC 190 S HIGHWAY 165 PROVIDENCE, UT 843329512	CLINIC
2 138 - UTAH VALLEY PAIN MANAGEMENT 412 W 800 N OREM, UT 840573728	CLINIC
3 139 - DIXIE NEONATOLOGY 544 S 400 E ST GEORGE, UT 847703705	CLINIC
4 140 - SALT LAKE CLINIC-ENT 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 141 - NORTH VALLEY PEDIATRICS 98 N 1100 E STE 201 AMERICAN FORK, UT 840032941	CLINIC
6 142 - SALT LAKE CLINIC-OPHTHALMOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 143 - SOUTHERN UTAH ORTHO SPORTS MED 166 W 1325 N STE 150 CEDAR CITY, UT 847217797	CLINIC
8 144 - SOUTHWEST NEUROLOGY ASSOCIATES 652 S MEDICAL CENTER DR STE 320 ST GEORGE, UT 847907266	CLINIC
9 145 - SOUTH JORDAN CLINIC 11444 S REDWOOD RD SOUTH JORDAN, UT 840957803	CLINIC
10 146 - PARK CITY INSTACARE 1750 SIDEWINDER DR PARK CITY, UT 840607570	CLINIC
11 147 - COTTONWOOD INTERNAL MEDICINE 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
12 148 - SUMMIT WOMEN'S CENTER 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
13 149 - AMERICAN FORK SURGICAL ASSOCIATES 98 N 1100 E STE 202 AMERICAN FORK, UT 840032941	CLINIC
14 150 - SPRINGVILLE INSTACARE 762 W 400 S SPRINGVILLE, UT 846633096	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 - CACHE VALLEY HEART CLINIC 1300 N 500 E STE 320 LOGAN, UT 843412462	CLINIC
1 152 - MT PLEASANT CLINIC 1100 S MEDICAL DR MT PLEASANT, UT 846472222	CLINIC
2 153 - SOUTH OGDEN INSTACARE 975 CHAMBERS ST SOUTH OGDEN, UT 844034591	CLINIC
3 154 - ALTA VIEW CLINIC EYE CARE 9450 S 1300 E SANDY, UT 840945555	CLINIC
4 155 - AMERICAN FORK INTERNAL MEDICINE 98 N 1100 E STE 302 AMERICAN FORK, UT 840032947	CLINIC
5 156 - INTERMOUNTAIN NURSE MIDWIVES 5121 S COTTONWOOD ST STE 170 MURRAY, UT 841075701	CLINIC
6 157 - SUMMIT OBGYN 505 W 400 N OREM, UT 840571950	CLINIC
7 158 - REDROCK DIGESTIVE HEALTH 652 S MEDICAL CENTER DR STE 330 ST GEORGE, UT 847907017	CLINIC
8 159 - HIGHLAND CLINIC 10968 N ALPINE HWY HIGHLAND, UT 840038874	CLINIC
9 160 - NORTH CACHE VALLEY INSTACARE 4088 N HIGHWAY 91 HYDE PARK, UT 843184108	CLINIC
10 161 - AVENUES INTERNAL MEDICINE 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032892	CLINIC
11 162 - TOOELE INSTACARE 777 N MAIN ST TOOELE, UT 840741611	CLINIC
12 163 - UTAH VALLEY SPORTS MEDICINE 1157 N 300 W STE 201 PROVO, UT 846046124	CLINIC
13 164 - SALT LAKE CLINIC-OBGYN 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
14 165 - BLOOD AND MARROW TRANSPLANT 8TH AVE AND C ST SALT LAKE CITY, UT 841430001	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)
166 166 - WEST VALLEY FAMILY MEDICINE 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
1 167 - TAYLORSVILLE KIDSCARE 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
2 168 - ALTA VIEW CLINIC GENERAL SURGERY 9450 S 1300 E SANDY, UT 840945555	CLINIC
3 169 - SALT LAKE CLINIC-SPINE PROGRAM 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
4 170 - UTAH VALLEY ROCK CANYON PEDS 1134 N 500 W STE 101 PROVO, UT 846045569	CLINIC
5 171 - SYRACUSE CLINIC 745 S 2000 W SYRACUSE, UT 840759621	CLINIC
6 172 - UTAH VALLEY PULMONARY CLINIC 1055 N 300 W STE 500 PROVO, UT 846043312	CLINIC
7 173 - ORTHOPEDIC SPECIALTY GROUP - MED CTR 5169 S COTTONWOOD ST STE 430 MURRAY, UT 841076774	CLINIC
8 174 - SALT LAKE CLINIC-SURGICAL SPEC 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
9 175 - VALLEY VIEW FAMILY MEDICINE 1333 N MAIN ST CEDAR CITY, UT 847219314	CLINIC
10 176 - SALT LAKE WORKMED 1685 W 2200 S SALT LAKE CITY, UT 841191456	CLINIC
11 177 - CEDAR CITY INSTACARE 962 SAGE DR CEDAR CITY, UT 847201885	CLINIC
12 178 - SOUTHERN UTAH PLASTIC SURG & DERM 652 S MEDICAL CENTER DR STE 300 ST GEORGE, UT 847907266	CLINIC
13 179 - SUNSET INSTACARE 1739 W SUNSET BLVD ST GEORGE, UT 847707141	CLINIC
14 180 - OGDEN WORKMED 1355 W HINCKLEY DR OGDEN, UT 84401	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 - ALTA VIEW CLINIC PLASTIC SURGERY 9450 S 1300 E SANDY, UT 840945555	CLINIC
1 182 - MCKAY DEE SLEEP CENTER 4403 HARRISON BLVD STE 2600 OGDEN, UT 844033277	CLINIC
2 183 - SALT LAKE CLINIC-CARDIOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 184 - ALTA VIEW CLINIC GASTROENTEROLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
4 185 - OREM WORKMED 830 N 980 W OREM, UT 840577709	CLINIC
5 186 - KEARNS CLINIC 4946 W 6200 S KEARNS, UT 841186703	CLINIC
6 187 - INTERMOUNTAIN HEART CARDIOLOGY-LDSH 8TH AVE AND C ST SALT LAKE CITY, UT 841430002	CLINIC
7 188 - NORTH OREM CLINIC 1975 N STATE ST OREM, UT 840572028	CLINIC
8 189 - SALT LAKE CLINIC PHYSICAL THERAPY 389 SOUTH 900 EAST SALT LAKE CITY, UT 84102	CLINIC
9 190 - DIXIE RADIATION ONCOLOGY 544 S 400 E ST GEORGE, UT 847703705	CLINIC
10 191 - AVENUES UROLOGY 324 E 10TH AVE STE 100 SALT LAKE CITY, UT 841032870	CLINIC
11 192 - COTTONWOOD ENDOCRINE & DIABETES CTR 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
12 193 - BOX ELDER INSTACARE 1050 S 500 W BRIGHAM CITY, UT 843024715	CLINIC
13 194 - INTERMOUNTAIN PSYCHIATRY AND COUNSEL 320 E 600 S ST GEORGE, UT 847703949	CLINIC
14 195 - MOUNTAIN FAMILY HEALTH 2720 HOMESTEAD ROAD STE 100 PARK CITY, UT 840984882	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)
196 196 - MCKAY DEE FOOT AND ANKLE 4403 HARRISON BLVD STE 2835 OGDEN, UT 844033327	CLINIC
1 197 - SALT LAKE CLINIC-ORTHOPEDECS 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
2 198 - UTAH VALLEY UROLOGY CLINIC 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
3 199 - SPRINGVILLE CLINIC 762 W 400 S SPRINGVILLE, UT 846633096	CLINIC
4 200 - SOUTHRIDGE CLINIC OBGYN 3723 W 12600 S STE 360 RIVERTON, UT 840657296	CLINIC
5 201 - HOLLADAY CLINIC 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
6 202 - SOUTHRIDGE KIDSCARE 3723 W 12600 S STE 150 RIVERTON, UT 840657296	CLINIC
7 203 - BOUNTIFUL KIDSCARE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
8 204 - SPORTS MEDICINE SPECIALISTS 280 N MAIN ST BOUNTIFUL, UT 840106136	CLINIC
9 205 - TAYLORSVILLE PHYSICAL THERAPY CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
10 206 - INTERMOUNTAIN HEART CARDIOLOGY-RVH 3741 W 12600 S STE 160A RIVERTON, UT 840657215	CLINIC
11 207 - INTERMOUNTAIN CANCER CENTER AT MCKAY DEE 4403 HARRISON BLVD STE 2855 OGDEN, UT 844032855	CLINIC
12 208 - UTAH VALLEY DERMATOLOGY 395 WEST BULLDOG BLVD SUITE 604 PROVO, UT 84604	CLINIC
13 209 - UTAH VALLEY NEUROLOGICAL 3685 N 100 E PROVO, UT 846044594	CLINIC
14 210 - IMED CAMPUS SLEEP PROGRAM 5121 S COTTONWOOD ST MURRAY, UT 841075701	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)
211 211 - HURRICANE VALLEY INSTACARE 75 N 2260 W HURRICANE, UT 847372034	CLINIC
1 212 - BUDGE CLINIC FAMILY MEDICINE 1350 N 500 E LOGAN, UT 843412400	CLINIC
2 213 - PAYSON INSTACARE 854 TURF FARM RD STE 1 PAYSON, UT 846515733	CLINIC
3 214 - LDS HOSPITAL RADIATION ONCOLOGY 8TH AVE AND C ST SALT LAKE CITY, UT 841430002	CLINIC
4 215 - FILLMORE CLINIC 700 S HIGHWAY 99 STE 3 FILLMORE, UT 846315137	CLINIC
5 216 - SALT LAKE CLINIC-ENDOCRINOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
6 217 - WEST JORDAN PHYSICAL THERAPY-REHAB 2655 WEST 9000 SOUTH WEST JORDAN, UT 84088	CLINIC
7 218 - ISOM PLASTIC SURGERY 1350 N 500 E STE 310 LOGAN, UT 843412400	CLINIC
8 219 - MCKAY DEE CRITICAL CARE 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
9 220 - INTERMOUNTAIN SURGICAL ONCOLOGY 5169 S COTTONWOOD ST STE 440 MURRAY, UT 841076774	CLINIC
10 221 - SALT LAKE CLINIC-NEUROLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 222 - UTAH VALLEY RADIATION ONCOLOGY 1034 N 500 W PROVO, UT 846043380	CLINIC
12 223 - UTAH VALLEY ENT 1157 N 300 W STE 302 PROVO, UT 846046124	CLINIC
13 224 - SALT LAKE CLINIC-PODIATRY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
14 225 - BOUNTIFUL CLINIC PHYSICAL THERAPY 280 NORTH MAIN STREET BOUNTIFUL, UT 84010	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 - SOUTHERN UTAH SURGICAL ASSOCIATES 166 W 1325 N STE 350 CEDAR CITY, UT 847207796	CLINIC
1 227 - ST GEORGE WORKMED 385 N 3050 E ST GEORGE, UT 847909003	CLINIC
2 228 - ALTA VIEW UROLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
3 229 - DRAPER CLINIC 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
4 230 - LOGAN PSYCHIATRY 1350 N 500 E LOGAN, UT 843412400	CLINIC
5 231 - MURRAY GASTROENTEROLOGY 181 E MEDICAL TOWER DR 3RD FLOOR MURRAY, UT 841074872	CLINIC
6 232 - LDS CAMPUS SLEEP-AVENUES 440 D ST STE 200 SALT LAKE CITY, UT 841032827	CLINIC
7 233 - LDS CAMPUS SLEEP PROGRAM 325 8TH AVE SALT LAKE CITY, UT 841430001	CLINIC
8 234 - MEMORIAL CLINIC PHYSICAL THERAPY 2000 SOUTH 900 EAST SALT LAKE CITY, UT 84105	CLINIC
9 235 - WASATCH OBGYN-LAYTON 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
10 236 - INTERMOUNTAIN CANCER CENTER 201 W LAYTON PARKWAY STE 2A LAYTON, UT 840413692	CLINIC
11 237 - DRAPER PHYSICAL THERAPY 12473 SOUTH MINUTEMAN DRIVE DRAPER, UT 84020	CLINIC
12 238 - MORONI CLINIC 51 E MAIN ST MORONI, UT 846460810	CLINIC
13 239 - REDROCK ALLERGY CLINIC 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
14 240 - SALT LAKE CLINIC-UROLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC

