

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
2019
Open to Public Inspection

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

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

G Gross receipts \$ 18,155,680,026

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

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

J Website: ▶ WWW.INTERMOUNTAINHEALTHCARE.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1982

M State of legal domicile: UT

Part I Summary

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

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	44,041
6 Total number of volunteers (estimate if necessary)	3,209
7a Total unrelated business revenue from Part VIII, column (C), line 12	298,531,860
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	39,688,068	35,019,424
9 Program service revenue (Part VIII, line 2g)	6,259,152,533	6,648,425,679
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	241,233,010	230,979,198
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,693,199	64,865,504
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,591,766,810	6,979,289,805
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	92,131,258	71,287,507
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,920,745,207	3,120,259,096
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,308,845		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,945,209,957	3,430,295,349
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,958,086,422	6,621,841,952
19 Revenue less expenses. Subtract line 18 from line 12	633,680,388	357,447,853
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,156,105,364	13,109,577,641
21 Total liabilities (Part X, line 26)	4,357,459,517	5,518,215,009
22 Net assets or fund balances. Subtract line 21 from line 20	6,798,645,847	7,591,362,632

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 2020-11-03
VP FINANCE VP FINANCE
Type or print name and title

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,672,389,617 including grants of \$ 71,287,507) (Revenue \$ 6,681,384,835)
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 ▶ 5,672,389,617

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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/Description, Yes, No. Rows include 1a (1,732), 1b (0), and 1c (Yes).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	<table border="1"> <tr> <td style="width: 10%;">2a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">44,041</td> </tr> </table>	2a		44,041			
2a		44,041					
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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 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?							
9 Sponsoring organizations maintaining donor advised funds.							
a 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		12a				
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? <i>If "No," provide an explanation in Schedule O</i>			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 (17), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 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.
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:

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

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

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

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

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

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

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

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	23,004,957	0	10,319,373

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5,107

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
R1 RCM INC 401 N MICHIGAN AVE STE 2700 CHICAGO, IL 60611	REVENUE CYCLE MANAGEMENT	189,911,508
SUMMIT PHYSICIAN SPECIALISTS PC 5444 GREEN STREET MURRAY, UT 84123	MEDICAL	44,144,669
UTAH EMERGENCY PHYSICIANS PC PO BOX 57117 MURRAY, UT 84157	MEDICAL	42,776,562
ASSOCIATED REGIONAL AND UNIVERSITY PO BOX 27964 SALT LAKE CITY, UT 84127	MEDICAL	19,526,257
UTAH RADIOLOGY ASSOCIATES PLLC 560 WEST 800 NORTH OREM, UT 84057	MEDICAL	19,466,906

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 250

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a PATIENT SERVICE, 2b LABORATORY, 2c PHARMACY, 2d RENTAL (RELATED), 2e LAUNDRY, and 2f All other program service revenue.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Net gain or loss from sales of assets, 8a-8b Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b Net income from sales of inventory, and 11a-11d Miscellaneous Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,262,519	71,262,519		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,988	24,988		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	26,716,639		26,716,639	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,064,830		1,064,830	
7 Other salaries and wages	2,590,504,681	2,312,650,943	275,103,988	2,749,750
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	192,754,355	179,832,513	12,921,842	
9 Other employee benefits	142,081,267	94,578,917	46,991,862	510,488
10 Payroll taxes	167,137,324	148,035,539	18,902,573	199,212
11 Fees for services (non-employees):				
a Management				
b Legal	14,566,542	658,746	13,907,796	
c Accounting	885,692	34,916	812,994	37,782
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,939,299		26,939,299	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	637,189,847	347,975,358	289,157,831	56,658
12 Advertising and promotion	20,809,495	5,521,709	15,287,771	15
13 Office expenses	84,067,204	66,183,786	17,737,817	145,601
14 Information technology	51,165,241	17,437,554	33,603,267	124,420
15 Royalties				
16 Occupancy	159,817,415	110,159,538	49,654,080	3,797
17 Travel	21,008,193	15,926,824	5,007,564	73,805
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,525,800	1,693,494	808,691	23,615
20 Interest	234,047,415	233,966,609	80,806	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	409,538,424	371,716,308	37,815,290	6,826
23 Insurance	14,154,305		14,154,305	
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	1,358,714,195	1,356,632,596	2,079,167	2,432
b ADJ FOR UNPAID SERVICES	262,614,795	262,614,795	0	0
c RISK MANAGEMENT	41,823,346	0	41,823,346	0
d NON-MEDICAL SUPPLIES	39,273,997	33,668,236	5,286,201	319,560
e All other expenses	51,154,144	41,813,729	9,285,531	54,884
25 Total functional expenses. Add lines 1 through 24e	6,621,841,952	5,672,389,617	945,143,490	4,308,845
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	176,664	1	156,899
	2 Savings and temporary cash investments	629,604,824	2	203,363,037
	3 Pledges and grants receivable, net	4,517,932	3	2,896,804
	4 Accounts receivable, net	779,501,285	4	780,687,556
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,526,168	7	23,375,536
	8 Inventories for sale or use	176,132,434	8	174,283,806
	9 Prepaid expenses and deferred charges	55,330,499	9	70,328,798
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,184,580,934		
	b Less: accumulated depreciation	10b 2,787,419,144	3,308,644,717	10c 3,397,161,790
	11 Investments—publicly traded securities	3,069,468,237	11	3,939,985,954
	12 Investments—other securities. See Part IV, line 11	2,659,052,374	12	3,139,744,193
	13 Investments—program-related. See Part IV, line 11	57,716,186	13	45,496,939
	14 Intangible assets	49,069,741	14	482,291,788
	15 Other assets. See Part IV, line 11	360,364,303	15	849,804,541
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,156,105,364	16	13,109,577,641	
Liabilities	17 Accounts payable and accrued expenses	441,318,981	17	566,201,965
	18 Grants payable		18	
	19 Deferred revenue	7,505,731	19	5,066,608
	20 Tax-exempt bond liabilities	2,378,514,238	20	2,338,595,469
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,884,907	23	3,169,637
	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	1,527,235,660	25	2,605,181,330
	26 Total liabilities. Add lines 17 through 25	4,357,459,517	26	5,518,215,009
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,794,017,048	27	7,584,956,089
	28 Net assets with donor restrictions	4,628,799	28	6,406,543
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	6,798,645,847	32	7,591,362,632	
33 Total liabilities and net assets/fund balances	11,156,105,364	33	13,109,577,641	

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	6,979,289,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,621,841,952
3	Revenue less expenses. Subtract line 2 from line 1	3	357,447,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,798,645,847
5	Net unrealized gains (losses) on investments	5	685,361,945
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,785,816
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-251,878,829
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,591,362,632

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 (2019)

Form 990, Part III, Line 4a:

IHC HEALTH SERVICES, INC. ("HEALTH SERVICES") PROVIDED HIGH QUALITY HEALTHCARE THROUGH ITS SYSTEM OF 22 HOSPITALS (2,862 LICENSED BEDS) AND 387 CLINICS. IN ADDITION TO THE 140,597 INPATIENT ADMISSIONS, 512,829 EMERGENCY ROOM VISITS AND 3.4 MILLION CLINIC VISITS, HEALTH SERVICES PROVIDED MORE THAN \$145 MILLION IN CHARITY CARE (AT COST) THROUGH MORE THAN 303,000 CASES. FOR A MORE DETAILED EXPLANATION OF THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS IN 2019, SEE SCHEDULE O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
A MARC HARRISON MD TRUSTEE / PRES / CEO	50.00 23.00	X		X				2,933,015	0	1,931,074
JANICE UGAKI TRUSTEE	1.00 1.00	X						2,173	0	0
KAREN HALE TRUSTEE	2.00 2.00	X						1,575	0	0
STEVEN D HUEBNER TRUSTEE	2.00 1.00	X						1,250	0	0
MATT C PACKARD TRUSTEE	2.00 1.00	X						1,168	0	0
JAMES WEINSTEIN TRUSTEE	1.00 1.00	X						1,158	0	0
A SCOTT ANDERSON TRUSTEE	1.00 4.00	X						0	0	0
ARNOLD MILSTEIN MD TRUSTEE	1.00 1.00	X						0	0	0
CLAYTON M CHRISTENSEN TRUSTEE	1.00 1.00	X						0	0	0
CRYSTAL MAGGELET TRUSTEE	1.00 1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCUS F PROBST VICE PRESIDENT	50.00 0.00			X				854,883	0	769,261
DOUGLAS J HAMMER SVP / GENERAL COUNSEL	50.00 3.00			X				917,011	0	431,754
DAVID L FLOOD SENIOR VICE PRESIDENT	3.00 56.00			X				845,775	0	472,514
DAN LILJENQUIST SENIOR VICE PRESIDENT	50.00 3.00			X				807,914	0	461,425
KEVAN MABBUTT SENIOR VICE PRESIDENT	50.00 3.00			X				681,817	0	439,136
GREGORY M JOHNSON VICE PRESIDENT	50.00 9.00			X				662,594	0	428,694
MARK A RUNYON VICE PRESIDENT	50.00 1.00			X				688,644	0	371,786
MIKELLE MOORE SENIOR VICE PRESIDENT	50.00 6.00			X				650,248	0	379,792
JACQUELINE MILLARD VICE PRESIDENT	50.00 0.00			X				619,346	0	388,408
HEATHER BRACE SENIOR VICE PRESIDENT	50.00 3.00			X				594,306	0	354,629

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			
GREGORY P POULSEN SENIOR VICE PRESIDENT	50.00 3.00			X				685,853	0	160,017
SUSAN M ROBEL SENIOR VICE PRESIDENT (PARTIAL YEAR)	50.00 3.00			X				494,894	0	288,958
TODD E CRAGHEAD VICE PRESIDENT (PARTIAL YEAR)	50.00 0.00			X				314,144	0	173,487
TIMOTHY YEATMAN MEDICAL DIRECTOR - ONCOLOGY	50.00 0.00					X		1,659,064	0	167,452
CASEY BACHISON MD-SURGERY/ORTHOPEDIC	50.00 0.00					X		1,160,158	0	71,557
RAFE CONNORS MD-CARDIO SURGERY	50.00 0.00					X		1,116,357	0	79,753
JOTHAM MANWARING MD-NEUROSURGERY	50.00 0.00					X		1,134,242	0	47,285
BERKELEY BATE MD-NEUROSURGERY	50.00 0.00					X		1,122,864	0	48,962
CHARLES W SORENSON JR MD FORMER OFFICER	50.00 0.00						X	282,054	0	71,860

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

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)	24,750	24,750
c Total lobbying expenditures (add lines 1a and 1b)	24,750	24,750
d Other exempt purpose expenditures	6,621,817,202	6,664,182,903
e Total exempt purpose expenditures (add lines 1c and 1d)	6,621,841,952	6,664,207,653
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	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

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	22,585	23,448	25,460	24,750	96,243
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
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: \$6,621,841,952 501(H) ELECTION: YES INTERMOUNTAIN HEALTH CARE, INC. 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN: 87-0269232 EXEMPT PURPOSE EXPENDITURES: \$102,903 501(H) ELECTION: NO INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC. 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN: 94-2853320 EXEMPT PURPOSE EXPENDITURES: \$5,027,518 501(H) ELECTION: NO INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111 EIN: 80-0225150 EXEMPT PURPOSE EXPENDITURES: \$35,817,986 501(H) ELECTION: NO THE HEART AND LUNG RESEARCH FOUNDATION 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157 EIN: 87-0617606 EXEMPT PURPOSE EXPENDITURES: \$1,417,294 501(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 COLLEGE OF PHYSICIANS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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 instructions and the latest information.**

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	318,184,393	272,656,448	240,916,500	212,341,483	188,902,315
b Contributions	145,736,778	88,627,844	56,147,635	53,364,528	43,191,896
c Net investment earnings, gains, and losses	7,381,170	-2,144,922	4,060,214	2,383,968	-654,103
d Grants or scholarships	3,093,551	1,327,590	3,120,750	2,905,191	3,298,412
e Other expenditures for facilities and programs	34,386,766	39,576,411	25,347,151	24,268,288	15,800,213
f Administrative expenses	-15,649	50,976			
g End of year balance	433,837,673	318,184,393	272,656,448	240,916,500	212,341,483

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

- a** Board designated or quasi-endowment ▶ 23.880 %
- b** Permanent endowment ▶ 9.530 %
- c** Temporarily restricted endowment ▶ 66.590 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	49,200,883	245,299,718		294,500,601
b Buildings	39,799,493	2,444,892,889	1,093,261,408	1,391,430,974
c Leasehold improvements	538,624	145,671,011	79,839,567	66,370,068
d Equipment	117,849	3,020,066,903	1,614,318,169	1,405,866,583
e Other	556,781	238,436,783		238,993,564
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,397,161,790

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	3,139,744,193	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,139,744,193	

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) MISC ACCOUNTS RECEIVABLE	126,805,316
(2) ACCRUED INTEREST RECEIVABLE	8,487,177
(3) MISC OTHER ASSETS	7,755,801
(4) OTHER LONG TERM ASSETS	33,730,022
(5) ACCRUED RETIREE WELFARE BENEFIT	42,200,120
(6) INVESTMENT RECEIVABLE	406,275,412
(7) RIGHT OF USE ASSETS, NET	224,550,693
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	849,804,541

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,605,181,330

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

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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			1,002,665,512
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,002,665,512

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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
PART III ACCOUNTING METHOD:	

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 82% OF THE TOTAL INTERNATIONAL INVESTMENT VALUES (BY MARKET VALUE). THE REMAINING 18% 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		723,651,370
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			INVESTMENTS		26,179,772

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		202,620,618
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			INVESTMENTS		40,416,987

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		6,991,504
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		2,805,261

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

Hospitals

OMB No. 1545-0047
2019
 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	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			144,709,307	0	144,709,307	2.280 %
b Medicaid (from Worksheet 3, column a)			724,875,918	652,420,303	72,455,614	1.140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			869,585,225	652,420,303	217,164,921	3.420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,365,848	0	5,365,848	0.080 %
f Health professions education (from Worksheet 5)			36,741,076	0	36,741,076	0.580 %
g Subsidized health services (from Worksheet 6)			28,583,888	0	28,583,888	0.450 %
h Research (from Worksheet 7)			19,804,656	10,892,430	8,912,226	0.140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			71,340,335	0	71,340,335	1.120 %
j Total. Other Benefits			161,835,803	10,892,430	150,943,373	2.370 %
k Total. Add lines 7d and 7j			1,031,421,028	663,312,733	368,108,294	5.790 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements			1,250	0	1,250	0 %
5 Leadership development and training for community members						
6 Coalition building			54,408	0	54,408	0 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other			125,206	0	125,206	0 %
10 Total			180,864		180,864	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		262,614,795
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		39,055,104
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	709,143,295
6 Enter Medicare allowable costs of care relating to payments on line 5	6	732,577,720
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,434,425
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

(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 LLC	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 A

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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>19</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>19</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
b	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: 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)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

HOSPITAL REPORTING GROUP A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section 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):	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>19</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>19</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
b	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: 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)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

HOSPITAL REPORTING GROUP 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 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, 20a, 20b, 20c, 20d, 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? 387

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	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. HOWEVER, PATIENTS UNABLE TO PAY THE MINIMUM CO-PAY WILL 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 \$20,861,449 FROM 27 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 ADJUSTMENTS FOR UNPAID SERVICES INCLUDED ON FORM 990, PART IX, LINE 25, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS \$262,614,795.

990 Schedule H, Supplemental Information

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 THE FOLLOWING STATE AND LOCAL COALITIONS: (1) SAFE KIDS COALITIONS TO PROMOTE AWARENESS AND USE OF CHILD SEAT BELTS AND BICYCLE SAFETY;(2) STATEWIDE IMMUNIZATION COLLABORATIVE;(3) ALLIANCE FOR THE SOCIAL DETERMINANTS OF HEALTH; (4) OPIOID COMMUNITY COLLABORATIVE;(5) LIVING WELL WITH CHRONIC CONDITIONS STATEWIDE PROGRAM WITH THE UTAH DEPARTMENT OF HEALTH; (6) DIABETES-RELATED COALITIONS TO HELP REDUCE THE INCIDENCE OF DIABETES IN CHILDREN AND ADULTS;(7) MULTIPLE MENTAL HEALTH COLLABORATIONS AND SUICIDE PREVENTION EFFORTS; AND(8) 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 AND MID-LEVEL PROVIDERS 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 ADJUSTMENTS FOR UNPAID SERVICES BY ASSESSING THE COLLECTIBILITY, TIMING, AND AMOUNT OF PATIENT SERVICES REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES FOR EACH MAJOR PAYER SOURCE, GENERAL ECONOMIC TRENDS AND OTHER INDICATORS.