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Name and address	Type of Facility (describe)
241 241 - EPHRAIM CLINIC 525 N MAIN ST EPHRAIM, UT 846271155	CLINIC
1 242 - INTERMOUNTAIN THORACIC & LUNG SURG 5169 SOUTH COTTONWOOD ST STE 640 MURRAY, UT 84107	CLINIC
2 243 - COTTONWOOD HEAD & NECK ONCOLOGY ENT 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
3 244 - MANTI FAMILY CLINIC 159 N MAIN ST MANTI, UT 846421257	CLINIC
4 245 - UTAH VALLEY SPORTS MEDICINE 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
5 246 - INTERMOUNTAIN CARDIOVASCULAR 5169 S COTTONWOOD ST STE 600 MURRAY, UT 841076771	CLINIC
6 247 - INTERMOUNTAIN HEART CARDIOLOGY 9690 S 1300 E STE 200 SANDY, UT 840943740	CLINIC
7 248 - BEAR RIVER SPECIALISTS 935 N 1000 W TREMONTON, UT 843379356	CLINIC
8 249 - KAYSVILLE CREEKSIDE INSTACARE 435 N MAIN ST KAYSVILLE, UT 840371194	CLINIC
9 250 - MURRAY WORKMED 201 E 5900 S STE 100 MURRAY, UT 841075429	CLINIC
10 251 - MCKAY DEE END & DIABETES CLINIC 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
11 252 - MCKAY DEE RADIATION ONCOLOGY 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
12 253 - HEBER INSTACARE 1485 S HIGHWAY 40 SUITE E HEBER CITY, UT 84032	CLINIC
13 254 - AMERICAN FORK PULMONARY CLINIC 98 N 1100 E STE 302 AMERICAN FORK, UT 840032947	CLINIC
14 255 - SALT LAKE CLINIC-RHEUMATOLOGY 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)
256 256 - SPRINGVILLE WORKMED 385 S 400 E SPRINGVILLE, UT 846631955	CLINIC
1 257 - NORTH TEMPLE URGENT CARE CLINIC 54 N 800 W SALT LAKE CITY, UT 841163326	CLINIC
2 258 - INTERMOUNTAIN SENIOR CLINIC 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
3 259 - INTERMOUNTAIN TRAUMA GENERAL SURGERY 5169 S COTTONWOOD ST STE 400 MURRAY, UT 841076769	CLINIC
4 260 - CEDAR CITY HEART CLINIC 1303 N MAIN ST STE H CEDAR CITY, UT 847209746	CLINIC
5 261 - WASATCH OBGYN-NORTH OGDEN 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
6 262 - DIXIE SLEEP DISORDERS CENTER 652 S MEDICAL CENTER DR STE 310 ST GEORGE, UT 847907017	CLINIC
7 263 - AVENUES CLINIC PHYSICAL THERAPY 324 EAST 10TH AVENUE 100 SALT LAKE CITY, UT 84103	CLINIC
8 264 - HOLLADAY PHYSICAL THERAPY 6272 SOUTH HIGHLAND DRIVE 203 MURRAY, UT 84121	CLINIC
9 265 - DIXIE MFM HIGH RISK OB 544 S 400 E ST GEORGE, UT 847703705	CLINIC
10 266 - AMERICAN FORK RADIATION ONCOLOGY 170 N 1100 E AMERICAN FORK, UT 840032096	CLINIC
11 267 - WHITE SAGE FAMILY MEDICINE 130 WHITE SAGE AVE DELTA, UT 846248928	CLINIC
12 268 - MCKAY DEE HEART FAILURE 4403 HARRISON BLVD STE 3430 OGDEN, UT 844033343	CLINIC
13 269 - ALTA VIEW PODIATRY 9450 S 1300 E SANDY, UT 840945555	CLINIC
14 270 - ALTA VIEW FAMILY MEDICINE 9450 S 1300 E STE 210 SANDY, UT 840945555	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 - COTTONWOOD PODIATRY 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
1 272 - LAYTON WORKMED 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
2 273 - SALT LAKE WORKMED PHYSICAL THERAPY 1685 WEST 2200 SOUTH SALT LAKE CITY, UT 84119	CLINIC
3 274 - ROSE CANYON PHYSICAL THERAPY 5541 WEST 13400 SOUTH RIVERTON, UT 84096	CLINIC
4 275 - HEBER VALLEY SPECIALTY CLINIC 380 E 1500 S STE 202 HEBER CITY, UT 840323942	CLINIC
5 276 - MEMORIAL KIDSCARE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
6 277 - ALTA VIEW CLINIC ENT 9450 S 1300 E SANDY, UT 840945555	CLINIC
7 278 - BUDGE CLINIC RADIOLOGY 1350 N 500 E LOGAN, UT 843412400	CLINIC
8 279 - LEHI INSTACARE 3200 N 1200 W LEHI, UT 84043	CLINIC
9 280 - LOGAN WORKMED 412 N 200 E LOGAN, UT 843214038	CLINIC
10 281 - ALTA VIEW CLINIC ALLERGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
11 282 - LIVE WELL CENTER-SALT LAKE CITY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
12 283 - INTERMOUNTAIN MEDICAL ONCOLOGY 5121 S COTTONWOOD ST STE 610 MURRAY, UT 841075701	CLINIC
13 284 - UTAH VALLEY SENIOR MEDICINE 380 WEST 1230 NORTH SUITE 602 PROVO, UT 84604	CLINIC
14 285 - COTTONWOOD RHEUMATOLOGY CLINIC 181 E MEDICAL TOWER DR MURRAY, UT 841074872	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)
286 286 - ALTA VIEW CLINIC SENIOR CLINIC 9450 S 1300 E SANDY, UT 840945555	CLINIC
1 287 - CANYON VIEW 15 E 400 N PAROWAN, UT 847610000	CLINIC
2 288 - ALTA VIEW CLINIC PULMONARY 9450 S 1300 E SANDY, UT 840945555	CLINIC
3 289 - WEST JORDAN KIDSCARE 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
4 290 - SOUTH SEVIER CLINIC 539 S MAIN ST MONROE, UT 847544623	CLINIC
5 291 - SOUTH JORDAN WORKMED 1067 W SOUTH JORDAN PARKWAY STE 500 SOUTH JORDAN, UT 840958809	CLINIC
6 292 - LAYTON PARKWAY ENT 201 W LAYTON PARKWAY STE 2D LAYTON, UT 840413692	CLINIC
7 293 - DIXIE ENDO-DIABETES CLINIC 1424 E FOREMASTER DR STE 140 ST GEORGE, UT 847905830	CLINIC
8 294 - INTERMOUNTAIN HEART CARDIOLOGY 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607552	CLINIC
9 295 - LEHI CLINIC 3200 N 1200 W LEHI, UT 84043	CLINIC
10 296 - SALT LAKE COUNTY HEALTHMED 2001 S STATE ST STE S2-500 SALT LAKE CITY, UT 841903100	CLINIC
11 297 - DIXIE ACUTE REHAB 544 S 400 E ST GEORGE, UT 847703705	CLINIC
12 298 - WEST VALLEY CLINIC PHYSICAL THERAPY 5373 WEST LAKE PARK BLVD WEST VALLEY CITY, UT 84120	CLINIC
13 299 - US SYNTHETIC CLINIC 1378 S 1600 W OREM, UT 840584931	CLINIC
14 300 - AMERICAN FORK NEONATOLOGY 170 NORTH 1100 EAST AMERICAN FORK, UT 84003	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)
301 301 - LIBERTY ELEMENTARY 1078 SOUTH 300 EAST SALT LAKE CITY, UT 841114638	CLINIC
1 302 - PAYSON CLINIC 854 TURF FARM RD STE 1 PAYSON, UT 846515733	CLINIC
2 303 - CEDAR CITY WORKMED 962 SAGE DR CEDAR CITY, UT 847201885	CLINIC
3 304 - ST GEORGE PULMONARY CLINIC 1380 E MEDICAL CENTER DR STE 2200 ST GEORGE, UT 847902130	CLINIC
4 305 - UTAH VALLEY STROKE CENTER 1055 N 300 W STE 501 PROVO, UT 846043312	CLINIC
5 306 - RIVERTON RADIATION ONCOLOGY 3741 W 12600 S RIVERTON, UT 840657215	CLINIC
6 307 - LAYTON PARKWAY PODIATRY 201 W LAYTON PARKWAY STE 1A LAYTON, UT 840413692	CLINIC
7 308 - CHRONIC PAIN MANAGEMENT 2075 N UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
8 309 - PARK CITY MOUNTAIN MEDICAL CLINIC 1493 LOWELL AVE PARK CITY, UT 840605116	CLINIC
9 310 - INTERMOUNTAIN LIFETIME CLINIC FREEPORT CENTER BLDG D-12 CLEARFIELD, UT 840160010	CLINIC
10 311 - NORTH SEVIER MEDICAL CLINIC 530 N 250 W SALINA, UT 846545514	CLINIC
11 312 - SOUTH JORDAN WORKMED PHYS THERAPY 1091 WEST SOUTH JORDAN PKWY 500 SOUTH JORDAN, UT 84095	CLINIC
12 313 - INTERMOUNTAIN PSYCHIATRY AND COUNSELING 5169 S COTTONWOOD ST STE 400 MURRAY, UT 841076769	CLINIC
13 314 - MCKAY DEE ENT 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
14 315 - INTERMOUNTAIN EMPLOYEE CLINIC 5171 S COTTONWOOD ST STE 130 MURRAY, UT 841075731	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)
316 316 - MCKAY DEE INFECTIOUS DISEASE 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
1 317 - SNOWBIRD CLINIC 9385 S SNOWBIRD CENTER DR SNOWBIRD, UT 840926249	CLINIC
2 318 - MCKAY DEE PALLIATIVE CARE 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
3 319 - AVENUES SPECIALTY CLINIC 324 10TH AVE STE 200 SALT LAKE CITY, UT 841032870	CLINIC
4 320 - CANYONS VILLAGE MEDICAL CLINIC 3850 CANYONS RESORT DR PARK CITY, UT 840986546	CLINIC
5 321 - WASATCH GYN 2075 N UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
6 322 - SOUTHWEST RHEUMATOLOGY ASSOC 577 SOUTH RIVER ROAD ST GEORGE, UT 84790	CLINIC
7 323 - PARK CITY WORKMED 1665 BONANZA DR PARK CITY, UT 840605127	CLINIC
8 324 - INTERMOUNTAIN 2200 W WORKMED 420 N 2200 W SALT LAKE CITY, UT 841162923	CLINIC
9 325 - HOMECARE & HOSPICE AMB INFUSION 11520 SOUTH REDWOOD ROAD SOUTH JORDAN, UT 84095	CLINIC
10 326 - UTAH VALLEY PALLIATIVE CARE CLINIC 1034 W 500 N PROVO, UT 846012537	CLINIC
11 327 - DIXIE INFECTIOUS DISEASE CLINIC 1380 E MEDICAL CENTER DR STE 2300 ST GEORGE, UT 847902131	CLINIC
12 328 - SALT LAKE CLINIC-MHI 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
13 329 - DIXON CLINIC 750 W 200 N PROVO, UT 846012606	CLINIC
14 330 - PARK CITY SLEEP DISORDERS CLINIC 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607532	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)
331 331 - ALTA VIEW CLINIC ENDOCRINOLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
1 332 - BUDGE ANTICOAGULATION CLINIC 1350 NORTH 500 EAST LOGAN, UT 84341	CLINIC
2 333 - SEVIER VALLEY SPECIALTY CLINIC 65 E 100 N GUNNISON, UT 846340119	CLINIC
3 334 - WEST VALLEY SPECIALTY CLINIC 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
4 335 - SALT LAKE CLINIC-ANTICOAGULATION 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 336 - ROSE PARK ELEMENTARY CLINIC 1105 W 1000 N SALT LAKE CITY, UT 841162135	CLINIC
6 337 - INTERMOUNTAIN HEART RHYTHM LOGAN 1300 N 500 E STE 320 LOGAN, UT 843412462	CLINIC
7 338 - INTERMOUNTAIN LEHI IM FLASH CLINIC 4000 N FLASH DR LEHI, UT 840435148	CLINIC
8 339 - UTAH VALLEY PAIN MANAGEMENT 48 W 1500 N NEPHI, UT 846488900	CLINIC
9 340 - UTAH VALLEY SPORTS MED-BYU EXT 87 SMITH FIELD HOUSE PROVO, UT 846020002	CLINIC
10 341 - RIVER ROAD COGNITIVE CARE CLINIC 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
11 342 - CENTRAL OREM OBGYN 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
12 343 - LAYTON PARKWAY SLEEP 201 W LAYTON PARKWAY STE 2E LAYTON, UT 840413692	CLINIC
13 344 - SOUTHWEST CARDIOLOGY-CEDAR CITY 110 W 1325 N STE 100 CEDAR CITY, UT 847218101	CLINIC
14 345 - INTERMOUNTAIN HEART RHYTHM CASPER 1233 E 2ND ST CASPER, WY 826012926	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)
346 346 - LAYTON PARKWAY GASTROENTEROLOGY 201 W LAYTON PARKWAY LAYTON, UT 840413692	CLINIC
1 347 - WASATCH GYN-MCKAY 4403 HARRISON BLVD STE 4815 OGDEN, UT 844033333	CLINIC
2 348 - PARK CITY-ROUND VALLEY MHI 750 ROUND VALLEY DR STE 201 PARK CITY, UT 840607549	CLINIC
3 349 - UTAH VALLEY INTERNAL MEDICINE CLINIC 380 WEST 1230 NORTH SUITE 602 PROVO, UT 84604	CLINIC
4 350 - BOX ELDER CLINIC 1050 S 500 W BRIGHAM CITY, UT 843024715	CLINIC
5 351 - SNOWBASIN CLINIC 3925 E SNOWBASIN DR HUNTSVILLE, UT 84317	CLINIC
6 352 - INTERMOUNTAIN HEART CARDIOLOGY 1485 S HIGHWAY 40 STE D HEBER, UT 840323522	CLINIC
7 353 - UTAH VALLEY SPORTS MED-UVSC 800 W UNIVERSITY PKWY OREM, UT 840586703	CLINIC
8 354 - LAYTON PARKWAY NEONATOLOGY 201 WEST LAYTON PARKWAY LAYTON, UT 84041	CLINIC
9 355 - UTAH VALLEY PEDIATRICS 380 W 1230 N STE 703 PROVO, UT 84604	CLINIC
10 356 - SOUTHWEST ORTHO AND SPORTS MED 225 S 700 E ST GEORGE, UT 847703875	CLINIC
11 357 - SOUTHWEST ORTHO AND SPORTS MED 75 N 2260 W HURRICANE, UT 847372034	CLINIC
12 358 - MCKAY-DEE CARDIOLOGY 201 W LAYTON PARKWAY STE 2A LAYTON, UT 840413692	CLINIC
13 359 - INTERMOUNTAIN HEART RHYTHM 5979 FASHION BLVD SALT LAKE CITY, UT 841077364	CLINIC
14 360 - INTEGRATED COMM CARE TEAM - UV 1134 N 500 W STE 102 PROVO, UT 846045569	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)
361 361 - AMERICAN FORK SPECIALTY 98 N 1100 E STE 402 AMERICAN FORK, UT 840032951	CLINIC
1 362 - SOUTHERN UTAH ORTHO SPORTS MED 200 N 400 E PANGUITCH, UT 847590389	CLINIC
2 363 - VALLEY VIEW HEART-GARFIELD 200 N 400 E PANGUITCH, UT 847590389	CLINIC
3 364 - BMT LEUKEMIA PROGRAM SWR 544 S 400 E ST GEORGE, UT 847703705	CLINIC
4 365 - PRECISION GENOMICS CANCER RESEARCH 5169 S COTTONWOOD ST STE 610 MURRAY, UT 841076771	CLINIC
5 366 - DAYSPRING CLINIC - LOGAN 550 E 1400 N STE T LOGAN, UT 84341	CLINIC
6 367 - UTAH VALLEY ORTHO-NVSARATOGA 250 E STATE RD 73 SARATOGA SPRINGS, UT 840432966	CLINIC
7 368 - COMPREHENSIVE CARE MURRAY 5171 S COTTONWOOD ST STE 350 MURRAY, UT 841075704	CLINIC
8 369 - CACHE VALLEY HEART-FRANKLIN COUNTY 44 N 1ST E PRESTON, ID 832631326	CLINIC
9 370 - SANDY CLINIC 9500 S 1300 E SANDY, UT 840943763	CLINIC
10 371 - ALTA VIEW SPECIALTY CLINIC 9450 S 1300 E SANDY, UT 840945555	CLINIC