990 Schedule H, Supplemental Information

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 MAY BE WRITTEN OFF AS AN ADJUSTMENT FOR UNPAID SERVICES. 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 ADJUSTMENTS FOR UNPAID SERVICES 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 WERE AVAILABLE OR PROVIDED BY THE PATIENT.THE CHARITY CARE AMOUNTS INCLUDED IN THE FINANCIAL STATEMENTS ARE SEPARATE AND DISTINCT FROM ADJUSTMENTS FOR UNPAID SERVICES, 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. ADJUSTMENTS FOR UNPAID SERVICES ARE REFLECTED AS REDUCTIONS TO PATIENT SERVICES REVENUES IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AND WERE \$301 MILLION AND \$263 MILLION FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2019, 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 ADJUSTMENTS TO PATIENT SERVICES REVENUES IN THE PERIOD SERVICES ARE RENDERED FOR AMOUNTS NOT EXPECTED TO BE PAID.MANAGEMENT ESTIMATES THE ADJUSTMENTS RECORDED FOR THESE UNPAID SERVICES BY ASSESSING THE COLLECTIBILITY, 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 THE ADJUSTMENTS FOR UNPAID SERVICES 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 \$465 MILLION, A DIFFERENCE OF \$442 MILLION FROM THE AMOUNT DISCLOSED ON PART III OF THE SCHEDULE H.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	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.

990 Schedule H, Sufficient Information

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, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, VETERAN STATUS 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, THAT 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>INTERMOUNTAIN HEALTHCARE ("INTERMOUNTAIN") PROVIDES SERVICES IN UTAH AND SOUTHEASTERN IDAHO. INTERMOUNTAIN DEFINES ITS COMMUNITY BY GEOGRAPHY AND INCLUDES UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. USING ZIP CODES SPECIFIC TO EACH HOSPITAL COMMUNITY, INTERMOUNTAIN CAN UNDERSTAND THE HEALTH NEEDS OF COMMUNITIES EACH HOSPITAL SERVES BY NEIGHBORHOOD, COUNTY AND LOCAL HEALTH DISTRICT IN ADDITION TO THE STATES AS A WHOLE. HOSPITALS IN THE INTERMOUNTAIN HEALTHCARE SERVICE AREA ARE AS FOLLOWS: BRIGHAM CITY COMMUNITY HOSPITAL, CACHE VALLEY HOSPITAL, DAVIS HOSPITAL, GARFIELD MEMORIAL HOSPITAL, INTERMOUNTAIN ALTA VIEW HOSPITAL, INTERMOUNTAIN AMERICAN FORK HOSPITAL, INTERMOUNTAIN BEAR RIVER VALLEY HOSPITAL, INTERMOUNTAIN CASSIA REGIONAL HOSPITAL, INTERMOUNTAIN CEDAR CITY HOSPITAL, INTERMOUNTAIN DELTA COMMUNITY HOSPITAL, INTERMOUNTAIN DIXIE REGIONAL MEDICAL CENTER, INTERMOUNTAIN FILLMORE COMMUNITY HOSPITAL, INTERMOUNTAIN HEBER VALLEY HOSPITAL, INTERMOUNTAIN LAYTON HOSPITAL, INTERMOUNTAIN LDS HOSPITAL, INTERMOUNTAIN LOGAN REGIONAL HOSPITAL, INTERMOUNTAIN MCKAY-DEE HOSPITAL, INTERMOUNTAIN MEDICAL CENTER, INTERMOUNTAIN OREM COMMUNITY HOSPITAL, INTERMOUNTAIN ORTHOPEDIC SPECIALTY HOSPITAL (TOSH), INTERMOUNTAIN PARK CITY HOSPITAL, INTERMOUNTAIN PRIMARY CHILDREN'S HOSPITAL, INTERMOUNTAIN RIVERTON HOSPITAL, INTERMOUNTAIN SANPETE VALLEY HOSPITAL, INTERMOUNTAIN SEVIER VALLEY HOSPITAL, INTERMOUNTAIN UTAH VALLEY REGIONAL HOSPITAL, JORDAN VALLEY MEDICAL CENTER, LAKEVIEW HOSPITAL, ONE PEAK HOSPITAL, MINIDOKA MEMORIAL HOSPITAL (RUPERT, IDAHO) MOUNTAIN POINT MEDICAL CENTER, MOUNTAIN VIEW HOSPITAL, OGDEN REGIONAL HOSPITAL, PIONEER VALLEY HOSPITAL, SALT LAKE REGIONAL MEDICAL CENTER, SHRINERS HOSPITALS FOR CHILDREN, ST. MARK'S HOSPITAL, TIMPANOGOS REGIONAL HOSPITAL, UNIVERSITY OF UTAH HOSPITAL, VETERANS ADMINISTRATION SALT LAKE CITY HEALTHCARE SYSTEM SAFETY NET CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) PROVIDE HEALTHCARE SERVICES TO UNDERSERVED POPULATIONS, INCLUDING BUT NOT LIMITED TO UNINSURED, LOW-INCOME AND PEOPLE EXPERIENCING HOMELESSNESS WITHIN THE INTERMOUNTAIN HEALTHCARE SERVICE AREA. INTERMOUNTAIN COMMUNITY AND SCHOOL CLINICS FOR UNINSURED/LOW-INCOME PEOPLE ARE AS FOLLOWS: DIXON MIDDLE SCHOOL CLINIC, NORTH TEMPLE CLINIC, PAMELA ATKINSON LINCOLN ELEMENTARY SCHOOL CLINIC AND ROSE PARK ELEMENTARY SCHOOL CLINIC. THE FOLLOWING FIGURES DESCRIBE UTAH AND IDAHO AS OF 2018: POPULATION: UT 3,161,105, ID 1,754,208 POPULATION PER SQUARE MILE: UT 33.6, ID 19.0 LAND AREA IN SQUARE MILES: UT 82,169.62, ID 82,643.12 PERSONS UNDER 18: UT 29.5%, ID 25.5% PERSONS 65 YEARS AND OVER: UT 11.1%, ID 15.9% PERCENT OF PERSONS AGE 5 AND YOUNGER: UT 14.8%, ID 10.7% HIGH SCHOOL GRADUATE OR HIGHER (AGE 25 YEARS+): UT 91.8%, ID 90.2% BACHELOR'S DEGREE OR HIGHER (AGE 25+): UT 32.5%, ID 26.8% PERSONS IN POVERTY: UT 9.0%, ID 11.8% PERSONS WITHOUT HEALTH INSURANCE, UNDER 65 YEARS: UT 10.5%, ID 13.2% RACE AND HISPANIC ORIGIN INFORMATION - WHITE: UT 78.0%, ID 81.7%; HISPANIC OR LATINO: UT 14.2%, ID 12.7%; BLACK OR AFRICAN AMERICAN: UT 1.4%, ID 0.9%; AMERICAN INDIAN AND ALASKA NATIVE: UT 1.5%, ID 1.7%; ASIAN: UT 2.7%, ID 1.6%; NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER: UT 1.1%, ID 0.2%.</p>

990 Schedule H, Scheduling Information

Form and Line Reference	Explanation
PART VI, LINE 5:	HEALTH SERVICES PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PARTICIPATION IN VARIOUS COALITIONS AND SERVICES THAT 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 NET CLINICS AND HELPS SUPPORT 52 INDEPENDENTLY OWNED COMMUNITY SAFETY NET CLINICS SERVING LOW-INCOME AND AT-RISK PEOPLE IN MEDICALLY UNDERSERVED COMMUNITIES THROUGH GRANTS AND 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.
PART VI, LINE 6:	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 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 HEALTH SERVICES 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.'S PURPOSE IS HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE AND BEING A MODEL HEALTH PLAN BY PROVIDING HIGH-VALUE HEALTH BENEFITS AND SUPERIOR SERVICE AT AN AFFORDABLE COST.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.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.INTERMOUNTAIN SUPPLY SERVICES, INC. HOLDS A PARTIAL INTEREST IN A MEDICAL GROUP PURCHASING COMPANY, WHICH ALLOWS SMALLER ORGANIZATIONS TO REDUCE THE COSTS OF THEIR MEDICAL AND OTHER SUPPLIES.INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC. PROMOTES HEALTHCARE BY PROVIDING LEADERSHIP, MANAGEMENT AND DIRECTION TO RELATED HEALTHCARE ENTITIES THAT MAINTAIN RISK MANAGEMENT AGREEMENTS WITH HMOS AND AFFILIATED PROVIDERS AS WELL AS AGREEMENTS WITH HEALTH PLANS (INCLUDING RISK ARRANGEMENTS).HEALTH CARE PARTNERS MEDICAL GROUP (COATS), LTD. PROVIDES HEALTHCARE WITHIN ITS SERVICE AREA BY EMPLOYING 300 PRIMARY CARE PROVIDERS AND 1,500 SPECIALISTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7:	HEALTH SERVICES FILES COMMUNITY BENEFIT REPORTS (OR "CHARITY CARE 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		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											
11	PARK CITY HOSPITAL 900 ROUND VALLEY DRIVE PARK CITY, UT 84060 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-90903	X	X					X			A
12	CEDAR CITY HOSPITAL 1303 NORTH MAIN STREET CEDAR CITY, UT 84720 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-211	X	X					X			A
13	THE ORTHOPEDIC SPECIALTY HOSPITAL 5848 SOUTH FASHION BOULEVARD MURRAY, UT 84107 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-394	X									A
14	LAYTON HOSPITAL 201 WEST LAYTON PARKWAY LAYTON, UT 84041 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2019-HOSP-UT000863	X	X					X			B
15	CASSIA REGIONAL HOSPITAL 1501 HILAND AVENUE BURLEY, ID 83318 HTTP://INTERMOUNTAINHEALTHCARE.ORG 20	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
16	SEVIER VALLEY HOSPITAL 1000 NORTH MAIN RICHFIELD, UT 84701 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-205	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	OREM COMMUNITY HOSPITAL 331 NORTH 400 WEST OREM, UT 84057 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-269	X	X					X			A
19	BEAR RIVER VALLEY HOSPITAL 440 WEST 600 NORTH TREMONTON, UT 84337 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-166	X	X					X			A
20	SANPETE VALLEY HOSPITAL 1100 SOUTH MEDICAL DRIVE MOUNT PLEASANT, UT 84647 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2012-HOSP-204	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	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVENUE DELTA, UT 84624 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-25384	X	X			X		X			A
22	FILLMORE COMMUNITY HOSPITAL 674 SOUTH HIGHWAY 99 FILLMORE, UT 84631 HTTP://INTERMOUNTAINHEALTHCARE.ORG 2013-HOSP-25387	X	X			X		X			A

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 GROUPS A & B, PART V, SECTION B, LINE 5:</p>	<p>HEALTH SERVICES CONSIDERED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY DEVELOPING AND LEADING A STATE AND COMMUNITY-WIDE HEALTH NEEDS ASSESSMENT COLLABORATION. THIS COLLABORATION WAS STRUCTURED AS A WORKING COALITION COMPOSED OF REPRESENTATIVES FROM PARTICIPATING AGENCIES, INCLUDING STATE AND LOCAL HEALTH DEPARTMENTS, WHICH INCLUDED BEAR RIVER HEALTH DEPARTMENT, CENTRAL UTAH PUBLIC HEALTH DEPARTMENT, COMAGINE HEALTH, DAVIS BEHAVIORAL HEALTH, DAVIS COUNTY HEALTH DEPARTMENT, GET HEALTHY UTAH, THE KEM GARDNER POLICY INSTITUTE, SALT LAKE COUNTY HEALTH DEPARTMENT, SHRINERS HOSPITALS FOR CHILDREN, SOUTHEAST HEALTH DEPARTMENT, SOUTHWEST HEALTH DEPARTMENT, SUMMIT COUNTY HEALTH DEPARTMENT, TOOELE COUNTY HEALTH DEPARTMENT, TRICOUNTY HEALTH DEPARTMENT, UNIVERSITY OF UTAH HEALTH, UTAH COUNTY HEALTH DEPARTMENT, UTAH DEPARTMENT OF HEALTH, UTAH HEALTH INFORMATION NET WORK, UTAH HOSPITAL ASSOCIATION, WASATCH COUNTY HEALTH DEPARTMENT, WEBER HUMAN SERVICES, WEBER-MORGAN HEALTH DEPARTMENT AND IDAHO DEPARTMENT OF HEALTH AND WELFARE. HEALTH SERVICES ALSO ENGAGED ITS EXISTING COMMUNITY ADVISORY PANEL MADE UP OF REPRESENTATIVES FROM UTAH AND IDAHO LOCAL AND STATE HEALTH DEPARTMENTS AND MENTAL HEALTH AUTHORITIES AS LISTED ABOVE. IN ADDITION, THE PANEL INCLUDED THE ASSOCIATION FOR UTAH COMMUNITY HEALTH, UTAH HOSPITAL ASSOCIATION, AND LEADERSHIP FROM HEALTH SERVICES' COMMUNITY HEALTH TEAM, STRATEGIC RESEARCH DEPARTMENT AND MEDICAL GROUP CLINICS. HEALTH SERVICES ALSO ORGANIZED, CONVENED AND HOSTED LOCAL COMMUNITY INPUT MEETINGS IN EACH OF ITS UTAH AND IDAHO HOSPITAL COMMUNITIES. ATTENDEES INCLUDED FOOD PANTRIES; HEALTH ADVOCATE GROUPS; LOCAL HEALTHCARE PROVIDERS; HUMAN SERVICE AGENCIES; LAW ENFORCEMENT; LOCAL BUSINESS LEADERS; LOCAL GOVERNMENT; REPRESENTATIVES FROM LOW-INCOME, UNINSURED AND UNDERSERVED POPULATIONS; MENTAL HEALTH SERVICE PROVIDERS; MINORITY ORGANIZATIONS; SAFETY NET CLINICS; SCHOOL DISTRICTS AND LOCAL HEALTH DEPARTMENTS. BY COMBINING THESE THREE ELEMENTS (CHNA COLLABORATION TEAM, COMMUNITY ADVISORY PANEL, AND LOCAL COMMUNITY EXPERTS), HEALTH SERVICES WAS ABLE TO IDENTIFY, PARTNER AND CONSULT WITH KNOWLEDGEABLE PUBLIC HEALTH EXPERTS. COMMON STRATEGIES OF THE COLLABORATION INCLUDED: (1) DEVELOP RELATIONSHIPS WITH IMPORTANT STAKEHOLDERS; (2) ENGAGE THE EXISTING COMMUNITY ADVISORY PANEL AND ACCOUNTABILITY STRUCTURE COMPLEMENTARY TO INTERNAL LEADERSHIP, GUIDANCE, AND OVERSIGHT; (3) ORGANIZE AND CONVENE CO-HOSTED COMMUNITY INPUT MEETINGS; (4) DEFINE SHARED HEALTH INDICATORS FOR DATA COLLECTION AND HELP IMPROVE THE STATE QUERY DATABASE; (5) PRIORITIZE HEALTH NEEDS BASED ON DATA; AND (6) INTEGRATE USE OF THE COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS INTO IMPLEMENTATION STRATEGIES TO SUPPORT STATE, SYSTEM, HOSPITAL AND HOSPITAL-BASED CLINICAL PROGRAM GOALS. HEALTH SERVICES ENGAGED ITS INTERNAL AND EXTERNAL PARTNERS IN A RIGOROUS PRIORITIZATION PROCESS TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS IN EACH HOSPITAL COMMUNITY. PRIORITI</p>