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization 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...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PHARMACY VOUCHERS	18	8,604		CASH	PHARMACY DRUG ASSISTANCE
(2) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - ALEXIS JAUSSE
(3) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - BARLOW W PACE
(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 ORGANIZATION MONITORS ITS GRANTS TO ENSURE THAT THEY ARE USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED USE BY REQUIRING ORGANIZATIONS THAT RECEIVE FUNDS GREATER THAN \$5,000 TO SIGN A LETTER OF INTENT COMMITTING TO THE SPECIFIC USE OF THE FUNDS AND REGULARLY SUBMITTING OUTCOME REPORTS RELATED TO THE USE OF FUNDS
FORM 990, SCHEDULE I, PART III	HEALTH SERVICES' PROVIDES SCHOLARSHIPS TO HIGH SCHOOL SENIORS PURSUING A CAREER IN HEALTHCARE TO FURTHER ONGOING EFFORTS TO SUPPORT STUDENTS IN ITS COMMUNITIES APPLICANTS ARE REVIEWED AND MUST SUBMIT PROOF OF COLLEGE REGISTRATION ONCE SELECTED, HEALTH SERVICES WILL MAKE THE DONATION DIRECTLY TO THE STUDENT'S TUITION OR OTHER SCHOOLING EXPENSES, IN ORDER TO ENSURE THAT THE FUNDS ARE BEING SPENT FOR THEIR INTENDED PURPOSE

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 COMMUNITY SERVICES 5282 SOUTH COMMERCE DRIVE SUITE D232 SALT LAKE CITY, UT 84107	30-0087376	501(C)(3)	6,479				SUPPORT COMMUNITY HEALTH
ALLIANCE HOUSE INC 1724 SOUTH MAIN STREET SALT LAKE CITY, UT 84115	74-2440617	501(C)(3)	6,000				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
ALPINE SCHOOL DISTRICT FOUNDATION 575 NORTH 100 EAST AMERICAN FORK, UT 84003	74-2368936	501(C)(3)	5,700				PROMOTE COMMUNITY HEALTH
AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES 1567 HIDDEN SPRINGS PARKWAY FRUIT HEIGHTS, UT 84037	37-1483342	501(C)(3)	6,000				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
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	153,000				SUPPORT COMMUNITY HEALTH
ASSOCIATION FOR UTAH COMMUNITY HEALTH 860 EAST 4500 SOUTH SUITE 206 SALT LAKE CITY, UT 84107	87-0430946	501(C)(3)	485,000				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
BALLET WEST 52 WEST 200 SOUTH SALT LAKE CITY, UT 84101	87-0264274	501(C)(3)	25,000				SUPPORT LOCAL COMMUNITY
BEAR RIVER HEALTH DEPARTMENT 655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	GOVT	12,700				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
BRIDGERLAND APPLIED TECHNOLOGY COLLEGE FOUNDATION INC 1474 EAST 1140 NORTH LOGAN, UT 84341	87-0577312	501(C)(3)	50,000				HEALTH EDUCATION
BRIGHAM YOUNG UNIVERSITY PO BOX 45654 SALT LAKE CITY, UT 84145	87-0217280	501(C)(3)	61,500				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
BROOKSEE FOUNDATION 11968 NORTH ITHICA DRIVE HIGHLAND, UT 84003	81-1378327	501(C)(3)	13,000				SUPPORT COMMUNITY HEALTH
CANYONS SCHOOL DISTRICT 9150 SOUTH 500 WEST SANDY, UT 84070		GOVT	7,769				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
CATHOLIC COMMUNITY SERVICES 745 EAST 300 SOUTH SALT LAKE CITY, UT 84102	87-0212450	501(C)(3)	5,500				SUPPORT COMMUNITY HEALTH
CENTRAL UTAH COUNSELING CENTER 152 NORTH 400 WEST EPHRAIM, UT 84627	87-0502481	GOVT	229,600				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
CHABAD LUBAVITCH OF UTAH INC 1760 SOUTH 1100 EAST SUITE 2A SALT LAKE CITY, UT 84105	87-0500798	501(C)(3)	6,750				SUPPORT COMMUNITY HEALTH
CHRISTIAN CENTER OF PARK CITY PO BOX 683480 PARK CITY, UT 84068	87-0643778	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
COLUMBUS COMMUNITY CENTER 3495 SOUTH WEST TEMPLE SALT LAKE CITY, UT 84115	87-6130042	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH
COMMUNITY HEALTH CENTERS INC 220 WEST 7200 SOUTH SUITE A MIDVALE, UT 84047	74-2412898	501(C)(3)	110,000				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
COMUNIDADES UNIDAS 1750 WEST RESEARCH WAY SUITE 102 WEST VALLEY CITY, UT 84119	13-4257724	501(C)(3)	6,250				SUPPORT COMMUNITY HEALTH
DAVIS ARTS COUNCIL INC 445 WASATCH DRIVE LAYTON, UT 84041	87-0484833	501(C)(3)	10,000				SUPPORT LOCAL COMMUNITY

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
DAVIS BEHAVIORAL HEALTH INC 934 SOUTH MAIN STREET LAYTON, UT 84041	87-0430116	501(C)(3)	37,974				SUPPORT COMMUNITY HEALTH
DAVIS COUNTY 220 SOUTH STATE STREET CLEARFIELD, UT 84015	87-6000297	GOVT	10,064				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
DAVIS PERFORMING ARTS ASSOCIATION DBA CENTERPOINT LEGACY THEATRE PO BOX 62 CENTERVILLE, UT 84014	27-0197644	501(C)(3)	11,000				SUPPORT LOCAL COMMUNITY
DESERET INDUSTRIES 2140 800 EAST SALT LAKE CITY, UT 84106	87-0234341	501(C)(3)	6,476				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
DIXIE STATE UNIVERSITY 225 SOUTH 700 EAST ST GEORGE, UT 84770	20-5588266	GOVT	65,000				HEALTH EDUCATION
DOVE CENTER INC 1040 EAST 100 SOUTH SUITE 221 ST GEORGE, UT 84790	87-0529095	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
ENVISION UTAH 254 SOUTH 600 EAST 201 SALT LAKE CITY, UT 84102	87-0462205	501(C)(3)	30,600				SUPPORT COMMUNITY HEALTH
FAMILY COUNSELING CENTER 650 EAST 4500 SOUTH SUITE 300 MURRAY, UT 84107	87-0212455	501(C)(3)	45,000				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
FAMILY HEALTHCARE 25 NORTH 100 EAST SUITE 102 ST GEORGE, UT 84770	35-2163112	501(C)(3)	5,500				SUPPORT COMMUNITY HEALTH
FAMILY INSTITUTE OF NORTHERN UTAH 190 EAST CENTER STREET LOGAN, UT 84321	87-0576153	501(C)(3)	6,500				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
FOURTH STREET CLINIC 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	15,000				SUPPORT COMMUNITY CLINIC
FRIENDS OF SWITCHPOINT INC 948 NORTH 1300 WEST ST GEORGE, UT 84770	76-0740457	501(C)(3)	40,000				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 OF THE WASHINGTON COUNTY CHILDRENS JUSTICE CENTER 463 EAST 500 SOUTH ST GEORGE, UT 84770	87-0560725	501(C)(3)	40,000				SUPPORT COMMUNITY HEALTH
FRIENDS OF WASATCH MENTAL HEALTH FOUNDATION 750 NORTH FREEDOM BOULEVARD PROVO, UT 84601	45-0531249	501(C)(3)	32,000				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
GIRL SCOUTS OF UTAH 445 EAST 4500 SOUTH SUITE 125 SALT LAKE CITY, UT 84107	87-0221612	501(C)(3)	8,000				SUPPORT COMMUNITY HEALTH
HEALTH RESEARCH AND EDUCATIONAL TRUST 155 NORTH WACKER SUITE 400 CHICAGO, IL 60606	36-2203931	501(C)(3)	75,000				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 5545 NORTH RIVER RUN DRIVE PROVO, UT 84604	90-0969731	501(C)(3)	62,500				PROMOTE COMMUNITY HEALTH
HUNTSMAN CANCER FOUNDATION 500 SOUTH HUNTSMAN WAY SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	25,003,000				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
IRON COUNTY 474 WEST 200 NORTH ST GEORGE, UT 84770	27-3321637	GOVT	10,000				SUPPORT COMMUNITY HEALTH
INTERMOUNTAIN COMMUNITY CARE FOUNDATION 36 SOUTH STATE STREET SUITE 2200 SALT LAKE CITY, UT 84111	94-2853320	501(C)(3)	40,000,000				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
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE STREET SUITE 2200 SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	4,917,646				SUPPORT COMMUNITY HEALTH
JORDAN SCHOOL DISTRICT 901 WEST BAXTER DRIVE SOUTH JORDAN, UT 84095	87-6000497	GOVT	13,246				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
JUNIOR LEAGUE OF SALT LAKE CITY INC 526 EAST 300 SOUTH SALT LAKE CITY, UT 84102	87-0401142	501(C)(3)	7,500				SUPPORT COMMUNITY HEALTH
LUPUS FOUNDATION OF AMERICA INC UTAH CHAPTER 352 SOUTH DENVER STREET SUITE 101 SALT LAKE CITY, UT 84111	87-0408822	501(C)(3)	13,500				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
MOUNTAIN WEST MOTHERS MILK BANK 740 EAST 3900 SOUTH SUITE 100 SALT LAKE CITY, UT 84107	46-2190063	501(C)(3)	250,000				SUPPORT COMMUNITY HEALTH
OGDEN PIONEER HERITAGE FOUNDATION INC PO BOX 150092 OGDEN, UT 84415	42-1573321	501(C)(3)	7,000				SUPPORT COMMUNITY HEALTH

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(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
ORRIN G HATCH FOUNDATION 411 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84111	47-4823732	501(C)(3)	2,020,000				SUPPORT COMMUNITY HEALTH
PEOPLES HEALTH CLINIC INC 650 ROUND VALLEY DRIVE PO BOX 681558 PARK CITY, UT 84068	87-0638042	501(C)(3)	41,000				SUPPORT COMMUNITY HEALTH

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

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POLIZZI FOUNDATION 515 EAST 4500 SOUTH SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	47,500				SUPPORT COMMUNITY HEALTH
REACH OUT AND READ INC 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	6,284				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
RIVERTON CITY 12830 SOUTH REDWOOD ROAD RIVERTON, UT 84065	87-0344045	GOVT	5,600				SUPPORT COMMUNITY HEALTH
RON MCBRIDE FOUNDATION INC 9448 SOUTH 1210 EAST SANDY, UT 84094	81-5060359	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
RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA INC 935 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102	74-2386043	501(C)(3)	115,000				SUPPORT COMMUNITY HEALTH
SALT LAKE AREA CHAMBER OF COMMERCE 175 E 400 S STE 600 SALT LAKE CITY, UT 84111	87-0121901	501(C)(6)	25,000				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 COMMUNITY ACTION PROGRAM 764 SOUTH 200 WEST SALT LAKE CITY, UT 84101	87-0269683	501(C)(3)	35,000				SUPPORT COMMUNITY HEALTH
SALT LAKE COUNTY HEALTH DEPARTMENT 2001 SOUTH STATE STREET SUITE S2-600 SALT LAKE CITY, UT 84114	87-6000316	GOVT	189,663				SUPPORT COMMUNITY HEALTH

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

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SHELTER THE HOMELESS INC 2001 SOUTH STATE STREET SUITE N4930 N4930 SALT LAKE CITY, UT 84114	74-2548948	501(C)(3)	1,000,000				SUPPORT COMMUNITY HEALTH
SOUTHERN UTAH UNIVERSITY 351 WEST UNIVERSITY BOULEVARD CEDAR CITY, UT 84720	87-6000481	GOVT	60,000				HEALTH EDUCATION

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

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STANFORD UNIVERSITY 291 CAMPUS DRIVE STANFORD, CA 94305	94-1156365	501(C)(3)	380,000				HEALTH EDUCATION
STATE OF UTAH 168 NORTH 1950 WEST 201 SALT LAKE CITY, UT 84116		GOVT	305,800				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
SUMMIT COMMUNITY INSTITUTE 650 ROUND VALLEY PARK CITY, UT 84060	87-6000295	GOVT	8,000				SUPPORT COMMUNITY HEALTH
THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	25,000				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
THE INN BETWEEN 1216 EAST 1300 SOUTH SALT LAKE CITY, UT 84105	47-2329595	501(C)(3)	385,000				SUPPORT COMMUNITY HEALTH
THE LEUKEMIA AND LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	12,500				SUPPORT COMMUNITY HEALTH