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

Form and Line Reference	Explanation
<p>HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINE 5:</p>	<p>ZATION INVOLVED IDENTIFYING THE DIMENSIONS BY WHICH TO PRIORITIZE, DEVELOPING ANALYSIS BASED ON THOSE DIMENSIONS, INVITING KEY STAKEHOLDERS TO EVALUATE KEY HEALTH ISSUES, AND FINALLY, CALCULATING SCORES TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS. HEALTH SERVICES IDENTIFIED DIMENSIONS FOR PRIORITIZATION USING PRACTICES ESTABLISHED BY PUBLIC HEALTH PRACTICES. THE DIMENSIONS REFLECT NEEDS ASSESSMENT BEST PRACTICES, AFFORDABLE CARE ACT REQUIREMENTS, AND HEALTH SERVICES STRATEGIC GOALS. DIMENSIONS INCLUDED: (1) AFFORDABILITY - THE DEGREE TO WHICH ADDRESSING THIS HEALTH ISSUE CAN RESULT IN MORE AFFORDABLE HEALTHCARE; (2) ALIGNMENT - THE DEGREE TO WHICH THE HEALTH ISSUE ALIGNS WITH HEALTH SERVICES OR STAKEHOLDER ORGANIZATION'S MISSION AND STRATEGIC PRIORITIES; (3) COMMUNITY INPUT - THE DEGREE TO WHICH COMMUNITY INPUT MEETINGS HIGHLIGHTED IT AS A SIGNIFICANT HEALTH ISSUE; (4) FEASIBILITY - THE DEGREE TO WHICH THE HEALTH ISSUE IS FEASIBLE TO CHANGE, CONSIDERING RESOURCES, EVIDENCE-BASED INTERVENTIONS, AND EXISTING GROUPS WORKING ON IT; (5) HEALTH EQUITY - THE DEGREE TO WHICH THE HEALTH ISSUE DISPROPORTIONATELY AFFECTS POPULATION SUBGROUPS BY RACE/ETHNICITY; (6) SERIOUSNESS - THE DEGREE TO WHICH THE HEALTH ISSUE IS ASSOCIATED WITH SEVERE OUTCOMES SUCH AS MORTALITY AND MORBIDITY, SEVERE DISABILITY, OR SIGNIFICANT PAIN AND SUFFERING; (7) SIZE - THE NUMBER OF PEOPLE AFFECTED BY THE HEALTH ISSUE; AND (8) UPSTREAM - THE DEGREE TO WHICH THE HEALTH ISSUE IS UPSTREAM FROM AND A ROOT CAUSE OF OTHER HEALTH ISSUES. BASED ON THAT PRIORITIZATION PROCESS, HEALTH SERVICES IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS THAT WERE ORGANIZED INTO THREE PRIMARY HEALTH AIMS: (1) IMPROVE MENTAL WELLBEING THROUGH DEPRESSION TREATMENT, SUICIDE PREVENTION, AND REDUCTIONS OF SUBSTANCE MISUSE; (2) PREVENT AVOIDABLE DISEASE AND INJURY, INCLUDING PREDIABETES, HIGH BLOOD PRESSURE, AND PEDIATRIC INJURY; AND (3) IMPROVE AIR QUALITY.</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 & 20E:	SPECIFIC INFORMATION REGARDING 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, THAT STATE THE FOLLOWING: "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY. IF YOU DON'T HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT [HEALTH SERVICES'] FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS." BILLING ENVELOPES ALSO INCLUDE A STATEMENT ON THE BACK THAT STATES IN BOTH ENGLISH AND SPANISH: "NEED HELP IN PAYING YOUR BILL? CONTACT THIS FACILITY, OR FOR GENERAL QUESTIONS, CALL OUR FINANCIAL ASSISTANCE HOTLINE." A TOLL-FREE NUMBER IS INCLUDED.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 GROUPS A & B, PART V, SECTION B, LINE 11:</p>	<p>A COMPREHENSIVE APPROACH WAS USED TO IDENTIFY THE COMMUNITY HEALTH IMPROVEMENT STRATEGIES TO ADDRESS THE CHNA IDENTIFIED HEALTH PRIORITIES AS FOLLOWS:(1) IMPROVE MENTAL WELLBEING THROUGH DEPRESSION TREATMENT, SUICIDE PREVENTION, AND REDUCTIONS OF SUBSTANCE MISUSE;(2) PREVENT AVOIDABLE DISEASE AND INJURY, INCLUDING PREDIABETES, HIGH BLOOD PRESSURE, AND PEDIATRIC INJURY; AND(3) IMPROVING AIR QUALITY THROUGHOUT THE HEALTH SERVICES SYSTEM WITH LOCAL IMPLEMENTATION FOR EACH HOSPITAL.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/. USING HEALTH SERVICES' OPERATING MODEL (A FULLY INTEGRATED FRAMEWORK TO DRIVE A CULTURE OF CONTINUOUS IMPROVEMENT THAT ALIGNS LEADERS AND CAREGIVERS IN ACHIEVING THE GOALS OF THE ORGANIZATION), INTERNAL OPERATIONAL AND CLINICAL LEADERSHIP COUNCILS, WORKGROUPS AND COMMITTEES, ALONG WITH INPUT FROM EXTERNAL ADVISORY PANELS FORMED THROUGH COMMUNITY INPUT MEETINGS (ALL EXPERTS IN CLINICAL CARE, PUBLIC HEALTH, AND HUMAN SERVICES AND LEADERS IN THEIR LOCAL COMMUNITIES), GUIDED THE IMPLEMENTATION PLANNING PROCESS TO CREATE COMMUNITY HEALTH IMPROVEMENT STRATEGIES FOR THE HEALTH SERVICES SYSTEM AND EACH HOSPITAL'S SERVICE AREA. HEALTH SERVICES PRESENTED THE CHNA RESULTS TO LOCAL STAKEHOLDERS, MANY OF WHOM WERE LATER IDENTIFIED AS COLLABORATIVE PARTNERS IN EACH HOSPITAL COMMUNITY, AND WORKED WITH THEM TO CREATE A COMPREHENSIVE INVENTORY OF EXISTING LOCAL PROGRAMS AND INTERVENTIONS TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES THROUGH COMMUNITY INPUT MEETINGS. IN ADDITION, HEALTH SERVICES' COMMUNITY HEALTH IMPLEMENTATION PLANNING TEAM CONDUCTED AN INVENTORY OF ALL ITS PROGRAMS AND INITIATIVES TO IDENTIFY THOSE EVIDENCE-BASED BEST PRACTICES WITH APPLICATION TO COMMUNITY HEALTH IMPROVEMENT INITIATIVES. THE COMMUNITY HEALTH IMPLEMENTATION PLANNING TEAM SCORED AND VETTED BOTH INTERNAL AND EXTERNALLY PROPOSED STRATEGIES AND CONDUCTED A THOROUGH LITERATURE REVIEW ON EVIDENCE-BASED PROGRAMS THAT ADDRESSED THE HEALTH PRIORITIES AND DEMONSTRATED HEALTH IMPROVEMENT. COMMUNITY PARTICIPANTS INCLUDED: - ASSOCIATION OF UTAH COMMUNITY HEALTH (UTAH'S PRIMARY CARE ASSOCIATION) - COMAGINE HEALTH - COMMUNITY-BASED MENTAL HEALTH PROVIDERS - COMMUNITY LIBRARIES - FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN UTAH AND SOUTHEAST IDAHO - IDAHO DEPARTMENT OF HEALTH AND WELFARE - IDAHO SOUTH CENTRAL PUBLIC HEALTH DISTRICT V - LOCAL CHURCHES - LOCAL COLLEGES AND UNIVERSITIES - LOCAL LAW ENFORCEMENT - LOCAL MENTAL HEALTH AND SUBSTANCE ABUSE AUTHORITIES - LOCAL NON-PROFIT ORGANIZATIONS - RESOURCE AND CASE MANAGEMENT PROGRAMS FOR UNINSURED, LOW-INCOME RESIDENTS - SAFETY NET CLINICS - SCHOOL DISTRICTS - SENIOR CENTERS - UTAH DEPARTMENT OF HEALTH - UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH - UTAH LOCAL HEALTH DEPARTMENTS - UTAH SUBSTANCE ABUSE ADVISORY COUNCILTHE INVENTORY OF</p>

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

Form and Line Reference	Explanation
<p>HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINE 11:</p>	<p>EVIDENCE-BASED INTERVENTIONS WAS SCORED BY THE HEALTH SERVICES COMMUNITY HEALTH IMPLEMENTATION PLANNING TEAM ACCORDING TO THE FOLLOWING DIMENSIONS: - ABILITY TO IMPLEMENT AND MAINTAIN FIDELITY TO ACHIEVE ANTICIPATED OUTCOMES - EFFECTIVENESS OF IMPROVED HEALTH AS A RESULT OF INTERVENTION - EVIDENCE-BASED PEER REVIEW, PUBLISHED RESEARCH, OR VALIDATED OUTCOMES - EXISTING OR POTENTIAL TO CREATE COMMUNITY COLLABORATION - HEALTH IMPROVEMENT - MEASURE OF CHANGE IN A PERSON'S HEALTH STATUS AND HOW IT CAN BE MAINTAINED OVER TIME - POTENTIAL TO INFLUENCE PUBLIC POLICY TO IMPROVE HEALTH - REACH - MEASURE OF PEOPLE IN THE TARGET POPULATION PARTICIPATING IN INTERVENTION - SUSTAINABILITY - MEASURE OF HOW THE INTERVENTION CAN BE SUSTAINED OVER TIME - TOTAL EXPENSE OF THE INTERVENTION (EDUCATION MATERIALS, INSTRUMENTS, SCREENING SUPPLIES, PROMOTIONAL MATERIALS, EVALUATION AND DATA MANAGEMENT) THE HIGHEST SCORING INTERVENTION STRATEGIES WERE SELECTED FOR IMPLEMENTATION TO ADDRESS THE HEALTH PRIORITIES; ALL HOSPITALS WILL ADDRESS THE THREE PRIORITIES OVER THE NEXT THREE YEARS THROUGH LOCAL APPLICATION OF STRATEGIES. PRIORITY 1 - IMPROVE MENTAL WELLBEING BY REDUCING MENTAL DISTRESS, DEPRESSION, SUICIDE RATES AND SUBSTANCE MISUSE THROUGH THE FOLLOWING STRATEGIES: PREVENTION - IMPLEMENT POPULATION-ORIENTED STRATEGIES - REDUCE ACCESS TO LETHAL MEANS - HARM REDUCTION EFFORTS INCLUDING NALOXONE DISTRIBUTION - POTENCY AND AVAILABILITY PRESCRIPTION REDUCTIONS - SUPPORT STABLE HOUSING AND STRENGTHEN COMMUNITY CAPACITY - PEDIATRIC SUPPORT OF COMMUNITY ORGANIZATIONS CAPACITY FOR BEHAVIORAL HEALTH INCREASE ACCESS TO EFFECTIVE AND AFFORDABLE CARE - IMPROVE CONSISTENT AND COORDINATED DELIVERY OF EVIDENCE-BASED CARE - EXPAND TELEHEALTH EFFORTS - PROVIDE CARE FOR UNINSURED - STRENGTHEN CONNECTIONS TO CRISIS SERVICES IMPACT SOCIAL CONNECTION AND SOCIAL NORMS - LAUNCH MEDIA AND EDUCATION CAMPAIGNS - EQUIP STAFF AND COMMUNITY MEMBERS TO PROVIDE PEER SUPPORT - COMMIT TO MENTAL WELLNESS OF STAFF - IMPROVE SOCIAL CONNECTIONS AND PEER SUPPORT FOR THOSE AFFECTED BY ADDICTION - IMPROVE SOCIAL/EMOTIONAL RESILIENCE OF YOUTH AND VULNERABLE POPULATIONS SUPPORT POLICY ENGAGEMENT AND INFLUENCE - PROVIDE SUBJECT MATTER EXPERTISE TO POLICY MAKERS ON KEY LEGISLATION, PROGRAMS, AND INVESTMENTS WITH IMPLICATIONS FOR MENTAL WELLBEING - SUPPORT LOCAL AND STATE INITIATIVES WITH PEDIATRIC FOCUS PRIORITY 2 - DECREASE AVOIDABLE DISEASE AND INJURY BY DECREASING RATES OF DIABETES, HIGH BLOOD PRESSURE AND UNINTENTIONAL INJURY AS WELL AS INCREASING IMMUNIZATION RATES THROUGH THE FOLLOWING STRATEGIES: PREVENTION - IMPLEMENT POPULATION-ORIENTED STRATEGIES - ESTABLISH PLACE-BASED COMMUNITY SCREENINGS FOR PREDIABETES, HIGH BLOOD PRESSURE, DEPRESSION AND SOCIAL DETERMINANTS OF HEALTH - LEVERAGE COMMUNITY PARTNERS TO PROVIDE SERVICES AT PLACE-BASED SCREENINGS - DEVELOP STRATEGY FOR FALLS PREVENTION - SUPPORT PEDIATRIC EFFORTS FOR HEALTH WEIGHT MANAGEMENT THROUGH PHYSICAL ACTIVITY AND NATIONAL PROGRAMS INCREASE ACCESS TO EFF</p>

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

Form and Line Reference	Explanation
<p>HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINE 11:</p>	<p>ACTIVE AND AFFORDABLE CARE - PROVIDE EXPERTISE AND SUPPORT TO COMMUNITY COLLABORATIVES - S UPPORT PEDIATRIC INITIATIVES TO IMPROVE IMMUNIZATION RATES - SUPPORT STATE-WIDE IMMUNIZATI ON TRACKING SYSTEM - SUPPORT SCHOOL-BASED IMMUNIZATIONS - EVALUATE, CREATE AND IMPLEMENT C LINICAL PROCESSES RELATED TO ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA INFORMED CAREIMPACT SOCIAL CONNECTION AND SOCIAL NORMS - PROVIDE ONLINE AND LIVE PREDIABETES CLASS OPTIONS SUC H AS OMADA HEALTH AND PREDIABETES 101 - PROVIDE AND SUPPORT SHORT AND LONG-TERM CHRONIC DI SEASE MANAGEMENT PROGRAMS - ASSESS SOCIAL DETERMINANTS OF HEALTH BARRIERS TO TREATMENT - C REATE PUBLIC MESSAGING AND MEDIA CAMPAIGNS FOR IMMUNIZATIONS - EVALUATE, IMPROVE AND EXPAN D HOLD ON TO DEAR LIFE (SYSTEM PEDIATRIC INJURY PREVENTION CAMPAIGN) SUPPORT POLICY ENGE MENT AND INFLUENCE - PROVIDE EXPERTISE TO POLICYMAKERS ON KEY LEGISLATIVE PROGRAMS, ESPECI ALLY THOSE THAT SUPPORT IMMUNIZATIONS AND INJURY PREVENTION INITIATIVES PRIORITY 3 - IMPRO VE AIR QUALITY THROUGH THE FOLLOWING STRATEGIES:PREVENTION IMPLEMENTATION OF POPULATION-OR IENTED STRATEGIES - INCREASE ELECTRIC VEHICLES IN FLEET - DECREASE IDLE EMISSIONS OF FLEET AND EMPLOYEE VEHICLES - INCREASE STAFF USE OF PUBLIC TRANSIT - INCREASE USE OF GREEN-BIKE S FOR STAFF AND PUBLICIMPACT SOCIAL CONNECTION AND SOCIAL NORMS - PROMOTE USE OF VIRTUAL M EETINGS THROUGHOUT THE SYSTEM - PROMOTE INITIATIVES TO INCREASE PHYSICALLY ACTIVE TRANSPOR TATION ACROSS THE AGE CONTINUUM SUPPORT POLICY ENGAGEMENT AND INFLUENCE - PROVIDE EXPERTIS E TO POLICYMAKERS ON KEY LEGISLATIVE PROGRAMS TO SUPPORT AIR QUALITY INITIATIVES - CREATE A STANDARD TELEWORK POLICY AND GUIDELINES - ENGAGE WITH THE STATE FOR POLICY AND INFLUENCE</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 6A:	THE FOLLOWING HOSPITALS WORKED TOGETHER TO COLLECT AND ANALYZE DATA AND TO UNDERSTAND THE NEEDS OF THE COMMUNITIES. HOWEVER, EACH HOSPITAL PRODUCED ITS OWN CHNA: ALTA VIEW HOSPITAL IN SANDY, UTAHAMERICAN FORK HOSPITAL IN AMERICAN FORK, UTAHBEAR RIVER VALLEY HOSPITAL IN TREMONTON, UTAHCASSIA REGIONAL HOSPITAL IN BURLEY, IDAHO CEDAR CITY HOSPITAL IN CEDAR CITY, UTAHDELTA COMMUNITY HOSPITAL IN DELTA, UTAHDIXIE REGIONAL MEDICAL CENTER IN ST. GEORGE, UTAHFILLMORE COMMUNITY HOSPITAL IN FILLMORE, UTAHHEBER VALLEY HOSPITAL IN HEBER CITY, UTAHINTERMOUNTAIN MEDICAL CENTER IN MURRAY, UTAHLAYTON HOSPITAL IN LAYTON, UTAHLDS HOSPITAL IN SALT LAKE CITY, UTAHLOGAN REGIONAL HOSPITAL IN LOGAN, UTAHMCKAY-DEE HOSPITAL IN OGDEN, UTAHOREM COMMUNITY HOSPITAL IN OREM, UTAHPARK CITY HOSPITAL IN PARK CITY, UTAHPRIMARY CHILDREN'S HOSPITAL IN SALT LAKE CITY, UTAHRIVERTON HOSPITAL IN RIVERTON, UTAHSANPETE VALLEY HOSPITAL IN MOUNT PLEASANT, UTAHSEVIER VALLEY HOSPITAL IN RICHFIELD, UTAHTHE ORTHOPEDIC SPECIALTY HOSPITAL IN MURRAY, UTAHUTAH VALLEY HOSPITAL IN PROVO, UTAH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 6B:	HEALTH SERVICES' HOSPITALS WORKED WITH THE FOLLOWING ORGANIZATIONS TO COLLECT THE INFORMATION NECESSARY TO CONDUCT THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS: BEAR RIVER HEALTH DEPARTMENT CENTRAL UTAH PUBLIC HEALTH DEPARTMENT COMAGINE HEALTH DAVIS BEHAVIORAL HEALTH DAVIS COUNTY HEALTH DEPARTMENT GET HEALTHY UTAH THE KEM GARDNER POLICY INSTITUTESALT LAKE COUNTY HEALTH DEPARTMENT SHRINERS HOSPITALS FOR CHILDREN SOUTHEAST HEALTH DEPARTMENT SOUTHWEST HEALTH DEPARTMENT SUMMIT COUNTY HEALTH DEPARTMENT TOOELE COUNTY HEALTH DEPARTMENT TRICOUNTY HEALTH DEPARTMENT UNIVERSITY OF UTAH HEALTH UTAH COUNTY HEALTH DEPARTMENT UTAH DEPARTMENT OF HEALTH UTAH HEALTH INFORMATION NETWORK UTAH HOSPITAL ASSOCIATION WASATCH COUNTY HEALTH DEPARTMENT WEBER HUMAN SERVICES WEBER-MORGAN HEALTH DEPARTMENT IDAHO DEPARTMENT OF HEALTH AND WELFARE