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

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THE UTAH ANTI BULLYING COALITION 35 EAST 9270 SOUTH SANDY, UT 84070	80-0945601	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH
THE UTAH REFUGEE CONNECTION 6440 SOUTH WASATCH BOULEVARD SUITE 100 SALT LAKE CITY, UT 84121	26-3952217	501(C)(3)	25,000				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
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH SUITE 300 SALT LAKE CITY, UT 84111	87-0227091	501(C)(3)	194,000				SUPPORT COMMUNITY HEALTH
UNITED WAY OF NORTHERN UTAH 2955 HARRISON BOULEVARD SUITE 201 OGDEN, UT 84403	87-0224251	501(C)(3)	12,000,000				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
UNITED WAY OF UTAH COUNTY 148 NORTH 100 WEST PROVO, UT 84603	94-2851681	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
UNIVERSITY OF UTAH 301 WALKER WAY SALT LAKE CITY, UT 84106	87-6000525	GOVT	1,147,500				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
UTAH CLEAN AIR PARTNERSHIP INC 195 NORTH 1950 WEST SALT LAKE CITY, UT 84116	46-1224589	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH
UTAH COUNTY HEALTH DEPARTMENT 151 SOUTH UNIVERSITY AVENUE PROVO, UT 84601	87-6000312	GOVT	9,100				SUPPORT COMMUNITY HEALTH

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

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UTAH HEALTH POLICY PROJECT 1832 WEST RESEARCH WAY 60 SALT LAKE CITY, UT 84119	87-0684606	501(C)(3)	62,500				HEALTH EDUCATION
UTAH NONPROFITS ASSOCIATION 231 EAST 400 SOUTH SUITE 345 SALT LAKE CITY, UT 84111	87-0481455	501(C)(3)	15,600				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 1590 OLD MAIN HILL LOGAN, UT 84322	87-0627128	GOVT	51,000				HEALTH EDUCATION
UTAH TAXPAYERS ASSOCIATION 656 EAST 11400 SOUTH SUITE R DRAPER, UT 84020	87-0189230	501(C)(3)	9,100				SUPPORT COMMUNITY HEALTH

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

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UTAH VALLEY UNIVERSITY FOUNDATION INC 800 WEST UNIVERSITY PARKWAY OREM, UT 84058	87-0036944	501(C)(3)	50,500				HEALTH EDUCATION
WEBER HUMAN SERVICES FOUNDATION 237 26TH STREET OGDEN, UT 84401	87-0528187	501(C)(3)	21,000				SUPPORT COMMUNITY HEALTH

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

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WEBER STATE UNIVERSITY 3850 DIXON PARKWAY DEPARTMENT 1021 OGDEN, UT 84408	87-6000535	GOVT	121,700				HEALTH EDUCATION
WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY, UT 84105	87-0212470	501(C)(3)	50,000				HEALTH EDUCATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I Questions Regarding Compensation

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

Part 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							

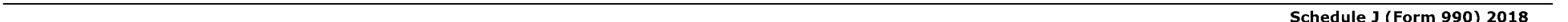
Part III Supplemental Information

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
PART I, LINE 1A	<p>FIRST-CLASS OR CHARTER TRAVEL - IN ACCORDANCE WITH COMPANY POLICY, FIRST CLASS TRAVEL WAS PROVIDED ON A LIMITED BASIS TO INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A FOR LONG INTERNATIONAL FLIGHTS AND/OR WHEN PERSONAL PHYSICAL CONDITIONS MADE IT DIFFICULT 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 EMPLOYEE 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 WERE GROSSED UP FOR TAX PURPOSES. HOUSING ALLOWANCE - PURSUANT TO COMPANY POLICY, JOHN WRIGHT 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 PAID A PORTION OF THE MONTHLY FEE FOR EMPLOYEES OF ITS CENTRAL OFFICE WHO SIGN UP AT A LOCAL HEALTH CLUB. THIS PROGRAM WAS AVAILABLE TO ALL CENTRAL OFFICE EMPLOYEES. THE EXPENSES WERE NOT REPORTED AS TAXABLE TO THIS INDIVIDUAL ON FORM W-2. SOCIAL CLUB DUES - THE FILING ORGANIZATION PAID SOCIAL CLUB FEES ON BEHALF OF THE CEO, WHICH WAS USED EXCLUSIVELY FOR BUSINESS PURPOSES. THE ACCOUNT HAS SINCE BEEN UPDATED AND WILL BE PAID DIRECTLY BY THE ORGANIZATION GOING FORWARD. THE EXPENSES WERE NOT REPORTED AS TAXABLE TO THIS INDIVIDUAL ON FORM W-2.</p>

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

Return Reference	Explanation
PART I, LINES 4A-B	<p>THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE OR CHANGE OF CONTROL PAYMENTS IN 2018 - TIMOTHY P PEHRSON - \$569,137 - MOODY L CHISHOLM - \$1,105,137 - JOSEPH D FOURNIER - \$616,000 THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2018 - GREGORY P POULSEN - \$3,595,073 - ALBERT R ZIMMERLI - \$216,483 - JOSEPH MOTT - \$2,296,472 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</p>



Schedule J (Form 990) 2018

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
A MARC HARRISON MD TRUSTEE / PRES / CEO	(i)	1,587,816	963,647	12,967	1,567,750	33,131	4,165,311	844,769
	(ii)	0	0	0	0	0	0	0
ROBERT W ALLEN SENIOR VICE PRESIDENT / COO	(i)	850,261	339,096	42,126	694,344	30,537	1,956,364	289,794
	(ii)	0	0	0	0	0	0	0
HEATHER BRACE SENIOR VICE PRESIDENT (PARTIAL YEAR)	(i)	264,410	41,620	18,255	190,075	26,351	540,711	0
	(ii)	0	0	0	0	0	0	0
MARK R BRIESACHER MD SENIOR VICE PRESIDENT	(i)	711,166	371,701	35,213	580,876	30,481	1,729,437	288,901
	(ii)	0	0	0	0	0	0	0
MOODY L CHISHOLM VICE PRESIDENT (PARTIAL YEAR)	(i)	41,509	0	1,129,658	2,466	8,473	1,182,106	0
	(ii)	0	0	0	0	0	0	0
TODD E CRAGHEAD VICE PRESIDENT	(i)	264,581	74,283	10,659	130,322	23,776	503,621	65,035
	(ii)	0	0	0	0	0	0	0
DAVID L FLOOD SENIOR VICE PRESIDENT	(i)	463,182	238,770	6,647	361,653	27,821	1,098,073	193,627
	(ii)	0	0	0	0	0	0	0
JOSEPH D FOURNIER SENIOR VICE PRESIDENT (PARTIAL YEAR)	(i)	169,749	205,116	671,251	0	9,950	1,056,066	190,737
	(ii)	0	0	0	0	0	0	0
DOUGLAS J HAMMER SVP / GENERAL COUNSEL	(i)	528,118	260,311	44,366	313,789	38,216	1,184,800	224,946
	(ii)	0	0	0	0	0	0	0
KIMBERLY HENRICHSEN SENIOR VICE PRESIDENT (PARTIAL YEAR)	(i)	381,179	215,672	121,409	70,878	29,594	818,732	193,518
	(ii)	0	0	0	0	0	0	0
GREGORY M JOHNSON VICE PRESIDENT	(i)	382,688	194,626	20,800	320,934	28,835	947,883	171,562
	(ii)	0	0	0	0	0	0	0
DAN LILJENQUIST SENIOR VICE PRESIDENT (PARTIAL YEAR)	(i)	386,354	83,742	2,793	300,666	27,427	800,982	0
	(ii)	0	0	0	0	0	0	0
KEVAN MABBUTT SENIOR VICE PRESIDENT (PARTIAL YEAR)	(i)	437,804	211,937	65,395	303,508	26,657	1,045,301	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE MILLARD VICE PRESIDENT	(i)	375,349	178,369	16,327	301,481	27,214	898,740	159,582
	(ii)	0	0	0	0	0	0	0
MIKELLE MOORE SENIOR VICE PRESIDENT	(i)	365,866	170,093	4,534	277,845	27,269	845,607	153,305
	(ii)	0	0	0	0	0	0	0
TIMOTHY T PEHRSON VICE PRESIDENT (PARTIAL YEAR)	(i)	34,973	1,466,948	639,679	46,850	8,732	2,197,182	873,214
	(ii)	0	0	0	0	0	0	0
GREGORY P POULSEN SENIOR VICE PRESIDENT	(i)	1,165,471	350	3,735,277	510,907	30,485	5,442,490	1,784,252
	(ii)	0	0	0	0	0	0	0
MARCUS F PROBST VICE PRESIDENT	(i)	517,512	258,738	22,702	631,488	25,684	1,456,124	232,617
	(ii)	0	0	0	0	0	0	0
MARK A RUNYON VICE PRESIDENT	(i)	407,066	207,496	5,482	271,260	26,237	917,541	182,787
	(ii)	0	0	0	0	0	0	0
ALBERT R ZIMMERLI EVP / CFO / SEC / TREAS	(i)	2,271,147	639,528	295,368	645,626	36,160	3,887,829	916,224
	(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				
CASEY BACHISON MD-SURGERY/ORTHOPEDIC	(i)	1,162,236	68,989	1,467	45,406	23,115	1,301,213	0
	(ii)	0	0	0	0	0	0	0
BERKELEY BATE MD-NEUROSURGERY	(i)	1,123,911	43,449	2,069	20,507	25,981	1,215,917	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN FOX MD-NEUROSURGERY	(i)	1,227,500	48,997	720	44,436	26,244	1,347,897	0
	(ii)	0	0	0	0	0	0	0
ERIC HOOLEY MD-SURGERY/ORTHOPEDIC	(i)	1,141,719	66,038	2,049	49,524	22,652	1,281,982	0
	(ii)	0	0	0	0	0	0	0
JOSEPH MOTT VP COO - SPEC BASED CARE	(i)	595,664	214,227	2,303,469	640,513	26,919	3,780,792	0
	(ii)	0	0	0	0	0	0	0
TERRI L KANE FORMER OFFICER	(i)	566,770	258,005	7,281	345,436	26,375	1,203,867	239,462
	(ii)	0	0	0	0	0	0	0
STEVEN R SMOOT FORMER OFFICER	(i)	268,586	291,393	118,373	11,000	11,518	700,870	271,535
	(ii)	0	0	0	0	0	0	0
CHARLES W SORENSON JR MD FORMER OFFICER	(i)	257,067	250,495	1,141	48,463	22,618	579,784	206,041
	(ii)	0	0	0	0	0	0	0
JOHN WRIGHT FORMER OFFICER	(i)	315,175	0	139,405	124,154	26,261	604,995	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