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 7A AND 10A:	HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS/

Form 990 Part V Section B 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
<p>HOSPITAL REPORTING GROUPS A & B, PART V, SECTION B, LINE 3E:</p>	<p>HEALTH SERVICES' CHNA IS COMPLETED EVERY THREE YEARS WITH THE MOST RECENTLY COMPLETED IN 2019. THE 2019 CHNA WAS COMPLETE BY DEVELOPING AND LEADING A STATE AND COMMUNITY-WIDE HEALTH NEEDS ASSESSMENT COLLABORATION. THIS COLLABORATION WAS STRUCTURED AS A WORKING COALITION COMPOSED OF REPRESENTATIVES FROM PARTICIPATING AGENCIES INCLUDING STATE AND LOCAL HEALTH DEPARTMENTS WHICH INCLUDED BEAR RIVER HEALTH DEPARTMENT, CENTRAL UTAH PUBLIC HEALTH DEPARTMENT, COMAGINE HEALTH, DAVIS BEHAVIORAL HEALTH, DAVIS COUNTY HEALTH DEPARTMENT, GET HEALTHY UTAH, THE KEM GARDNER POLICY INSTITUTE, SALT LAKE COUNTY HEALTH DEPARTMENT, SHRINERS HOSPITALS FOR CHILDREN, SOUTHEAST HEALTH DEPARTMENT, SOUTHWEST HEALTH DEPARTMENT, SUMMIT COUNTY HEALTH DEPARTMENT, TOOELE COUNTY HEALTH DEPARTMENT, TRICOUNTY HEALTH DEPARTMENT, UNIVERSITY OF UTAH HEALTH, UTAH COUNTY HEALTH DEPARTMENT, UTAH DEPARTMENT OF HEALTH, UTAH HEALTH INFORMATION NETWORK, UTAH HOSPITAL ASSOCIATION, WASATCH COUNTY HEALTH DEPARTMENT, WEBER HUMAN SERVICES, WEBER-MORGAN HEALTH DEPARTMENT AND IDAHO DEPARTMENT OF HEALTH AND WELFARE. HEALTH SERVICES ALSO ENGAGED ITS EXISTING COMMUNITY ADVISORY PANEL MADE UP FROM REPRESENTATION OF UTAH AND IDAHO LOCAL AND STATE HEALTH DEPARTMENTS AND MENTAL HEALTH AUTHORITIES, THE ASSOCIATION FOR UTAH COMMUNITY HEALTH, UTAH HOSPITAL ASSOCIATION AND LEADERSHIP FROM HEALTH SERVICES' COMMUNITY HEALTH TEAM, STRATEGIC RESEARCH DEPARTMENT AND MEDICAL GROUP CLINICS. HEALTH SERVICES ALSO ORGANIZED, CONVENED AND HOSTED LOCAL COMMUNITY INPUT MEETINGS IN EACH OF ITS UTAH AND IDAHO HOSPITAL COMMUNITIES INCLUDING FOOD PANTRIES, HEALTH ADVOCATE GROUPS, LOCAL HEALTHCARE PROVIDERS, HUMAN SERVICE AGENCIES, LAW ENFORCEMENT, LOCAL BUSINESS LEADERS, LOCAL GOVERNMENT, REPRESENTATIVES FROM LOW-INCOME, UNINSURED, UNDERSERVED POPULATIONS, MENTAL HEALTH SERVICE PROVIDERS, MINORITY ORGANIZATIONS, SAFETY NET CLINICS, SCHOOL DISTRICTS AND LOCAL HEALTH DEPARTMENTS. BY COMBINING THESE THREE ELEMENTS (CHNA COLLABORATION TEAM, COMMUNITY ADVISORY PANEL AND LOCAL COMMUNITY EXPERTS), HEALTH SERVICES WAS ABLE TO IDENTIFY, PARTNER AND CONSULT WITH KNOWLEDGEABLE PUBLIC HEALTH EXPERTS. THROUGH THIS PROCESS, HEALTH SERVICES WAS ABLE 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 FOLLOWING PRIORITY HEALTH NEEDS WHICH WERE ORGANIZED INTO THREE PRIMARY HEALTH AIMS: (1) IMPROVE MENTAL WELLBEING THROUGH DEPRESSION TREATMENT, SUICIDE PREVENTION, AND REDUCTIONS OF SUBSTANCE MISUSE;(2) PREVENT AVOIDABLE DISEASE AND INJURY, INCLUDING PREDIABETES, HIGH BLOOD PRESSURE, AND PEDIATRIC INJURY; AND(3) IMPROVE AIR QUALITY.ALL INDIVIDUAL HOSPITAL CHNA REPORTS INCLUDE A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY.</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 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 PARTICIPATED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WITH THE OTHER SYSTEM 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 - INTERMOUNTAIN NEUROSCIENCES INST 5171 S COTTONWOOD ST STE 810 MURRAY, UT 841075705	CLINIC
1 2 - MCKAY-DEE RHEUMATOLOGY 4403 HARRISON BLVD STE 3650 OGDEN, UT 844033288	CLINIC
2 3 - INTERMOUNTAIN HEART INSTITUTE 5169 S COTTONWOOD ST STE 520 MURRAY, UT 841075701	CLINIC
3 4 - LOGAN REGIONAL ORTHOPEDICS 1350 N 500 E LOGAN, UT 843412400	CLINIC
4 5 - BUDGE CLINIC MEDICAL SPECIALISTS 1350 N 500 E LOGAN, UT 843412400	CLINIC
5 6 - MCKAY-DEE ORTHOPEDIC AND SPORTS MED 3895 HARRISON BLVD OGDEN, UT 844038440	CLINIC
6 7 - SALT LAKE CLINIC RADIOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 8 - SOUTHRIDGE CLINIC SURGICAL SPEC 3723 W 12600 S STE 270 RIVERTON, UT 840657296	CLINIC
8 9 - SALT LAKE CLINIC-INFUSION 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
9 10 - INTERMOUNTAIN OBGYN 5063 S COTTONWOOD ST STE 120 MURRAY, UT 841076772	CLINIC
10 11 - SOUTHERN UTAH NEUROSCIENCES INST 652 S MEDICAL CENTER DR STE 420 ST GEORGE, UT 847907049	CLINIC
11 12 - SOUTHWEST CARDIOLOGY-ST GEORGE 1380 E MEDICAL CENTER DR STE 1500 ST GEORGE, UT 847902128	CLINIC
12 13 - INTERMOUNTAIN HEART RHYTHM 5169 S COTTONWOOD ST STE 510 MURRAY, UT 841075701	CLINIC
13 14 - SOUTHWEST ORTHO AND SPORTS MED 652 S MEDICAL CENTER DR STE 120 ST GEORGE, UT 847907017	CLINIC
14 15 - BUDGE CLINIC OBGYN 1400 N 500 E LOGAN, UT 843412455	CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - ALTA VIEW CLINIC PEDIATRICS 9450 S 1300 E SANDY, UT 840945555	CLINIC
1 17 - UTAH VALLEY NEONATOLOGY 1034 N 500 W PROVO, UT 846043380	CLINIC
2 18 - MCKAY-DEE BEHAVIORAL HEALTH 3903 HARRISON BLVD STE 300 OGDEN, UT 844032314	CLINIC
3 19 - LAYTON CLINIC 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
4 20 - SOUTHRIDGE CLINIC PEDIATRICS 3723 W 12600 S STE 330 RIVERTON, UT 840657296	CLINIC
5 21 - MURRAY VASCULAR AND VEIN 5323 S WOODROW ST STE 101 MURRAY, UT 841075843	CLINIC
6 22 - BUDGE CLINIC PEDIATRICS 1350 N 500 E LOGAN, UT 843412400	CLINIC
7 23 - REDROCK PEDIATRICS 1380 E MEDICAL CENTER DR STE 3100 ST GEORGE, UT 847902135	CLINIC
8 24 - PARK CITY SPECIALTY 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607532	CLINIC
9 25 - NORTH OGDEN CLINIC 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
10 26 - SALT LAKE CLINIC-FAMILY INTERNAL MEDICINE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 27 - BOUNTIFUL FAMILY MEDICINE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
12 28 - CALTON-HARRISON ORTHOPEDIC & SPORTS 4403 HARRISON BLVD STE 2400 OGDEN, UT 844033297	CLINIC
13 29 - MCKAY-DEE DERMATOLOGY & PLASTIC SURG 4403 HARRISON BLVD STE 3680 OGDEN, UT 844033289	CLINIC
14 30 - HEBER VALLEY CLINIC 1473 S HIGHWAY 40 STE E HEBER CITY, UT 840323522	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)
31 31 - CEDAR CITY CLINIC 1303 N MAIN ST STE 3C CEDAR CITY, UT 847209746	CLINIC
1 32 - AVENUES WOMEN'S CENTER 370 9TH AVE STE 205 SALT LAKE CITY, UT 841033184	CLINIC
2 33 - INTERMOUNTAIN HEART CARDIOLOGY 5169 S COTTONWOOD ST STE 600 MURRAY, UT 841076771	CLINIC
3 34 - ORTHOPEDIC SPECIALTY GROUP - TOSH 5848 S FASHION BLVD STE 120 MURRAY, UT 841076121	CLINIC
4 35 - NORTHERN UTAH SURGEONS 4403 HARRISON BLVD STE 1635 OGDEN, UT 844033272	CLINIC
5 36 - RIVER ROAD FAMILY MEDICINE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
6 37 - TAYLORSVILLE INSTACARE 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
7 38 - UTAH VALLEY ORTHOPAEDICS - PROVO 1157 N 300 W STE 201 PROVO, UT 846046124	CLINIC
8 39 - VASCULAR AND VEIN - MCKAY-DEE 1486 E SKYLINE DR SOUTH OGDEN, UT 844054877	CLINIC
9 40 - INTERMOUNTAIN SURGICAL SPECIALISTS 5169 S COTTONWOOD ST STE 410 MURRAY, UT 841076769	CLINIC
10 41 - MEMORIAL PEDIATRICS 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
11 42 - MCKAY-DEE NEUROLOGY 4403 HARRISON BLVD STE 3855 OGDEN, UT 844033349	CLINIC
12 43 - SOUTHRIDGE CLINIC MEDICAL SPEC 3723 W 12600 S RIVERTON, UT 840657295	CLINIC
13 44 - UTAH VALLEY PSYCH AND COUNSEL 1157 N 300 W PROVO, UT 846046124	CLINIC
14 45 - ALTA VIEW CLINIC - ADULT MENTAL HLTH 9450 S 1300 E SANDY, UT 840945555	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)
46 46 - HOLLADAY ALLERGY AND DERMATOLOGY 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
1 47 - AVENUES PSYCHIATRY & COUNSELING 324 10TH AVE STE 178 SALT LAKE CITY, UT 841032885	CLINIC
2 48 - SALT LAKE CLINIC-DERMATOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 49 - ZION ORTHOPEDICS AND SPORTS MEDICINE 652 S MEDICAL CENTER DR STE 400 ST GEORGE, UT 847907017	CLINIC
4 50 - AVENUES GASTROENTEROLOGY 324 10TH AVE STE 249 SALT LAKE CITY, UT 841032853	CLINIC
5 51 - WASATCH OBGYN 4403 HARRISON BLVD STE 4815 OGDEN, UT 844033333	CLINIC
6 52 - AVENUES GENERAL SURGERY 324 E 10TH AVE STE 200 SALT LAKE CITY, UT 841032853	CLINIC
7 53 - COTTONWOOD FAMILY MEDICINE 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
8 54 - ORTHOPEDIC SPECIALTY GROUP-RIVERTON 3723 W 12600 S STE 460 RIVERTON, UT 840657295	CLINIC
9 55 - BEAR RIVER CLINIC 935 N 1000 W TREMONTON, UT 843379356	CLINIC
10 56 - NORTHERN UTAH PEDIATRICS 4403 HARRISON BLVD STE 4875 OGDEN, UT 844033335	CLINIC
11 57 - COTTONWOOD INSTACARE 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
12 58 - BUDGE CLINIC SURGICAL SPECIALISTS 1350 N 500 E LOGAN, UT 843412400	CLINIC
13 59 - HURRICANE VALLEY CLINIC 75 N 2260 W HURRICANE, UT 847372034	CLINIC
14 60 - ALTA VIEW INSTACARE KIDSCARE 9450 S 1300 E SANDY, UT 840705555	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 - SOUTHRIDGE INSTACARE 3723 W 12600 S STE 150 RIVERTON, UT 840657296	CLINIC
1 62 - BUDGE CLINIC INTERNAL MEDICINE 1350 N 500 E LOGAN, UT 843412400	CLINIC
2 63 - MEMORIAL INTERNAL MEDICINE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
3 64 - MEMORIAL DERMATOLOGY 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
4 65 - BUDGE CLINIC GI 1350 N 500 E LOGAN, UT 843412400	CLINIC
5 66 - ORTHOPEDIC SPECIALTY GROUP 9450 S 1300 E STE 120 SANDY, UT 840945559	CLINIC
6 67 - SALT LAKE CLINIC LABORATORY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 68 - RIVER ROAD INTERNAL MEDICINE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
8 69 - MCKAY-DEE NEONATOLOGY 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
9 70 - CENTRAL OREM CLINIC 505 W 400 N OREM, UT 840571950	CLINIC
10 71 - LEGACY OBGYN 1159 E 200 N STE 250 AMERICAN FORK, UT 840032028	CLINIC
11 72 - MCKAY-DEE GASTROENTEROLOGY CLINIC 4403 HARRISON BLVD STE 2600 OGDEN, UT 844033277	CLINIC
12 73 - LAYTON PARKWAY INSTACARE 201 W LAYTON PARKWAY SUITE 1A LAYTON, UT 84041	CLINIC
13 74 - COTTONWOOD PSYCHIATRY AND COUNSELING 1225 E FORT UNION BLVD STE 215 COTTONWOOD HEIGHTS, UT 840471882	CLINIC
14 75 - WEST JORDAN INSTACARE 2655 W 9000 S WEST JORDAN, UT 840888542	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

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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)
76 76 - AMERICAN FORK DERMATOLOGY 98 N 1100 E STE 301 AMERICAN FORK, UT 840032947	CLINIC
1 77 - BUDGE CLINIC DERMATOLOGY 1350 N 500 E LOGAN, UT 843412400	CLINIC
2 78 - NORTH OGDEN INSTACARE 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
3 79 - SEVIER VALLEY SPECIALTY CLINIC 1000 N MAIN ST STE B RICHFIELD, UT 847012069	CLINIC
4 80 - HOLLADAY PEDIATRICS 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
5 81 - LOGAN INSTACARE 412 N 200 E LOGAN, UT 843214038	CLINIC
6 82 - SUNSET FAMILY PRACTICE 1739 W SUNSET BLVD ST GEORGE, UT 847707141	CLINIC
7 83 - MCKAY-DEE CARDIOLOGY 4403 HARRISON BLVD STE 3490 OGDEN, UT 844033284	CLINIC
8 84 - ROSE CANYON CLINIC 5541 W 13400 S RIVERTON, UT 840965640	CLINIC
9 85 - UTAH VALLEY VASCULAR SURGERY 1055 N 300 W STE 205 PROVO, UT 846045044	CLINIC
10 86 - MEMORIAL SPECIALTY 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
11 87 - SEVIER VALLEY CLINIC 1000 N MAIN ST STE A RICHFIELD, UT 847012069	CLINIC
12 88 - INTERMOUNTAIN PLASTIC SURGERY CENTER 5169 S COTTONWOOD ST STE 420 MURRAY, UT 841076769	CLINIC
13 89 - SOUTH OGDEN CLINIC 975 CHAMBERS ST SOUTH OGDEN, UT 844034591	CLINIC
14 90 - MCKAY-DEE CARDIOLOGY SOUTH 4403 HARRISON BLVD STE 3400 OGDEN, UT 844033281	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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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
91 91 - HOLLADAY INSTACARE 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
1 92 - TAYLORSVILLE CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
2 93 - ALTA VIEW WOMEN'S SPECIALISTS 9450 S 1300 E SANDY, UT 840945555	CLINIC
3 94 - WOMEN'S HEALTH SPECIALISTS 346 E 600 S ST GEORGE, UT 847703949	CLINIC
4 95 - UTAH VALLEY INSTACARE 1134 N 500 W STE 102 PROVO, UT 846045569	CLINIC
5 96 - HILLCREST PEDIATRICS 5063 S COTTONWOOD ST STE 160 MURRAY, UT 841076773	CLINIC
6 97 - WEST JORDAN CLINIC 2655 W 9000 S WEST JORDAN, UT 840888542	CLINIC
7 98 - SOUTHWEST UROLOGY 1380 E MEDICAL CENTER DR STE 2100 ST GEORGE, UT 847902129	CLINIC
8 99 - RIVER ROAD INSTACARE 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
9 100 - ORTHOPEDIC SPECIALTY GROUP 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032870	CLINIC
10 101 - INTERMOUNTAIN UROLOGICAL INSTITUTE 5171 S COTTONWOOD ST STE 720 MURRAY, UT 841075705	CLINIC
11 102 - OGDEN CARDIOVASCULAR ASSOCIATES 4403 HARRISON BLVD STE 3835 OGDEN, UT 844033331	CLINIC
12 103 - SALT LAKE CLINIC-PEDIATRICS 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
13 104 - MCKAY-DEE INTERNAL MEDICINE 4403 HARRISON BLVD STE 3875 OGDEN, UT 844033332	CLINIC
14 105 - HEREFORDSHIRE CLINIC 1915 W 5950 S ROY, UT 840671454	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)
106 106 - BOUNTIFUL INSTACARE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
1 107 - SALT LAKE INSTACARE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
2 108 - UTAH VALLEY ENT - NORTH VALLEY 98 N 1100 E STE 203 AMERICAN FORK, UT 840032941	CLINIC
3 109 - UTAH VALLEY HEART LUNG VEIN 1134 N 500 W STE 100 PROVO, UT 846046101	CLINIC
4 110 - MCKAY-DEE HEART RHYTHM SPECIALISTS 4403 HARRISON BLVD STE 3450 OGDEN, UT 844033282	CLINIC
5 111 - LOGAN CLINIC 412 N 200 E LOGAN, UT 843214038	CLINIC
6 112 - SALT LAKE CLINIC-PHYSICAL MEDICINE 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 113 - MEMORIAL INSTACARE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
8 114 - BOUNTIFUL DERMATOLOGY 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
9 115 - MEDICAL CENTER RADIATION ONCOLOGY 5121 S COTTONWOOD ST MURRAY, UT 841075701	CLINIC
10 116 - ALTA VIEW CLINIC DERMATOLOGY 9450 S 1300 E SANDY, UT 840955555	CLINIC
11 117 - NORTH CACHE VALLEY CLINIC 4088 N HIGHWAY 91 HYDE PARK, UT 843184108	CLINIC
12 118 - CARDIOVASCULAR AND THORACIC SURGERY - ST 1380 E MEDICAL CENTER DR STE 2600 ST GEORGE, UT 847902134	CLINIC
13 119 - DRAPER INSTACARE 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
14 120 - LAYTON PARKWAY NORTHERN UTAH PEDS 201 W LAYTON PARKWAY STE 1C LAYTON, UT 840413692	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 - BOUNTIFUL PEDIATRICS 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
1 122 - MCKAY-DEE ENT 4403 HARRISON BLVD STE 2645 OGDEN, UT 844033278	CLINIC
2 123 - KAYSVILLE CREEKSIDE CLINIC 435 N MAIN ST KAYSVILLE, UT 840371194	CLINIC
3 124 - SOUTHWEST NEUROLOGY ASSOCIATES 652 S MEDICAL CENTER DR STE 320 ST GEORGE, UT 847907266	CLINIC
4 125 - SARATOGA SPRINGS FAMILY PRACTICE 354 W STATE RD 73 SARATOGA SPRINGS, UT 840432901	CLINIC
5 126 - HEREFORDSHIRE INSTACARE 1915 W 5950 S ROY, UT 840671454	CLINIC
6 127 - BUDGE CLINIC GENERAL SURGERY 1350 N 500 E LOGAN, UT 843412400	CLINIC
7 128 - AVENUES OBGYN 324 10TH AVE STE 184 SALT LAKE CITY, UT 841032861	CLINIC
8 129 - SOUTH SANDY CLINIC 955 E 11400 S SANDY, UT 840946946	CLINIC
9 130 - SALT LAKE CLINIC-OPHTHALMOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
10 131 - NORTH OREM INSTACARE 1975 N STATE ST OREM, UT 840572028	CLINIC
11 132 - UTAH VALLEY UROLOGY CLINIC 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
12 133 - SOUTHERN UTAH ORTHO SPORTS MED 166 W 1325 N STE 150 CEDAR CITY, UT 847217797	CLINIC
13 134 - SOUTH CACHE VALLEY CLINIC 190 S HIGHWAY 165 PROVIDENCE, UT 843329512	CLINIC
14 135 - SOUTHWEST REGIONAL CANCER CLINIC 544 S 400 E ST GEORGE, UT 847703705	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)
136 136 - AMERICAN FORK INSTACARE 98 N 1100 E STE 101 AMERICAN FORK, UT 840032940	CLINIC
1 137 - SALT LAKE CLINIC-ALLERGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
2 138 - SARATOGA SPRINGS INSTACARE 354 W STATE RD 73 SARATOGA SPRINGS, UT 840432901	CLINIC
3 139 - SALT LAKE CLINIC-ENT 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
4 140 - VASCULAR AND VEIN - ST GEORGE 1380 E MEDICAL CENTER DR 4500 ST GEORGE, UT 847902131	CLINIC
5 141 - WEST VALLEY INSTACARE 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
6 142 - SOUTH OGDEN INSTACARE 975 CHAMBERS ST SOUTH OGDEN, UT 844034591	CLINIC
7 143 - PARK CITY CLINIC-ROUND VALLEY 750 ROUND VALLEY DR PARK CITY, UT 840607548	CLINIC
8 144 - UTAH VALLEY PAIN MANAGEMENT 412 W 800 N OREM, UT 840573728	CLINIC
9 145 - REDROCK DIGESTIVE HEALTH 652 S MEDICAL CENTER DR STE 330 ST GEORGE, UT 847907017	CLINIC
10 146 - PARK CITY INSTACARE 1750 SIDEWINDER DR PARK CITY, UT 840607570	CLINIC
11 147 - SOUTH JORDAN CLINIC 11444 S REDWOOD RD SOUTH JORDAN, UT 840957803	CLINIC
12 148 - TAYLORSVILLE SPECIALTY CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
13 149 - MT PLEASANT CLINIC 1100 S MEDICAL DR MT PLEASANT, UT 846472222	CLINIC
14 150 - CACHE VALLEY HEART CLINIC 1300 N 500 E STE 320 LOGAN, UT 843412462	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)
151 151 - AMERICAN FORK SURGICAL ASSOCIATES 98 N 1100 E STE 202 AMERICAN FORK, UT 840032941	CLINIC
1 152 - AVENUES INTERNAL MEDICINE 324 10TH AVE STE 100 SALT LAKE CITY, UT 841032892	CLINIC
2 153 - COTTONWOOD INTERNAL MEDICINE 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
3 154 - COTTONWOOD INFUSION CENTER 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
4 155 - DIXIE NEONATOLOGY 544 S 400 E ST GEORGE, UT 847703705	CLINIC
5 156 - MCKAY-DEE FOOT AND ANKLE 4403 HARRISON BLVD STE 2835 OGDEN, UT 844033327	CLINIC
6 157 - UTAH VALLEY PULMONARY CLINIC 1055 N 300 W STE 500 PROVO, UT 846043312	CLINIC
7 158 - WEST VALLEY FAMILY MEDICINE 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
8 159 - BOUNTIFUL INTERNAL MEDICINE 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
9 160 - NORTH VALLEY PEDIATRICS 98 N 1100 E STE 201 AMERICAN FORK, UT 840032941	CLINIC
10 161 - ALTA VIEW CLINIC EYE CARE 9450 S 1300 E SANDY, UT 840945555	CLINIC
11 162 - HIGHLAND CLINIC 10968 N ALPINE HWY HIGHLAND, UT 840038874	CLINIC
12 163 - UTAH VALLEY ORTHOPAEDICS 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
13 164 - SPRINGVILLE INSTACARE 762 W 400 S SPRINGVILLE, UT 846633096	CLINIC
14 165 - SOUTHRIDGE CLINIC OBGYN 3723 W 12600 S STE 360 RIVERTON, UT 840657296	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 - NORTH CACHE VALLEY INSTACARE 4088 N HIGHWAY 91 HYDE PARK, UT 843184108	CLINIC
1 167 - NORTH CANYON FAMILY PRACTICE 3200 N CANYON RD STE D PROVO, UT 846044678	CLINIC
2 168 - HEBER INSTACARE 1485 S HIGHWAY 40 SUITE E HEBER CITY, UT 84032	CLINIC
3 169 - AMERICAN FORK INTERNAL MEDICINE 98 N 1100 E STE 302 AMERICAN FORK, UT 840032947	CLINIC
4 170 - LEHI INSTACARE 3200 N 1200 W LEHI, UT 84043	CLINIC
5 171 - SALT LAKE WORKMED 1685 W 2200 S SALT LAKE CITY, UT 841191456	CLINIC
6 172 - UTAH VALLEY SPORTS MEDICINE 1157 N 300 W STE 201 PROVO, UT 846046124	CLINIC
7 173 - SALT LAKE CLINIC-OBGYN 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
8 174 - CEDAR CITY INSTACARE 962 SAGE DR CEDAR CITY, UT 847201885	CLINIC
9 175 - UTAH VALLEY ROCK CANYON PEDS 1134 N 500 W STE 101 PROVO, UT 846045569	CLINIC
10 176 - SUMMIT WOMEN'S CENTER 1157 N 300 W STE 301 PROVO, UT 846046124	CLINIC
11 177 - SYRACUSE CLINIC 745 S 2000 W SYRACUSE, UT 840759621	CLINIC
12 178 - SUNSET INSTACARE 1739 W SUNSET BLVD ST GEORGE, UT 847707141	CLINIC
13 179 - DRAPER CLINIC 12473 S MINUTEMAN DR DRAPER, UT 840207870	CLINIC
14 180 - VALLEY VIEW FAMILY MEDICINE 1333 N MAIN ST CEDAR CITY, UT 847219314	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)
181 181 - DIXIE RADIATION ONCOLOGY 544 S 400 E ST GEORGE, UT 847703705	CLINIC
1 182 - OGDEN WORKMED 1355 W HINCKLEY DR OGDEN, UT 844010000	CLINIC
2 183 - SUMMIT OBGYN 505 W 400 N OREM, UT 840571950	CLINIC
3 184 - KEARNS CLINIC 4946 W 6200 S KEARNS, UT 841186703	CLINIC
4 185 - SALT LAKE CLINIC-SPINE PROGRAM 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 186 - AVENUES UROLOGY 324 E 10TH AVE STE 100 SALT LAKE CITY, UT 841032870	CLINIC
6 187 - BLOOD AND MARROW TRANSPLANTLEUKEMIA PROGR 8TH AVE AND C ST SALT LAKE CITY, UT 841430001	CLINIC
7 188 - OREM WORKMED 830 N 980 W OREM, UT 840577709	CLINIC
8 189 - UTAH VALLEY RADIATION ONCOLOGY 1034 N 500 W PROVO, UT 846043380	CLINIC
9 190 - MCKAY-DEE SLEEP CENTER 4403 HARRISON BLVD STE 2600 OGDEN, UT 844033277	CLINIC
10 191 - UTAH VALLEY DERMATOLOGY 395 WEST BULLDOG BLVD SUITE 604 PROVO, UT 84604	CLINIC
11 192 - SALT LAKE CLINIC-SURGICAL SPEC 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
12 193 - LAYTON PARKWAY ORTHOPEDICS & SPORTS 201 W LAYTON PARKWAY 1A LAYTON, UT 840413692	CLINIC
13 194 - UTAH VALLEY NEUROLOGICAL 3685 N 100 E PROVO, UT 846044594	CLINIC
14 195 - TOOELE INSTACARE 777 N MAIN ST TOOELE, UT 840741611	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)
196 196 - INTERMOUNTAIN PSYCHIATRY AND COUNSELING-ST 320 E 600 S ST GEORGE, UT 847703949	CLINIC
1 197 - INTERMOUNTAIN HEART CARDIOLOGY-LDSH 8TH AVE AND C ST SALT LAKE CITY, UT 841430002	CLINIC
2 198 - INTERMOUNTAIN THORACIC & LUNG SURG 5169 SOUTH COTTONWOOD ST STE 640 MURRAY, UT 84107	CLINIC
3 199 - COTTONWOOD ENDOCRINE & DIABETES CTR 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
4 200 - ALTA VIEW CLINIC PLASTIC SURGERY 9450 S 1300 E SANDY, UT 840945555	CLINIC
5 201 - ALTA VIEW CLINIC GENERAL SURGERY 9450 S 1300 E SANDY, UT 840945555	CLINIC
6 202 - NORTH OREM CLINIC 1975 N STATE ST OREM, UT 840572028	CLINIC
7 203 - SALT LAKE CLINIC PHYSICAL THERAPY 389 SOUTH 900 EAST SALT LAKE CITY, UT 84102	CLINIC
8 204 - MOUNTAIN FAMILY HEALTH 2720 HOMESTEAD ROAD STE 100 PARK CITY, UT 840984882	CLINIC
9 205 - UTAH VALLEY ENT 1157 N 300 W STE 302 PROVO, UT 846046124	CLINIC
10 206 - SALT LAKE CLINIC-CARDIOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
11 207 - ALTA VIEW CLINIC GASTROENTEROLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
12 208 - SPORTS MEDICINE SPECIALISTS 280 N MAIN ST BOUNTIFUL, UT 840106136	CLINIC
13 209 - BOUNTIFUL MEDICAL SPECIALTIES 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
14 210 - BOUNTIFUL KIDSCARE 390 N MAIN ST BOUNTIFUL, UT 840106046	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)
211 211 - HOLLADAY CLINIC 6272 S HIGHLAND DR MURRAY, UT 841212126	CLINIC
1 212 - AMERICAN FORK NEONATOLOGY 170 NORTH 1100 EAST AMERICAN FORK, UT 84003	CLINIC
2 213 - HURRICANE VALLEY INSTACARE 75 N 2260 W HURRICANE, UT 847372034	CLINIC
3 214 - INTERMOUNTAIN HEART CARDIOLOGY-RVH 3741 W 12600 S STE 160A RIVERTON, UT 840657215	CLINIC
4 215 - IMED CAMPUS SLEEP PROGRAM 5121 S COTTONWOOD ST MURRAY, UT 841075701	CLINIC
5 216 - SPRINGVILLE CLINIC 762 W 400 S SPRINGVILLE, UT 846633096	CLINIC
6 217 - BOUNTIFUL CLINIC PHYSICAL THERAPY 280 NORTH MAIN STREET BOUNTIFUL, UT 84010	CLINIC
7 218 - PAYSON INSTACARE 854 TURF FARM RD STE 1 PAYSON, UT 846515733	CLINIC
8 219 - MCKAY-DEE HEART FAILURE 4403 HARRISON BLVD STE 3430 OGDEN, UT 844033343	CLINIC
9 220 - ISOM PLASTIC SURGERY 1350 N 500 E STE 310 LOGAN, UT 843412400	CLINIC
10 221 - SOUTHERN UTAH PLASTIC SURGERY 652 S MEDICAL CENTER DR STE 300 ST GEORGE, UT 847907266	CLINIC
11 222 - TAYLORSVILLE CLINIC 3845 W 4700 S TAYLORSVILLE, UT 841293454	CLINIC
12 223 - LEHI CLINIC 3200 N 1200 W LEHI, UT 84043	CLINIC
13 224 - EPHRAIM CLINIC 525 N MAIN ST EPHRAIM, UT 846271155	CLINIC
14 225 - BUDGE CLINIC FAMILY MEDICINE 1350 N 500 E LOGAN, UT 843412400	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)
226 226 - LDS CAMPUS SLEEP PROGRAM 325 8TH AVE SALT LAKE CITY, UT 841430001	CLINIC
1 227 - COTTONWOOD HEAD & NECK ONCOLOGY ENT 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
2 228 - MURRAY GASTROENTEROLOGY 181 E MEDICAL TOWER DR 3RD FLOOR MURRAY, UT 841074872	CLINIC
3 229 - CENTRAL OREM PEDIATRICS 505 W 400 N OREM, UT 840571950	CLINIC
4 230 - BOUNTIFUL OBSTETRICS AND GYNECOLOGY 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
5 231 - SALT LAKE CLINIC-NEUROLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
6 232 - INTERMOUNTAIN MEDICAL ONCOLOGY-IMC 5121 S COTTONWOOD ST STE 610 MURRAY, UT 841075701	CLINIC