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 SALT LAKE COUNTY UTAH	87-6000316	795677BM4	03-21-2011	63,362,310	REFUND PRIOR ISSUE 2001B		X		X		X
D UTAH COUNTY UTAH	87-6000312	917393AV2	10-25-2012	250,001,777	BLDG CONSTRUCTION & EQUIPMENT		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		2,500,000		104,540,000		51,800,000		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		314,823,712		273,598,644		63,362,310		250,681,736
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								679,959
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				250,001,777
11 Other spent proceeds						63,312,310		
12 Other unspent proceeds								
13 Year of substantial completion	2007		2007		2004		2015	
	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, 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 SINCE 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, SCH K, PART II, LINE 11, PART III, COL C & PART IV, LINE 2C COL C	(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 PER THE SCHEDULE K INSTRUCTIONS, PART III WAS NOT COMPLETED BECAUSE THE SERIES 2011 BONDS REFUNDED BONDS WHICH WERE ISSUED BEFORE JANUARY 1, 2003

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11, PART III, COL B, & PART IV, L2C, COL B	(CUSIP 917393BJ8) - THE SERIES 2016A BONDS REFUNDED A PORTION OF THE SERIES 2002B&C BONDS ALL PROCEEDS WERE USED TO REFUND A PORTION OF THE 2002B&C BONDS ON JULY 13, 2016 PER THE SCHEDULE K INSTRUCTIONS, PART III WAS NOT COMPLETED BECAUSE THE SERIES 2016A BONDS REFUNDED BONDS WHICH WERE ISSUED BEFORE JANUARY 1, 2003

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11, COLUMN D & PART IV, LINE 2C, COLUMN D	(CUSIP 769369AM1) - THE SERIES 2012A BONDS WERE REISSUED ON MARCH 22, 2017 ALL 2017 PROCEEDS WERE DEEMED TO BE USED TO REFUND THE 2012A BONDS

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 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 2C, COLUMN D (CUSIP 917393AV2)	THE REBATE COMPUTATION FOR THE SERIES 2012 BONDS WAS PERFORMED ON JUNE 16, 2017

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 3, COLUMN A (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 C (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, SCH K, PART IV, LINE 3, COLUMN A (CUSIP 917393CY4)	\$50,000,000 OF THE TOTAL ISSUE PRICE (\$382,751,441) WAS ISSUED AS VARIABLE RATE BONDS THE REMAINDER WAS ISSUED AS FIXED RATE BONDS

Additional Data

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

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
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. SINCE DECEMBER 31, 2016, NO QUALIFIED HEDGES REMAINED WITH RESPECT TO THE 2003 BONDS.
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.
FORM 990, SCH K, PART II, LINE 11, PART III, COL C & PART IV, LINE 2C COL C	(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. PER THE SCHEDULE K INSTRUCTIONS, PART III WAS NOT COMPLETED BECAUSE THE SERIES 2011 BONDS REFUNDED BONDS WHICH WERE ISSUED BEFORE JANUARY 1, 2003.
FORM 990, SCH K, PART II, LINE 11, PART III, COL B, & PART IV, L2C, COL B	(CUSIP 917393BJ8) - THE SERIES 2016A BONDS REFUNDED A PORTION OF THE SERIES 2002B&C BONDS. ALL PROCEEDS WERE USED TO REFUND A PORTION OF THE 2002B&C BONDS ON JULY 13, 2016. PER THE SCHEDULE K INSTRUCTIONS, PART III WAS NOT COMPLETED BECAUSE THE SERIES 2016A BONDS REFUNDED BONDS WHICH WERE ISSUED BEFORE JANUARY 1, 2003.
FORM 990, SCH K, PART II, LINE 11, COLUMN D & PART IV, LINE 2C, COLUMN D	(CUSIP 769369AM1) - THE SERIES 2012A BONDS WERE REISSUED ON MARCH 22, 2017. ALL 2017 PROCEEDS WERE DEEMED TO BE USED TO REFUND THE 2012A BONDS.
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.
FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN C (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.
FORM 990, SCHEDULE K, PART IV, LINE 2C, COLUMN D (CUSIP 917393AV2)	THE REBATE COMPUTATION FOR THE SERIES 2012 BONDS WAS PERFORMED ON JUNE 16, 2017.
FORM 990, SCHEDULE K, PART IV, LINE 3, COLUMN A (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.
FORM 990, SCHEDULE K, PART IV, LINE 3, COLUMN C (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.
FORM 990, SCH K, PART IV, LINE 3, COLUMN A (CUSIP 917393CY4)	\$50,000,000 OF THE TOTAL ISSUE PRICE (\$382,751,441) WAS ISSUED AS VARIABLE RATE BONDS. THE REMAINDER WAS ISSUED AS FIXED RATE BONDS.

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No 1545-0047

2018

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	917393AY6	08-07-2014	250,004,117	BLDG CONSTRUCTION & EQUIPMENT		X		X		X
B UTAH COUNTY UTAH	87-6000312	917393BJ8	07-13-2016	67,500,234	REFUND PORTION OF 2002B & 2002C		X		X		X
C UTAH COUNTY UTAH	87-6000312	917393CE8	07-13-2016	406,502,765	BLDG CONSTRUCTION & EQUIPMENT		X		X		X
D CITY OF RIVERTON UTAH	87-0344045	769369AM1	03-22-2017	200,000,000	REFUND PRIOR ISSUE 2012A		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			5,955,000		6,015,000			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	251,035,846		67,500,234		408,286,336		200,000,000	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	1,031,729				1,783,571			
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	250,004,117				406,502,765			
11 Other spent proceeds			67,500,234				200,000,000	
12 Other unspent proceeds								
13 Year of substantial completion	2018		2003		2018		2009	
	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		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).

Return Reference	Explanation

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

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	917393CY4	07-17-2018	382,751,441	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	383,428,869			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds	677,428			
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	327,953,231			
11 Other spent proceeds				
12 Other unspent proceeds	54,569,608			
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).

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 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)

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
JEFFREY L ANDERSON	TRUSTEE FAMILY	395,084	WAGES		No
JEFFERY T CRAGHEAD	OFFICER FAMILY	36,403	WAGES		No

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
GRANT L ZIMMERLI	OFFICER FAMILY	63,421	WAGES		No
KRISTINA HOLLISTER	OFFICER FAMILY	38,875	WAGES		No

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
HOLLY H YOUNG	OFFICER FAMILY	53,752	WAGES		No
GRAHAM H BURDETT	OFFICER FAMILY	134,315	WAGES		No

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
RICHARD B STEVENSON	OFFICER FAMILY	208,212	WAGES		No
SCOTT L HAMMER	OFFICER FAMILY	94,800	WAGES		No

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
JASON R HAACKE	OFFICER FAMILY	33,537	WAGES		No
TERI J ADAMS	OFFICER FAMILY	54,798	WAGES		No

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
TYLER HARGRAVES	OFFICER FAMILY	19,736	WAGES		No
MATTHEW T BRACE	OFFICER FAMILY	125,710	WAGES		No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