7 233 - INTERMOUNTAIN SURGICAL ONCOLOGY 5169 S COTTONWOOD ST STE 440 MURRAY, UT 841076774	CLINIC
8 234 - INTERMOUNTAIN TRAUMA GENERAL SURGERY 5169 S COTTONWOOD ST STE 400 MURRAY, UT 841076769	CLINIC
9 235 - BOUNTIFUL ALLERGY 390 N MAIN ST BOUNTIFUL, UT 840106046	CLINIC
10 236 - ST GEORGE WORKMED 385 N 3050 E ST GEORGE, UT 847909003	CLINIC
11 237 - MANTI FAMILY CLINIC 159 N MAIN ST MANTI, UT 846421257	CLINIC
12 238 - LOGAN PSYCHIATRY 1350 N 500 E LOGAN, UT 843412400	CLINIC
13 239 - ALTA VIEW UROLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
14 240 - SALT LAKE CLINIC-PODIATRY 389 S 900 E SALT LAKE CITY, UT 841022310	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)
241 241 - WASATCH OBGYN-LAYTON 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
1 242 - SEVIER VALLEY OBGYN 1000 NORTH MAIN STREET 2C RICHFIELD, UT 84701	CLINIC
2 243 - SALT LAKE CLINIC-ENDOCRINOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 244 - INTERMOUNTAIN CANCER CTR MCKAY-DEE 4403 HARRISON BLVD STE 2855 OGDEN, UT 844032855	CLINIC
4 245 - WEST JORDAN PHYSICAL THERAPY-REHAB 2655 WEST 9000 SOUTH WEST JORDAN, UT 84088	CLINIC
5 246 - MCKAY DEE CRITICAL CARE 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
6 247 - MORONI CLINIC 51 E MAIN ST MORONI, UT 846460810	CLINIC
7 248 - MCKAY DEE ENDOCRINE & DIABETES 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
8 249 - FILLMORE CLINIC 700 S HIGHWAY 99 STE 3 FILLMORE, UT 846315137	CLINIC
9 250 - AMERICAN FORK PULMONARY CLINIC 98 N 1100 E STE 302 AMERICAN FORK, UT 840032947	CLINIC
10 251 - LDS PULMONARY CRITICAL CARE 8TH AVE AND C ST SALT LAKE CITY, UT 841430001	CLINIC
11 252 - MCKAY-DEE RADIATION ONCOLOGY 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
12 253 - MURRAY WORKMED 201 E 5900 S STE 100 MURRAY, UT 841075429	CLINIC
13 254 - ALTA VIEW FAMILY MEDICINE 9450 S 1300 E STE 210 SANDY, UT 840945555	CLINIC
14 255 - INTERMOUNTAIN HEART CARDIOLOGY-AVH 9690 S 1300 E STE 200 SANDY, UT 840943740	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)
256 256 - LAYTON PARKWAY ENT 201 W LAYTON PARKWAY STE 2D LAYTON, UT 840413692	CLINIC
1 257 - CEDAR CITY HEART CLINIC 1303 N MAIN ST STE H CEDAR CITY, UT 847209746	CLINIC
2 258 - NORTH TEMPLE URGENT CARE CLINIC 54 N 800 W SALT LAKE CITY, UT 841163326	CLINIC
3 259 - BEAR RIVER SPECIALISTS 935 N 1000 W TREMONTON, UT 843379356	CLINIC
4 260 - LAYTON PARKWAY PODIATRY 201 W LAYTON PARKWAY STE 1A LAYTON, UT 840413692	CLINIC
5 261 - SALT LAKE CLINIC-ORTHOPEDICS 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
6 262 - WASATCH OBGYN-NORTH OGDEN 2400 N WASHINGTON BLVD NORTH OGDEN, UT 844147233	CLINIC
7 263 - DRAPER PHYSICAL THERAPY 12473 SOUTH MINUTEMAN DRIVE DRAPER, UT 84020	CLINIC
8 264 - ALTA VIEW PODIATRY 9450 S 1300 E SANDY, UT 840945555	CLINIC
9 265 - SPRINGVILLE WORKMED 385 S 400 E SPRINGVILLE, UT 846631955	CLINIC
10 266 - ORTHOPEDIC SPECIALTY GROUP - MED CTR 5169 S COTTONWOOD ST STE 430 MURRAY, UT 841076774	CLINIC
11 267 - SALT LAKE CLINIC-UROLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
12 268 - MEMORIAL CLINIC PHYSICAL THERAPY 2000 SOUTH 900 EAST SALT LAKE CITY, UT 84105	CLINIC
13 269 - AVENUES CLINIC PHYSICAL THERAPY 324 EAST 10TH AVENUE 100 SALT LAKE CITY, UT 84103	CLINIC
14 270 - REDROCK ALLERGY CLINIC 577 S RIVER RD ST GEORGE, UT 847902097	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)
271 271 - DIXIE SLEEP DISORDERS CENTER 652 S MEDICAL CENTER DR STE 310 ST GEORGE, UT 847907017	CLINIC
1 272 - HOLLADAY PEDIATRICS NORTH 2160 E 4500 S SALT LAKE CITY, UT 841174011	CLINIC
2 273 - SALT LAKE WORKMED PHYSICAL THERAPY 1685 WEST 2200 SOUTH SALT LAKE CITY, UT 84119	CLINIC
3 274 - AVENUES NEUROLOGY 370 9TH AVE STE 111 SALT LAKE CITY, UT 841033180	CLINIC
4 275 - SALT LAKE CLINIC-RHEUMATOLOGY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
5 276 - UTAH VALLEY SENIOR MEDICINE 380 WEST 1230 NORTH SUITE 602 PROVO, UT 84604	CLINIC
6 277 - LAYTON WORKMED 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
7 278 - AMERICAN FORK RADIATION ONCOLOGY 170 N 1100 E AMERICAN FORK, UT 840032096	CLINIC
8 279 - SOUTH JORDAN WORKMED 1067 W SOUTH JORDAN PARKWAY STE 500 SOUTH JORDAN, UT 840958809	CLINIC
9 280 - ROSE CANYON PHYSICAL THERAPY 5541 WEST 13400 SOUTH RIVERTON, UT 84096	CLINIC
10 281 - MEMORIAL KIDSCARE 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
11 282 - WHITE SAGE FAMILY MEDICINE 130 WHITE SAGE AVE DELTA, UT 846248928	CLINIC
12 283 - LOGAN WORKMED 412 N 200 E LOGAN, UT 843214038	CLINIC
13 284 - LDS PULMONARY CLINIC 324 10TH AVENUE 170 SALT LAKE CITY, UT 841032853	CLINIC
14 285 - SOUTHERN UTAH SURGICAL ASSOCIATES 166 W 1325 N STE 350 CEDAR CITY, UT 847207796	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)
286 286 - HOLLADAY PHYSICAL THERAPY 6272 SOUTH HIGHLAND DRIVE 203 MURRAY, UT 84121	CLINIC
1 287 - ALTA VIEW CLINIC ENT 9450 S 1300 E SANDY, UT 840945555	CLINIC
2 288 - LIVE WELL CENTER-SALT LAKE CITY 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
3 289 - UTAH VALLEY SPORTS MEDICINE - NORTH VALLEY 98 N 1100 E STE 103 AMERICAN FORK, UT 840032940	CLINIC
4 290 - BUDGE CLINIC RADIOLOGY 1350 N 500 E LOGAN, UT 843412400	CLINIC
5 291 - HEBER VALLEY SPECIALTY CLINIC 380 E 1500 S STE 202 HEBER CITY, UT 840323942	CLINIC
6 292 - INTERMOUNTAIN CARDIOVASCULAR 5169 S COTTONWOOD ST STE 600 MURRAY, UT 841076771	CLINIC
7 293 - DIXIE ENDO-DIABETES CLINIC 1424 E FOREMASTER DR STE 140 ST GEORGE, UT 847905830	CLINIC
8 294 - SOUTHWEST RHEUMATOLOGY ASSOC 577 SOUTH RIVER ROAD ST GEORGE, UT 84790	CLINIC
9 295 - COTTONWOOD PODIATRY 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
10 296 - ALTA VIEW CLINIC ALLERGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
11 297 - CANYON VIEW 15 E 400 N PAROWAN, UT 847610000	CLINIC
12 298 - BOX ELDER INSTACARE 1050 S 500 W BRIGHAM CITY, UT 843024715	CLINIC
13 299 - LDS HOSPITAL RADIATION ONCOLOGY 8TH AVE AND C ST SALT LAKE CITY, UT 841430002	CLINIC
14 300 - CHRONIC PAIN MANAGEMENT-LAYTON 2075 N UNIVERSITY PARK BLVD LAYTON, UT 840411611	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)
301 301 - INTERMOUNTAIN SENIOR CLINIC 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
1 302 - SOUTH SEVIER CLINIC 539 S MAIN ST MONROE, UT 847544623	CLINIC
2 303 - COTTONWOOD RHEUMATOLOGY CLINIC 181 E MEDICAL TOWER DR MURRAY, UT 841074872	CLINIC
3 304 - LAYTON CLINIC RADIOLOGY 2075 UNIVERSITY PARK BLVD LAYTON, UT 84041	CLINIC
4 305 - INTERMOUNTAIN HEART CARDIOLOGY-PKMC 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607552	CLINIC
5 306 - US SYNTHETIC CLINIC 1378 S 1600 W OREM, UT 840584931	CLINIC
6 307 - ALTA VIEW CLINIC PULMONARY 9450 S 1300 E SANDY, UT 840945555	CLINIC
7 308 - RIVERTON RADIATION ONCOLOGY 3741 W 12600 S RIVERTON, UT 840657215	CLINIC
8 309 - SOUTH JORDAN WORKMED PHYS THERAPY 1091 WEST SOUTH JORDAN PKWY 500 SOUTH JORDAN, UT 84095	CLINIC
9 310 - UTAH VALLEY PEDIATRIC INTENSIVISTS 1034 N 500 W PROVO, UT 846043380	CLINIC
10 311 - ST GEORGE PULMONARY CLINIC 1380 E MEDICAL CENTER DR STE 2200 ST GEORGE, UT 847902130	CLINIC
11 312 - DIXIE ACUTE REHAB 544 S 400 E ST GEORGE, UT 847703705	CLINIC
12 313 - PAYSON CLINIC 854 TURF FARM RD STE 1 PAYSON, UT 846515733	CLINIC
13 314 - CEDAR CITY WORKMED 962 SAGE DR CEDAR CITY, UT 847201885	CLINIC
14 315 - LIBERTY ELEMENTARY 1078 SOUTH 300 EAST SALT LAKE CITY, UT 841114638	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)
316 316 - PARK CITY MOUNTAIN MEDICAL CLINIC 1493 LOWELL AVE PARK CITY, UT 840605116	CLINIC
1 317 - UTAH VALLEY STROKE CENTER 1055 N 300 W STE 501 PROVO, UT 846043312	CLINIC
2 318 - SNOWBIRD CLINIC 9385 S SNOWBIRD CENTER DR SNOWBIRD, UT 840926249	CLINIC
3 319 - UTAH VALLEY INTERNAL MEDICINE CLINIC 380 WEST 1230 NORTH SUITE 602 PROVO, UT 84604	CLINIC
4 320 - SALT LAKE COUNTY HEALTHMED 2001 S STATE ST STE S2-500 SALT LAKE CITY, UT 841903100	CLINIC
5 321 - DAYSRING CLINIC - COTTONWOOD 5770 S 250 E 300 MURRAY, UT 841078100	CLINIC
6 322 - LAYTON PARKWAY NEONATOLOGY 201 WEST LAYTON PARKWAY LAYTON, UT 84041	CLINIC
7 323 - BEHAVIORAL HEALTH ACCESS CENTER 324 10TH AVE 178 SALT LAKE CITY, UT 841032885	CLINIC
8 324 - WEST VALLEY CLINIC PHYSICAL THERAPY 5373 WEST LAKE PARK BLVD WEST VALLEY CITY, UT 84120	CLINIC
9 325 - LIFETIME HEALTH CLINIC FREEPORT CENTER BLDG D-12 CLEARFIELD, UT 840160010	CLINIC
10 326 - MCKAY-DEE ENT-LAYTON 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
11 327 - INTERMOUNTAIN PSYCH & COUNSEL 5169 S COTTONWOOD ST STE 400 MURRAY, UT 841076769	CLINIC
12 328 - MCKAY-DEE INFECTIOUS DISEASE 4403 HARRISON BLVD STE 3630 OGDEN, UT 844033287	CLINIC
13 329 - UTAH VALLEY INFECTIOUS DISEASE 395 W COUGAR BLVD 603 PROVO, UT 846043317	CLINIC
14 330 - PARK CITY WORKMED 1665 BONANZA DR PARK CITY, UT 840605127	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)
331 331 - NORTH SEVIER MEDICAL CLINIC 530 N 250 W SALINA, UT 846545514	CLINIC
1 332 - CANYONS VILLAGE MEDICAL CLINIC 3850 CANYONS RESORT DR PARK CITY, UT 840986546	CLINIC
2 333 - BUDGE ANTICOAGULATION CLINIC 1350 NORTH 500 EAST LOGAN, UT 84341	CLINIC
3 334 - HOMECARE & HOSPICE AMB INFUSION 11520 SOUTH REDWOOD ROAD SOUTH JORDAN, UT 84095	CLINIC
4 335 - ALTA VIEW CLINIC SENIOR CLINIC 9450 S 1300 E SANDY, UT 840945555	CLINIC
5 336 - INTERMOUNTAIN EMPLOYEE CLINIC 5171 S COTTONWOOD ST STE 130 MURRAY, UT 841075731	CLINIC
6 337 - SALT LAKE CLINIC-ANTICOAGULATION 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
7 338 - DAYSRING CLINIC - LOGAN 550 E 1400 N STE T LOGAN, UT 84341	CLINIC
8 339 - DIXIE INFECTIOUS DISEASE CLINIC 1380 E MEDICAL CENTER DR STE 2300 ST GEORGE, UT 847902131	CLINIC
9 340 - WASATCH GYN 2075 N UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
10 341 - UTAH VALLEY PEDIATRICS 380 W 1230 N STE 703 PROVO, UT 84604	CLINIC
11 342 - SALT LAKE CLINIC-MHI 389 S 900 E SALT LAKE CITY, UT 841022310	CLINIC
12 343 - LAYTON INSTACARE 2075 UNIVERSITY PARK BLVD LAYTON, UT 840411611	CLINIC
13 344 - PARK CITY SLEEP DISORDERS CLINIC 900 ROUND VALLEY DR STE 200 PARK CITY, UT 840607532	CLINIC
14 345 - LAYTON PARKWAY GASTROENTEROLOGY 201 W LAYTON PARKWAY LAYTON, UT 840413692	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)
346 346 - WEST VALLEY SPECIALTY CLINIC 5373 W LAKE PARK BLVD WEST VALLEY CITY, UT 841208208	CLINIC
1 347 - DIXON CLINIC 750 W 200 N PROVO, UT 846012606	CLINIC
2 348 - SEVIER VALLEY SPECIALTY CLINIC 65 E 100 N GUNNISON, UT 846340119	CLINIC
3 349 - BEHAVIORAL HEALTH ACCESS CENTER 544 S 400 E ST GEORGE, UT 847703705	CLINIC
4 350 - UTAH VALLEY PAIN MANAGEMENT-NEPHI 48 W 1500 N NEPHI, UT 846488900	CLINIC
5 351 - INTERMOUNTAIN HEART RHYTHM LOGAN 1300 N 500 E STE 320 LOGAN, UT 843412462	CLINIC
6 352 - ROSE PARK ELEMENTARY CLINIC 1105 W 1000 N SALT LAKE CITY, UT 841162135	CLINIC
7 353 - INTERMOUNTAIN 2200 W WORKMED 420 N 2200 W SALT LAKE CITY, UT 841162923	CLINIC
8 354 - KIDNEY SERVICES - IMC 5169 COTTONWOOD ST 320 MURRAY, UT 841076768	CLINIC
9 355 - UTAH VALLEY SPORTS MED-BYU EXT 87 SMITH FIELD HOUSE PROVO, UT 846020002	CLINIC
10 356 - SOUTHRIDGE CLINIC - DENTISTRY 3723 W 12600 S 430 RIVERTON, UT 840657310	CLINIC
11 357 - MCKAY-DEE CARDIOLOGY AT LAYTON PKWY 201 W LAYTON PARKWAY STE 2A LAYTON, UT 840413692	CLINIC
12 358 - BEHAVIORAL HEALTH ACCESS - MCKAY-DEE 4401 HARRISON BLVD OGDEN, UT 844033195	CLINIC
13 359 - INTERMOUNTAIN CANCER CENTER LAYTON 201 W LAYTON PARKWAY STE 2A LAYTON, UT 840413692	CLINIC
14 360 - CENTRAL OREM OBGYN-PIC 1157 N 300 W STE 301 PROVO, UT 846046124	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)
361 361 - SOUTHWEST CARDIOLOGY-CEDAR CITY 110 W 1325 N STE 100 CEDAR CITY, UT 847218101	CLINIC
1 362 - LAYTON PARKWAY SLEEP 201 W LAYTON PARKWAY STE 2E LAYTON, UT 840413692	CLINIC
2 363 - INTERMOUNTAIN HEART RHYTHM CASPER 1233 E 2ND ST CASPER, WY 826012926	CLINIC
3 364 - NORTHERN UTAH SURGEONS - LAYTON PARKWAY 201 W LAYTON PARKWAY 2A LAYTON, UT 840413692	CLINIC
4 365 - WASATCH GYN-MCKAY-DEE 4403 HARRISON BLVD STE 4815 OGDEN, UT 844033333	CLINIC
5 366 - PARK CITY-ROUND VALLEY MHI 750 ROUND VALLEY DR STE 201 PARK CITY, UT 840607549	CLINIC
6 367 - MEMORIAL RADIOLOGY 2000 S 900 E SALT LAKE CITY, UT 841053208	CLINIC
7 368 - PARK CITY PSCHIATRY AND COUNSELING 750 ROUND VALLEY DR 101 PARK CITY, UT 840607549	CLINIC
8 369 - SNOWBASIN CLINIC 3925 E SNOWBASIN DR HUNTSVILLE, UT 843170000	CLINIC
9 370 - INTERMOUNTAIN HEART RADIOLOGY 1485 S HIGHWAY 40 STE D HEBER, UT 840323522	CLINIC
10 371 - UTAH VALLEY SPORTS MED-UVSC 800 W UNIVERSITY PKWY OREM, UT 840586703	CLINIC
11 372 - SOUTHWEST ORTHO AND SPORTS MED 225 S 700 E ST GEORGE, UT 847703875	CLINIC
12 373 - SOUTHWEST ORTHO AND SPORTS MED 75 N 2260 W HURRICANE, UT 847372034	CLINIC
13 374 - ALTA VIEW RADIOLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
14 375 - INTERMOUNTAIN HEART RHYTHM 5979 FASHION BLVD SALT LAKE CITY, UT 841077364	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)
376 376 - ALTA VIEW CLINIC ENDOCRINOLOGY 9450 S 1300 E SANDY, UT 840945555	CLINIC
1 377 - SOUTHERN UTAH ORTHO SPORTS MED 200 N 400 E PANGUITCH, UT 847590389	CLINIC
2 378 - BOX ELDER CLINIC 1050 S 500 W BRIGHAM CITY, UT 843024715	CLINIC
3 379 - VALLEY VIEW HEART-GARFIELD 200 N 400 E PANGUITCH, UT 847590389	CLINIC
4 380 - BMT LEUKEMIA PROGRAM SWR 544 S 400 E ST GEORGE, UT 847703705	CLINIC
5 381 - MCKAY-DEE DENTISTRY 4403 HARRISON BLVD 2815 OGDEN, UT 844033326	CLINIC
6 382 - ALTA VIEW SPECIALTY CLINIC 9450 S 1300 E SANDY, UT 840945555	CLINIC
7 383 - UTAH VALLEY ORTHO-NVSARATOGA 250 E STATE RD 73 SARATOGA SPRINGS, UT 840432966	CLINIC
8 384 - INTEGRATED COMM CARE TEAM - UV 1134 N 500 W STE 102 PROVO, UT 846045569	CLINIC
9 385 - LAYTON CONSTRUCTION WORKMED 1480 N 8000 W SALT LAKE CITY, UT 84116	CLINIC
10 386 - RIVER ROAD COGNITIVE CARE CLINIC 577 S RIVER RD ST GEORGE, UT 847902097	CLINIC
11 387 - CACHE VALLEY HEART-FRANKLIN COUNTY 44 N 1ST E PRESTON, ID 832631326	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

2019

**Open to Public
Inspection**

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.

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 Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 59
 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PHARMACY VOUCHERS	12	19,988		CASH	PHARMACY DRUG ASSISTANCE
(2) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - ALY BROTHERRSON
(3) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - KIANA INGRID POGROSZEWSKI
(4) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - JAMIE BAWDEN
(5) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - MCKENZIE COX
(6) SCHOLARSHIP	1	1,000		CASH	SCHOLARSHIP - COLDIR KINRAN COX
(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
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	78,800				SUPPORT COMMUNITY HEALTH
AMERICAN NATIONAL RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	7,000				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
ASSOCIATION FOR UTAH COMMUNITY HEALTH 860 EAST 4500 SOUTH SUITE 206 SALT LAKE CITY, UT 84107	87-0430946	501(C)(3)	855,000				SUPPORT COMMUNITY HEALTH
BEAR LAKE COMMUNITY HEALTH CENTER 325 WEST LOGAN HIGHWAY GARDEN CITY, UT 84028	81-0587644	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
BEAR RIVER HEALTH DEPARTMENT 655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	GOVT.	5,100				SUPPORT COMMUNITY HEALTH
BRIDGERLAND APPLIED TECHNOLOGY COLLEGE FOUNDATION INC 1474 EAST 1140 NORTH LOGAN, UT 84341	87-0577312	501(C)(3)	10,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM YOUNG UNIVERSITY PO BOX 45654 SALT LAKE CITY, UT 84145	87-0217280	501(C)(3)	6,600				HEALTH EDUCATION
CENTRAL UTAH COUNSELING CENTER 152 NORTH 400 WEST EPHRAIM, UT 84627	87-0502481	GOVT.	126,500				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
CHILDRENS MEDIA WORKSHOP 1215 5TH AVENUE SALT LAKE CITY, UT 84103	74-2523218	501(C)(3)	22,000				SUPPORT CHILDREN'S HEALTH
COMMUNITY HEALTH CENTERS INC 220 WEST 7200 SOUTH SUITE A MIDVALE, UT 84047	74-2412898	501(C)(3)	103,000				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)	5,500				SUPPORT COMMUNITY HEALTH
DAVIS APPLIED TECHNOLOGY COLLEGE FOUNDATION INC 550 EAST 300 SOUTH KAYSVILLE, UT 84037	87-0623859	501(C)(3)	100,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIXIE STATE UNIVERSITY 225 SOUTH 700 EAST ST GEORGE, UT 84770	20-5588266	GOVT.	15,600				PROMOTE COMMUNITY HEALTH
ENCIRCLE 331 SOUTH 600 EAST SALT LAKE CITY, UT 84102	81-2938209	501(C)(3)	50,000				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
ENVISION UTAH 254 SOUTH 600 EAST 201 SALT LAKE CITY, UT 84102	87-0462205	501(C)(3)	200,600				SUPPORT COMMUNITY HEALTH
FAMILY COUNSELING CENTER 650 EAST 4500 SOUTH SUITE 300 MURRAY, UT 84107	87-0212455	501(C)(3)	35,000				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)	121,500				SUPPORT COMMUNITY HEALTH
FAMILY INSTITUTE OF NORTHERN UTAH 190 EAST CENTER STREET LOGAN, UT 84321	87-0576153	501(C)(3)	145,500				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
FIVE COUNTY ASSOCIATION OF GOVERNMENTS 1070 WEST 1600 SOUTH BUILDING B ST GEORGE, UT 84770	87-0304025	GOVT.	10,000				PROMOTE COMMUNITY HEALTH
THE FOUNDRY FOOD HUB 722 S STATE STREET SALT LAKE CITY, UT 84111	84-3547292	501(C)(3)	400,000				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
HEALTH RESEARCH AND EDUCATIONAL TRUST 155 NORTH WACKER SUITE 400 CHICAGO, IL 60606	36-2203931	501(C)(3)	116,870				SUPPORT COMMUNITY HEALTH
HELPER PROJECT PO BOX 181 HELPER, UT 84526	81-3222276	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
HOPE4UTAH 5545 NORTH RIVER RUN DRIVE PROVO, UT 84604	90-0969731	501(C)(3)	38,000				PROMOTE COMMUNITY HEALTH
INTERMOUNTAIN COMMUNITY CARE FOUNDATION 36 SOUTH STATE STREET SUITE 2200 SALT LAKE CITY, UT 84111	94-2853320	501(C)(3)	50,000,000				SUPPORT COMMUNITY HEALTH

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

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INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE STREET SUITE 2200 SALT LAKE CITY, UT 84111	80-0225150	501(C)(3)	4,481,478				SUPPORT COMMUNITY HEALTH
MOUNTAINLAND TECHNICAL COLLEGE 2301 W ASHTON BLVD LEHI, UT 84043	41-2126821	GOVT.	50,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MURRAY EDUCATION FOUNDATION 5102 SOUTH COMMERCE DRIVE SALT LAKE CITY, UT 84107	74-2479284	501(C)(3)	6,000				HEALTH EDUCATION
PEOPLES HEALTH CLINIC INC 650 ROUND VALLEY DRIVE PO BOX 681558 PARK CITY, UT 84068	87-0638042	501(C)(3)	30,000				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
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON STREET OAKLAND, CA 94607	94-3251867	501(C)(3)	20,000				SUPPORT CHILDREN'S HEALTH
POLIZZI FOUNDATION 515 EAST 4500 SOUTH SALT LAKE CITY, UT 84107	57-1241243	501(C)(3)	82,500				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
RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA INC 935 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102	74-2386043	501(C)(3)	7,500				SUPPORT COMMUNITY HEALTH
SALT LAKE COMMUNITY ACTION PROGRAM 764 SOUTH 200 WEST SALT LAKE CITY, UT 84101	87-0269683	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALT LAKE COMMUNITY COLLEGE 4600 SOUTH REDWOOD ROAD SALT LAKE CITY, UT 84123	87-6000448	501(C)(3)	376,000				HEALTH EDUCATION
SALT LAKE COUNTY HEALTH DEPARTMENT 2001 SOUTH STATE STREET SUITE S2-600 SALT LAKE CITY, UT 84114	87-6000316	GOVT.	5,100				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 EDUCATION FOUNDATION 440 EAST 100 SOUTH SALT LAKE CITY, UT 84111	74-2563849	501(C)(3)	65,000				HEALTH EDUCATION
SOUTHWEST BEHAVIORAL HEALTH CENTER 245 EAST 680 SOUTH CEDAR CITY, UT 84720	87-0427767	GOVT.	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
ST ANNE'S CENTER INC 269 WEST 3300 SOUTH OGDEN, UT 84401	87-0368808	501(C)(3)	25,000				SUPPORT COMMUNITY HEALTH
STATE OF UTAH 168 NORTH 1950 WEST 201 SALT LAKE CITY, UT 84116		GOVT.	1,453,023				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 COUNTY 650 ROUND VALLEY PARK CITY, UT 84060	87-6000295	GOVT.	5,100				SUPPORT COMMUNITY HEALTH
TEXAS HOSPITAL ASSOCIATION FOUNDATION 1108 LAVACA STREET 700 AUSTIN, TX 78701	26-0597324	501(C)(3)	197,803				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
THANKSGIVING POINT INSTITUTE INC 3003 NORTH THANKSGIVING WAY LEHI, UT 84043	84-1416158	501(C)(3)	5,500				SUPPORT COMMUNITY HEALTH
THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	992,500				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 ROAD HOME 210 RIO GRANDE STREET SALT LAKE CITY, UT 84010	87-0212465	501(C)(3)	602,725				SUPPORT COMMUNITY HEALTH
TOOELE COUNTY 47 SOUTH MAIN ROOM 218 TOOELE, UT 84074	87-6000317	GOVT.	6,600				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
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH SUITE 300 SALT LAKE CITY, UT 84111	87-0227091	501(C)(3)	5,195,300				SUPPORT COMMUNITY HEALTH
UNIVERSITY OF UTAH 301 WALKER WAY SALT LAKE CITY, UT 84106	87-6000525	GOVT.	323,500				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)	615,000				SUPPORT COMMUNITY HEALTH
UTAH DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH UT DEPT OF HUMAN SERVICES 195 NORTH 1950 WEST SALT LAKE CITY, UT 84116		GOVT.	900,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH FAST PASS INC 420 NORTH REDWOOD ROAD UNIT F NORTH SALT LAKE, UT 84054	37-1520982	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
UTAH HEALTH POLICY PROJECT 1832 WEST RESEARCH WAY 60 SALT LAKE CITY, UT 84119	87-0684606	501(C)(3)	20,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH NONPROFITS ASSOCIATION 231 EAST 400 SOUTH SUITE 345 SALT LAKE CITY, UT 84111	87-0481455	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH
UTAH PARTNERS FOR HEALTH 7651 SOUTH MAIN STREET MIDVALE, UT 84047	27-0021804	501(C)(3)	105,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH STATE UNIVERSITY FOUNDATION 1590 OLD MAIN HILL LOGAN, UT 84322	87-0627128	GOVT.	70,000				HEALTH EDUCATION
UTAH VALLEY UNIVERSITY FOUNDATION INC 800 WEST UNIVERSITY PARKWAY SUITE MS111 OREM, UT 84058	87-0036944	501(C)(3)	40,500				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
WASHINGTON COUNTY 474 WEST 200 NORTH ST GEORGE, UT 84770	87-0427767	GOVT.	9,600				SUPPORT COMMUNITY HEALTH
WEBER HUMAN SERVICES FOUNDATION 237 26TH STREET OGDEN, UT 84401	87-0528187	501(C)(3)	5,450				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
WEBER STATE UNIVERSITY 3850 DIXON PARKWAY DEPARTMENT 1021 OGDEN, UT 84408	87-6000535	GOVT.	238,500				HEALTH EDUCATION
WORK ACTIVITY CENTER 1275 WEST 2320 SOUTH SALT LAKE CITY, UT 84119	87-0255186	501(C)(3)	30,000				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
YMCA OF NORTHERN UTAH 3216 SOUTH HIGHLAND DRIVE SUITE 200 200 SALT LAKE CITY, UT 84106	87-0212472	501(C)(3)	7,500				SUPPORT COMMUNITY HEALTH