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 THE FUNDAMENTALS OF EXTRAORDINARY CARE INCLUDE - SAFETY PATIENTS AND CAREGIVERS EXPERIENCE ZERO HARM - QUALITY ALWAYS DELIVER EVIDENCE-BASED CARE THAT MEETS EACH INDIVIDUAL'S HEALTHCARE GOALS AND LEADS TO TOP PERFORMANCE NATIONALLY - PATIENT EXPERIENCE PATIENTS AND CUSTOMERS HAVE AN INTERMOUNTAIN EXPERIENCE THAT LEADS TO LASTING LOYALTY - ACCESS ALL CUSTOMERS RECEIVE THE CARE AND INFORMATION WHERE, WHEN, AND HOW THEY WANT IT, WITH SEAMLESS COORDINATION ACROSS THE SYSTEM - STEWARDSHIP BE AN INDISPENSABLE COMMUNITY PARTNER, ACHIEVING THE HEALTHIEST COMMUNITIES WITH THE LOWEST COST PER PERSON IN THE NATION BE RECOGNIZED GLOBALLY AS A FINANCIALLY SOUND, FOREVER ORGANIZATION - ENGAGED CAREGIVERS CAREGIVERS HAVE AN UNPARALLELED WORK EXPERIENCE THAT SUPPORTS THEM IN DELIVERING THE FUNDAMENTALS OF EXTRAORDINARY CARE 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>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 PATIENT WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE AT ITS HOSPITALS AND CLINICS FOR NO CHARGE OR A REDUCED CHARGE BASED UPON SUCH PERSON'S INABILITY 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 2018, THROUGH 269,106 CASES, HEALTH SERVICES' FACILITIES AND PHYSICIANS PROVIDED MORE THAN \$156 MILLION IN FINANCIAL ASSISTANCE (AT COST) TO PATIENTS UNABLE TO PAY. THIS AMOUNT DOES NOT INCLUDE BAD DEBTS. BAD DEBTS OCCUR IN CIRCUMSTANCES WHERE A PATIENT 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 FOUR 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. 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 50 INDEPENDENTLY OWNED COMMUNITY CLINICS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED, LOW-INCOME, AND HOMELESS POPULATIONS. THESE CLINICS, LOCATED THROUGHOUT UTAH, HAD OVER 527,000 PATIENT VISITS IN 2018. HE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ALTH SERVICES PROVIDES COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, INTERN AND RESIDENT TRAINING, AND MEDICAL RESEARCH DURING 2018, THESE COMMUNITY SERVICES AND CONTRIBUTIONS TOTALED \$73 MILLION SE E SCHEDULE H TOWARD THE END OF 2017, HEALTH SERVICES STARTED A REORGANIZATION PROCESS IN ORDER TO BETTER SERVE OUR PATIENTS AND COMMUNITIES AS "ONE INTERMOUNTAIN" THIS REPLACED G EOGRAPHICALLY DEFINED ADMINISTRATIVE REGIONS WITH A SYSTEM-WIDE STRUCTURE MADE UP OF COMMU NITY CARE AND SPECIALTY CARE DIVISIONS THIS ONGOING CHANGE WILL ALLOW THE ORGANIZATION TO PROVIDE EXTRAORDINARY CARE TO EVERY PATIENT CONSISTENTLY ACROSS THE ENTIRE ORGANIZATION, AND PROVIDE THE SAME HIGH QUALITY AND COST-EFFECTIVE CARE EVERYWHERE THE ORGANIZATION IS NOW STRUCTURED IN TWO PRIMARY GROUPS, WHICH REFLECTS THE TWO MOST COMMON WAYS PEOPLE ACCES S HEALTH AND CARE SERVICES THE COMMUNITY CARE GROUP FOCUSES ON THINGS LIKE PRIMARY CARE, HOMECARE, SENIOR SERVICES, AND COMMUNITY HEALTH THIS GROUP WORKS TO KEEP PEOPLE WELL THRO UGH PREVENTATIVE SERVICES LIKE HEALTH SCREENINGS AND PRIMARY CARE, INCLUDING REGULAR OUTPA TIENT TREATMENTS FOR MANAGING CHRONIC DISEASES THE SPECIALTY CARE GROUP FOCUSES ON SPECIA LTY AND HOSPITAL INPATIENT CARE THIS IS THE EPISODIC CARE PEOPLE NEED WHEN THEY SUFFER A SERIOUS ILLNESS OR INJURY THIS GROUP AIMS TO DELIVER THE PROPER CARE AT THE RIGHT TIME TH ROUGH SPECIALIST AND HOSPITAL INPATIENT SETTINGS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<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 22 HOSPITALS WITH 2,866 LICENSED BEDS IN UTAH AND SOUTHERN IDAHO, AND THE INTERMOUNTAIN MEDICAL GROUP, WHICH EMPLOY MORE THAN 1,600 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS THAT LEAD CAREGIVER TEAMS IN HOSPITALS AND 371 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 2018 - ACUTE ADMISSIONS - 135,717 - INSTAC ARE VISITS - 606,930 - BIRTHS - 29,252 - INPATIENT SURGERIES - 38,436 - OUTPATIENT SURGERIES - 122,417 - EMERGENCY ROOM VISITS - 494,923 - PHYSICIAN CLINIC VISITS - 3,300,074 - HOME CARE PATIENTS SERVED - 148,794 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 NINE 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 NINE CLINICAL PROGRAMS ARE ORGANIZED AND OPERATED BY HEALTH SERVICES TO DEVELOP AND IMPLEMENT EVIDENCE-BASED BEST PRACTICES IN OUR HOSPITAL AND COMMUNITY-BASED SETTINGS, IMPROVE THE PATIENT'S "JOURNEY" THROUGHOUT THE CONTINUUM OF CARE, BE THE PROFESSIONAL HOME FOR MEDICAL AND SURGICAL SPECIALISTS, AND IMPROVE PERFORMANCE IN THE FUNDAMENTALS OF CARE - SAFETY, QUALITY, PATIENT EXPERIENCE, ACCESS, STEWARDSHIP, ENGAGED CAREGIVERS AND GROWTH 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 THE TEAMS HAVE EXPANDED MENTAL HEALTH INTEGRATION INTO THE MAJORITY OF INTERMOUNTAIN'S PRIMARY CARE CLINICS AND HAVE DEVELOPED TELE-PSYCHIATRY AND TELE-CRISIS SERVICES ACROSS THE SYSTEM AND INTO RURAL SETTINGS CARE PROCESS MODELS ARE IN PLACE FOR THE MANAGEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>OF DEPRESSION, BIPOLAR DISORDER, EATING DISORDERS, ATTENTION DEFICIT DISORDER, SUBSTANCE USE DISORDERS, AND SUICIDE ASSESSMENT AND PREVENTION THEY HAVE BEGUN TO IMPLEMENT "ACCESS CENTERS" TO INCREASE CAPABILITIES TO CARE FOR PATIENTS WITH MENTAL HEALTH ILLNESS CURRENTLY, THE TEAMS ARE WORKING TO IMPROVE EARLY IDENTIFICATION AND TREATMENT OF DEPRESSION AND CRISIS INTERVENTIONS FOR EMERGENCY/URGENT BEHAVIORAL HEALTH PATIENTS AND DEVELOPING A PLAN TO REDUCE SUICIDE THE BEHAVIORAL HEALTH CLINICAL PROGRAM ALSO HAS OPERATIONS RESPONSIBILITY FOR HOSPITAL-BASED BEHAVIORAL HEALTH INPATIENT UNITS, ACCESS CENTERS AND CRISIS-SERVICE HEALTH SERVICES' CLINICAL INTEGRATION STRATEGY OVER THE LAST 20 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, HEART FAILURE, CARDIAC RISK MANAGEMENT AND RHYTHM MANAGEMENT CURRENTLY, THE TEAMS ARE WORKING TO REDUCE ACUTE MYOCARDIAL INFARCTION, CORONARY ARTERY BYPASS GRAFT, AND HEART FAILURE MORTALITY AND READMISSIONS, AS WELL AS REDUCING MEDICAL SUPPLY COSTS RELATED TO CARDIOVASCULAR PROCEDURES THE CARDIOVASCULAR CLINICAL PROGRAM ALSO HAS OPERATIONS RESPONSIBILITY FOR HOSPITAL-BASED CARDIAC CATH LAB, ECHOCARDIOGRAPHY/VASCULAR LABS, EKG AND CARDIAC REHABILITATION THE MEDICAL SPECIALTIES CLINICAL PROGRAM IS NEW TO INTERMOUNTAIN AND LAUNCHED IN 2018 MEDICAL SPECIALTIES CLINICAL PROGRAM IS FOCUSED ON PATIENT POPULATIONS BASED ON DISEASE CONDITIONS AND TREATMENTS INCLUDING ALLERGY & IMMUNOLOGY, ANTICOAGULATION & THROMBOSIS, DERMATOLOGY, ENDOCRINOLOGY, INFECTIOUS DISEASE, NEPHROLOGY (KIDNEY DISEASE), PAIN MEDICINE, PULMONOLOGY, RHEUMATOLOGY, AND SLEEP MEDICINE SPECIALTY TEAMS WITHIN THE MEDICAL SPECIALTIES CREATE AND IMPLEMENT INNOVATIVE CARE MODELS AND DESIGN CLINICAL AND OPERATIONAL BEST PRACTICES THE TEAMS ENGAGE PROVIDERS AND ASSOCIATED CAREGIVERS WITHIN EACH SPECIALTY, ALONG WITH THE ALLIED SHARED CLINICAL SERVICES THE TEAMS WORK TO DEPLOY THESE MEANINGFULLY ACROSS THE ENTIRE INTERMOUNTAIN SYSTEM, WHICH IS DONE BY IMPROVING PERFORMANCE IN ALL OF THE FUNDAMENTALS - SAFETY, QUALITY, EXPERIENCE, STEWARDSHIP, ACCESS, GROWTH, AND ENGAGED CAREGIVERS MSCP LEVERAGES THE COLLECTIVE TALENTS AND TRAINING OF INTERMOUNTAIN'S INTEGRATED CARE NETWORK TO ACHIEVE A COMPREHENSIVE, HIGH QUALITY SYSTEM TO SUPPORT PATIENTS ACROSS THE CARE CONTINUUM FROM COMMUNITY TO SPECIALTY-BASED CARE THE GOAL IS TO MEET PATIENTS WHERE THEY NEED AND WANT HEALTHCARE THE MUSCULOSKELETAL CLINICAL PROGRAM IS A CLINICAL PROGRAM ESTABLISHED IN THE SUMMER OF 2014</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THIS TEAM WORKS IN CLOSE COLLABORATION WITH THE REHABILITATION CLINICAL SERVICE AND IS FOCUSED ON DEVELOPING CARE PROCESSES FOR THE TREATMENT OF TOTAL JOINTS AND FRACTURES THE MUSCULOSKELETAL CLINICAL PROGRAM COMPLETED THE DEVELOPMENT OF A CARE PROCESS MODEL FOR TOTAL JOINT REPLACEMENTS AND IS IN THE PROCESS OF IMPLEMENTING CARE STANDARDS FOR THESE CONDITIONS ACROSS THE INTERMOUNTAIN SYSTEM CURRENTLY, THE TEAMS ARE WORKING TO REDUCE COMPLICATIONS AND READMISSIONS FOR TOTAL JOINT REPLACEMENT PATIENTS, IMPROVE PATIENT SELECTION FOR ELECTIVE TOTAL JOINT PROCEDURES, REDUCE MEDICAL SUPPLY COSTS FOR ORTHOPEDIC PROCEDURES, AND REDUCE OPIOID PRESCRIPTIONS FOR ORTHOPEDIC PATIENTS THE NEUROSCIENCES CLINICAL PROGRAM IS A CLINICAL PROGRAM THAT BEGAN IN THE FALL OF 2014 THE PRIMARY FOCUSES OF THE NEUROSCIENCES CLINICAL PROGRAM ARE ENHANCING CARE FOR PATIENTS WITH SYMPTOMS OF STROKE, EXPANDING THE USE OF TELE-HEALTH FOR STROKE CARE, DEVELOPING MODELS OF CARE FOR PATIENTS WITH LOW BACK PAIN FROM CONSERVATIVE THERAPY TO SURGICAL INTERVENTION, AND MANAGEMENT OF PATIENTS WITH CONCUSSION, DEMENTIA, AND EPILEPSY THE NEUROSCIENCES TEAM HAS DEVELOPED AND IMPLEMENTED A ROBUST TELE-STROKE SERVICE THAT BENEFITS COMMUNITIES AND PATIENTS BY PROVIDING TIMELY AND EFFECTIVE STROKE CARE ACROSS THE SYSTEM CURRENTLY, THE TEAMS ARE WORKING TO REDUCE STROKE MORTALITY, IMPROVE PATIENT SELECTION FOR ELECTIVE SPINAL-FUSION SURGERIES, REDUCE MEDICAL SUPPLY COSTS FOR SPINE SURGERY PROCEDURES, AND REDUCE OPIOID PRESCRIPTIONS FOR NEUROSCIENCES PATIENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>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 THE ONCOLOGY CLINICAL PROGRAM HAS OPERATIONS RESPONSIBILITIES FOR BOTH INTERMOUNTAIN CLINICS AND HOSPITAL UNITS DEDICATED TO CANCER CARE 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 PEDIATRIC SPECIALTIES CLINICAL PROGRAM WORKS TO IMPROVE CARE FOR CHILDREN UP TO 17 YEARS OF AGE, INCLUDING CARE BY PEDIATRIC SUBSPECIALTY PROVIDERS THE PEDIATRIC SPECIALTIES CLINICAL PROGRAM IS PART OF THE BROADER "ONE INTERMOUNTAIN" PEDIATRICS PROGRAM TO IMPROVE ON THE FUNDAMENTALS OF CARE FOR CHILDREN IN THE COMMUNITIES AND GEOGRAPHIES WE SERVE BEST PRACTICE GUIDELINES HAVE BEEN DEVELOPED FOR TREATMENT OF BRONCHIOLITIS, THE FEBRILE INFANT, TYPE I 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 WOMEN AND NEWBORNS CLINICAL PROGRAM FOCUSES ATTENTION ON WOMEN'S HEALTHCARE AND THE CARE OF THE NEWBORN IN THE NEONATAL PERIOD, WHICH 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 THE NEONATAL INTENSIVE CARE UNIT TEAM HAS DEVELOPED A ROBUST TELE-NEWBORN INTENSIVE CARE UNIT SERVICE THAT BENEFITS NEWBORNS AND FAMILIES THROUGH IMPROVED CRITICAL CARE IN COMMUNITY AND RURAL SETTINGS AND FEWER NEWBORNS TRANSFERRED TO TERTIARY HOSPITALS FOR CARE CURRENTLY, THE TEAMS ARE WORKING TO DEVELOP AND IMPLEMENT A HIGHLY RELIABLE AND SAFER BABY-DELIVERY CARE MODEL, EARLY IDENTIFICATION AND TREATMENT FOR POSTPARTUM DEPRESSION, AND IMPROVE PATIENT SELECTION FOR ELECTIVE HYSTERECTOMY PROCEDURES</p>

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, HAS AND MAY EXERCISE THE POWERS OF THE BOARD OF TRUSTEES IN MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION AND REPORTS REGULARLY AT EACH MEETING OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE ALSO HAS 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	MARK R BRIESACHER, MD / DANIEL G GOMEZ / A MARC HARRISON, MD / GREGORY M JOHNSON / ALBERT R ZIMMERLI - BUSINESS RELATIONSHIP (TRUSTEES AND/OR OFFICERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION) MARK R BRIESACHER, MD / JOSEPH D FOURNIER / KIMBERLY HENRICHSEN / ALBERT R ZIMMERLI - BUSINESS RELATIONSHIP (TRUSTEES OF EMPIRIC HEALTH, INC , A TAXABLE SUBSIDIARY OF THE FILING ORGANIZATION) MARK A RUNYON / ALBERT R ZIMMERLI - BUSINESS RELATIONSHIP (TRUSTEES OF INTALERE, INC , A TAXABLE SUBSIDIARY OF THE FILING ORGANIZATION) JANICE UGAKI / ALBERT R ZIMMERLI - BUSINESS RELATIONSHIP (TRUSTEES OF CULMINATION BIO, INC , A TAXABLE SUBSIDIARY OF THE FILING ORGANIZATION) TERRI L KANE / ALBERT R ZIMMERLI - BUSINESS RELATIONSHIP (TRUSTEES OF ALLUCEO, INC , A TAXABLE SUBSIDIARY OF THE FILING ORGANIZATION) KIMBERLY HENRICHSEN / ROBERT W ALLEN - BUSINESS RELATIONSHIP (TRUSTEES OF HOMESPIRE, LLC, A RELATED PARTNERSHIP OF THE FILING ORGANIZATION) A SCOTT ANDERSON / GAIL MILLER / F ANN MILLNER - BUSINESS RELATIONSHIP (BOARD MEMBERS AND OFFICER OF AN UNRELATED CORPORATION) A SCOTT ANDERSON / F ANN MILLNER - BUSINESS RELATIONSHIP (TRUSTEES OF AN UNRELATED CORPORATION) KAREN W FAIRBANKS / F ANN MILLNER - BUSINESS RELATIONSHIP (TRUSTEE/EMPLOYEE RELATIONSHIP IN AN UNRELATED TAX-EXEMPT 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 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	THE EXECUTIVE COMPENSATION COMMITTEE ("COMPENSATION 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 PRESIDENT / CFO - SENIOR VICE PRESIDENTS - VICE PRESIDENTS THE COMPENSATION 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 COMPENSATION COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR EACH INDIVIDUAL LISTED ABOVE DECISIONS BY THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED THE COMPENSATION 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

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 WEBSITE (HTTPS //EMMA MSRB ORG/), 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 90,457,140 ADJUSTMENT TO BALANCE OF INVESTMENT IN AFFILIATE -20,639,491 OTHER MISCELLANEOUS FUND BALANCE ADJUSTMENTS 207,897

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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	6,567,533	5,441,840		No		Yes		77 300 %
(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	5,493,361	79,703,618		No			No	58 840 %
(4) INNOVATION FUND HOLDINGS COMPANY LLC (FKA INTMTN HC INNOVATION FUND I LP) 1000 W FULTON STREET STE 213 CHICAGO, IL 60607 47-1525723	INNOVATION	DE	IHC HEALTH SERVICES INC	EXCLUDED	436,694	12,178,767		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	372,080	573,856		No			No	78 040 %
(6) HOMESPIRE LLC (FKA IMLS SERVICES LLC) 36 S STATE STE 2200 SALT LAKE CITY, UT 84111 82-3121436	HOMECARE ASSISTANCE	UT	IHC HEALTH SERVICES INC	RELATED	-980,909	243,814		No		Yes		87 500 %

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a 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	3,023,705	6,924,871	IHC HEALTH SERVICES INC
(1) IHC UTAH VALLEY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	MEDICAL OFFICES	UT	82,525	-8,047	IHC HEALTH SERVICES INC
(2) INTERMOUNTAIN INTELLECTUAL ASSET MANAGEMENT LLC (FKA INVENTION MGMT LLC) 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	IP MANAGEMENT	UT	183,467	0	IHC HEALTH SERVICES INC
(3) 5300 SOUTH CENTER LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-5581911	OFFICE RENTAL	UT	2,509,386	12,677,897	IHC HEALTH SERVICES INC
(4) 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
(5) INTERMOUNTAIN VENTURES LLC (FKA INTERMOUNTAIN INSIGHTS LLC) 36 S STATE STE 2200 SALT LAKE CITY, UT 84111 47-2067137	INNOVATION	UT	402,486	42,884,821	IHC HEALTH SERVICES INC
(6) INTERMOUNTAIN ALTA VIEW LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	OFFICE RENTAL	UT	71,644	0	IHC HEALTH SERVICES INC
(7) INTERMOUNTAIN EAST BAY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-3640554	PROPERTY ACQUISITION/OPERATION	UT	801,504	7,015,535	IHC HEALTH SERVICES INC
(8) ICENTRA SOLUTIONS LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-0641101	TECHNOLOGY MARKETING	UT	0	0	IHC HEALTH SERVICES INC
(9) INTERMOUNTAIN ACCOUNTABLE CARE LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-2226534	MEDICARE ACO	UT	0	0	IHC HEALTH SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SELECTHEALTH BENEFIT ASSURANCE COMPANY INC 5381 GREEN STREET MURRAY, UT 84123 87-0497549	DELIVERY OF HEALTH BENEFITS	UT	N/A	C				Yes	
(1) HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C				Yes	
(2) INTERMOUNTAIN SUPPLY SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955	HOLDING COMPANY	DE	IHC HEALTH SERVICES INC	C		85,750,000	100 000 %	Yes	
(3) INTALERE INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071	GROUP PURCHASING	DE	IHC HEALTH SERVICES INC	C	80,851,322	193,443,816	100 000 %	Yes	
(4) NAVICAN GENOMICS INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-4153832	CANCER TREATMENT	DE	IHC HEALTH SERVICES INC	C	353,653	11,113,727	100 000 %	Yes	
(5) EMPIRIC HEALTH INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 38-4026200	HEALTH SERVICES TECHNOLOGY	DE	IHC HEALTH SERVICES INC	C	6,170,278	3,094,825	84 810 %	Yes	
(6) CULMINATION BIO INC (FKA MATTERHORN BIO INC) 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-3542894	BIOREPOSITORY	DE	IHC HEALTH SERVICES INC	C		16,000,244	100 000 %	Yes	
(7) ALLUCEO INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-4614934	MENTAL HEALTH INTEGRATION SVCS	DE	IHC HEALTH SERVICES INC	C		5,000,291	100 000 %	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	829,315	CONTRACT
(1)	MCKAY DEE SURGICAL CENTER LLC	L	1,114,209	CONTRACT
(2)	MCKAY DEE SURGICAL CENTER LLC	Q	4,579,602	CONTRACT
(3)	MCKAY DEE SURGICAL CENTER LLC	J	829,315	CONTRACT
(4)	SELECTHEALTH INC	L	1,507,565,690	CONTRACT
(5)	SELECTHEALTH INC	M	15,465,682	CONTRACT
(6)	SELECTHEALTH INC	Q	138,803,128	CONTRACT
(7)	SELECTHEALTH INC	P	3,856,053	COST
(8)	SELECTHEALTH INC	J	2,095,901	CONTRACT
(9)	SELECTHEALTH INC	A	2,095,901	CONTRACT
(10)	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Q	1,406,523	COST
(11)	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	C	35,417,889	COST
(12)	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	B	4,917,646	COST
(13)	INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC	C	1,101,000	COST
(14)	INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC	B	40,000,000	COST
(15)	INTALERE INC	L	1,748,150	CONTRACT
(16)	INTALERE INC	A	28,444	CONTRACT
(17)	HEALTHCARE CAPTIVE INSURANCE COMPANY	M	1,332,418	CONTRACT
(18)	INTERMOUNTAIN HEALTH CARE INC	Q	65,042	COST
(19)	CULMINATION BIO INC	R	1,000,000	CASH
(20)	NAVICAN GENOMICS INC	R	15,570,000	CASH
(21)	EMPIRIC HEALTH INC	A	6,902	CONTRACT
(22)	EMPIRIC HEALTH INC	R	1,499,991	CASH
(23)	ALLUCEO INC	R	5,000,000	CASH