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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 idemnification 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 idemnification 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 idemnification 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 on 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 on 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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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. ALSO, CHARTER TRAVEL WAS PROVIDED ON A LIMITED BASIS TO INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A. THE ADDITIONAL COST OF THE CHARTER TRAVEL 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, SUSAN M. ROBEL 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 THESE INDIVIDUALS ON FORM W-2.
PART I, LINE 3	HEALTH SERVICES IS NATIONALLY RECOGNIZED FOR PROVIDING QUALITY MEDICAL CARE THAT RANKS AMONG THE HIGHEST IN THE NATION WITH CHARGES THAT ARE AMONG THE LOWEST IN THE NATION. HEALTH SERVICES' POLICY IS TO COMPENSATE ITS EMPLOYEES, INCLUDING SENIOR MANAGEMENT, AT MARKET COMPETITIVE RATES. THE COMPENSATION COMMITTEE OF THE BOARD RETAINS OUTSIDE CONSULTANTS TO PROVIDE OBJECTIVE DATA ON COMPENSATION LEVELS AND PRACTICES. THE COMMITTEE ANNUALLY ANALYZES THIS DATA AND MAKES COMPENSATION DECISIONS, WHICH ARE REVIEWED BY THE FULL BOARD OF TRUSTEES. THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL PERFORMANCE TO ACHIEVE A TOP-TIER INTEGRATED HEALTHCARE DELIVERY SYSTEM. COMPENSATION LEVELS FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS AUDIT. A PORTION OF THE COMPENSATION REPORTED ON THIS FORM REFLECTS DEFERRED AMOUNTS THAT ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE. THE REPORTABLE COMPENSATION ON SCHEDULE J INCLUDES CERTAIN AMOUNTS THAT HAVE BEEN OR WILL BE REPORTED TWICE, BOTH IN THE YEAR ACCRUED AND AGAIN IN THE YEAR PAID.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2019: - ALBERT R. ZIMMERLI - \$266,994 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. THE PLAN IS CLOSED TO NEW PARTICIPANTS.
PART II, COLUMN (C)	DURING 2019, A BENEFIT OF \$340,268 WAS INCLUDED IN PART II, COLUMN (C) FOR MR. ALBERT R. ZIMMERLI, AS PART OF THE SECOND YEAR OF A FIVE YEAR DEFERRED COMPENSATION PACKAGE. THE INITIAL AMOUNT OF \$322,897 WAS NOT REPORTED AS DEFERRED ON THE 2018 FORM 990.

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JOTHAM MANWARING MD-NEUROSURGERY	(i)	1,125,118	7,050	2,074	21,498	25,787	1,181,527	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 BERKELEY BATE MD-NEUROSURGERY	(i)	1,113,765	7,050	2,049	22,000	26,962	1,171,826	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
2 CHARLES W SORENSON JR MD FORMER OFFICER	(i)	280,232	450	1,372	48,417	23,443	353,914	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 instructions and the latest information.

OMB No. 1545-0047

2019

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

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include MURRAY CITY UTAH and UTAH COUNTY UTAH.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Total proceeds of issue, Capitalized interest from proceeds, and questions about bond issuance (14-17).

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Questions about partnership/LLC ownership and lease arrangements.

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		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		X
c Are there any research agreements that may result in private business use of bond-financed property?	X		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		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 %		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 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		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		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		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, SCH K, PART II, LINE 11, PART III, COL A & PART IV, LINE 2C COL A	(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, SCHEDULE K, PART IV, LINE 3, COLUMN D (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 II, LINE 3	AMOUNTS ON LINE 3 DIFFER FROM AMOUNTS REPORTED IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS RECEIVED DURING THE PROJECT PERIOD.

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11, COLUMN C & PART IV, LINE 2C, COLUMN C	(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 3, COLUMN B (CUSIP 917393CE8)	\$200,000,000 OF THE TOTAL ISSUE PRICE (\$406,502,765) WAS ISSUED AS VARIABLE RATE BONDS. THE REMAINDER WAS ISSUED AS FIXED RATE BONDS.

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 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 917393AV2)	THE REBATE COMPUTATION FOR THE SERIES 2012 BONDS WAS PERFORMED ON JUNE 16, 2017.

Return Reference	Explanation
FORM 990, SCH K, PART IV, LINE 2C, COLUMN D (CUSIP 917393AY6)	THE REBATE COMPUTATION FOR THE SERIES 2014 BONDS WAS PERFORMED ON AUGUST 19, 2019.

Return Reference	Explanation
FORM 990, SCH K, PART IV, LINE 2C, COLUMN A (CUSIP 917393BJ8)	THE REBATE COMPUTATION FOR THE SERIES 2016A BONDS WAS PERFORMED ON MAY 28, 2019.

Return Reference	Explanation
FORM 990, SCH K, PART IV, LINE 2C, COLUMN B (CUSIP 917393CE8)	THE REBATE COMPUTATION FOR THE SERIES 2016BCDE BONDS WAS PERFORMED ON MAY 28, 2019.

Return Reference	Explanation
FORM 990, SCH K, PART IV, LINE 3, COLUMN D (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.

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 III, LINES 3B AND 3D	THE ORGANIZATION FOLLOWS ESTABLISHED POLICIES AND PROCEDURES TO REVIEW MANAGEMENT SERVICE CONTRACTS AND RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY. BOND COUNSEL AND OTHER OUTSIDE COUNSEL ARE ENGAGED AS NEEDED FOR CERTAIN REVIEWS. ADDITIONALLY, THE ORGANIZATION CONDUCTS PERIODIC EDUCATION SESSIONS ON THESE TAX-EXEMPT BOND COMPLIANCE TOPICS TO ENSURE EXISTING POLICIES AND PROCEDURES ARE UNDERSTOOD AND BEING FOLLOWED.

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

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

2019

▶ Attach to Form 990.

Open to Public Inspection

▶ 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 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	917393BJ8	07-13-2016	67,500,234	REFUND PORTION OF 2002B & 2002C		X		X		X
B UTAH COUNTY UTAH	87-6000312	917393CE8	07-13-2016	406,502,765	BLDG CONSTRUCTION & EQUIPMENT		X		X		X
C CITY OF RIVERTON UTAH	87-0344045	769369AM1	03-22-2017	200,000,000	REFUND PRIOR ISSUE 2012A		X		X		X
D 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	8,600,000	8,940,000		9,600,000				
2	Amount of bonds legally defeased								
3	Total proceeds of issue	67,500,234	408,286,336	200,000,000	384,103,721				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds		1,783,571		1,352,280				
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		406,502,765		382,751,441				
11	Other spent proceeds	67,500,234		200,000,000					
12	Other unspent proceeds								
13	Year of substantial completion	2003		2018		2009		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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).

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the 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 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2854057

Name: IHC HEALTH SERVICES INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFFREY L ANDERSON	TRUSTEE FAMILY	406,502	WAGES		No
(1) GRANT L ZIMMERLI	OFFICER FAMILY	66,134	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
(3) SCOTT L HAMMER	OFFICER FAMILY	99,004	WAGES		No
(1) JASON R HAACKE	OFFICER FAMILY	21,982	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
(5) TERI J ADAMS	OFFICER FAMILY	58,786	WAGES		No
(1) TYLER HARGRAVES	OFFICER FAMILY	33,587	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
(7) MATTHEW T BRACE	OFFICER FAMILY	133,105	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

2019

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, DESCRIPTION OF ORGANIZATION MISSION:	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	<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 2019, THROUGH 303,218 CASES, HEALTH SERVICES' FACILITIES AND PHYSICIANS PROVIDED MORE THAN \$145 MILLION IN FINANCIAL ASSISTANCE (AT COST) TO PATIENTS UNABLE TO PAY. THIS AMOUNT DOES NOT INCLUDE ADJUSTMENTS FOR UNPAID SERVICES. ADJUSTMENTS FOR UNPAID SERVICES 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 AN ADJUSTMENT FOR UNPAID SERVICES, 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 AN ADJUSTMENT FOR UNPAID SERVICES, 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 AN ADJUSTMENT FOR UNPAID SERVICES. 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 52 INDEPENDENTLY OWNED COMMUNITY SAFETY-NET CLINICS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	<p>D, LOW-INCOME AND HOMELESS POPULATIONS. THESE CLINICS, LOCATED THROUGHOUT UTAH, HAD OVER 5 28,000 PATIENT VISITS IN 2019. HEALTH SERVICES PROVIDES COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, INTERN AND RESIDENT TRAINING AND MEDICAL RESEARCH. DURING 2019, THESE COMMUNITY SERVICES AND CONTRIBUTIONS TOTALED \$90 MILLION. SEE 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 GEOGRAPHICALLY DEFINED ADMINISTRATIVE REGIONS WITH A SYSTEM-WIDE STRUCTURE MADE UP OF COMMUNITY 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 ACCESS 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 THROUGH PREVENTATIVE SERVICES LIKE HEALTH SCREENINGS AND PRIMARY CARE, INCLUDING REGULAR OUTPATIENT TREATMENTS FOR MANAGING CHRONIC DISEASES. THE SPECIALTY CARE GROUP FOCUSES ON SPECIALTY 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 THROUGH 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 2,862 LICENSED BEDS IN UTAH AND SOUTHERN IDAHO, AND THE INTERMOUNTAIN MEDICAL GROUP, WHICH EMPLOY S MORE THAN 2,800 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS THAT LEAD CAREGIVER TEAMS I N HOSPITALS AND 387 CLINIC SITES. TWENTY OF HEALTH SERVICES' HOSPITALS ARE GENERAL ACUTE C ARE FACILITIES THAT PROVIDE INPATIENT AND OUTPATIENT MEDICAL SERVICES BASED ON SPECIFIC NE EDS IN EACH COMMUNITY. TWO HOSPITALS PROVIDE SPECIALTY CARE IN THE FOLLOWING AREAS: - PRIM ARY CHILDREN'S HOSPITAL - PEDIATRIC CARE - THE ORTHOPEDIC SPECIALTY HOSPITAL - ORTHOPEDIC CARE HEALTH SERVICES' CLINICAL STATISTICS FOR 2019: - ACUTE ADMISSIONS - 140,597 - INSTACA RE VISITS - 626,873 - BIRTHS - 29,407 - INPATIENT SURGERIES - 38,862 - OUTPATIENT SURGERIE S - 124,926 - EMERGENCY ROOM VISITS - 512,829 - PHYSICIAN CLINIC VISITS - 2,774,922 - HOME CARE PATIENTS SERVED - 176,713 HEALTH SERVICES' CORE BUSINESS IS MANAGING COMMON CLINICAL PROCESSES OF CARE TO ACHIEVE THE HIGHEST CLINICAL QUALITY, SERVICE QUALITY AND COST OUTCOM ES. EACH YEAR, HEALTH SERVICES SETS GOALS FOR CLINICAL QUALITY IMPROVEMENT IN EIGHT CLINIC AL PROGRAMS AND OTHER AREAS. PHYSICIANS, NURSES AND OTHER CLINICAL PROFESSIONALS MEASURE T HEIR PROGRESS TOWARD THESE GOALS AND EVALUATE RESULTS. THIS LEADS TO THE SYSTEMATIC IMPLEM ENTATION OF BEST PRACTICES - A PROCESS THAT YIELDS BETTER CARE FOR PATIENTS. HEALTH SERVIC ES AND ITS AFFILIATES (COLLECTIVELY RECOGNIZED AS INTERMOUNTAIN HEALTHCARE) IS RECOGNIZED WORLDWIDE AS AN ORGANIZATION FOCUSED ON PROVIDING CARE BASED ON PROVEN RESULTS. THE FOLLOW ING NINE CLINICAL PROGRAMS ARE ORGANIZED AND OPERATED BY HEALTH SERVICES TO DEVELOP AND IM PLEMENT EVIDENCE-BASED BEST PRACTICES IN OUR HOSPITAL AND COMMUNITY-BASED SETTINGS, IMPROV E THE PATIENT'S "JOURNEY" THROUGHOUT THE CONTINUUM OF CARE, BE THE PROFESSIONAL HOME FOR M EDICAL AND SURGICAL SPECIALISTS AND IMPROVE PERFORMANCE IN THE FUNDAMENTALS OF CARE - SAFE TY, QUALITY, PATIENT EXPERIENCE, ACCESS, STEWARDSHIP, ENGAGED CAREGIVERS AND GROWTH. THE B EHAVIORAL HEALTH CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, BEHAVIORAL THERAPISTS, ADMINISTRATORS AND OTHER CARE PROVIDERS. THESE TEAMS WORK TO IMPROVE THERAPEUT IC ALLIANCE SCORES FOR THEIR PATIENTS WITH THE UNDERSTANDING OF THE POSITIVE CORRELATION T O CLINICAL OUTCOME MEASUREMENTS. THE TEAMS HAVE EXPANDED MENTAL HEALTH INTEGRATION INTO TH E MAJORITY OF HEALTH SERVICES' PRIMARY CARE CLINICS AND HAVE DEVELOPED TELE-PSYCHIATRY AND TELE-CRISIS SERVICES ACROSS THE SYSTEM INCLUDING RURAL SETTINGS. CARE PROCESS MODELS ARE IN PLACE FOR THE MANAGEMENT OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A:</p>	<p>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 (MSCP) 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 MEANINGFUL ACROSS THE ENTIRE HEALTH SERVICES 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 HEALTH SERVICES' 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 WORKS IN CLOSE COLLABORATION WITH THE REHABILITATION CLINICAL SERVICE AND IS FOCUSED ON DEVELOPING CARE PROCESSES FOR THE TREATMENT OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>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 HEALTH SERVICES 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 FOCUSES ON 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, Organizational Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED):</p>	<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 OPERATIONAL 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 1 DIABETES, EARLY RECOGNITION AND TREATMENT OF SHOCK, AND ASTHMA. PEDIATRIC TEAMS ARE WORKING WITH OTHER DISCIPLINES TO EVALUATE AND IMPROVE THE TRANSITION OF ADOLESCENT PATIENTS WITH CHRONIC ILLNESS TO ADULT CARE PROVIDERS AS THEY GRADUATE FROM HIGH SCHOOL AND MOVE AWAY FROM THEIR TRADITIONAL SUPPORT SYSTEMS. THE SURGICAL SPECIALTIES CLINICAL PROGRAM WAS ESTABLISHED IN 2004. THE TEAM ANALYZES, DEVELOPS, AND IMPLEMENTS THE BEST SURGICAL CARE BASED ON EVIDENCE. THEY HAVE BEEN SUCCESSFUL IN ENGAGING SURGEONS ACROSS HEALTH SERVICES IN WORK THAT HAS IMPROVED PATIENT OUTCOMES AND REDUCED HEALTHCARE COSTS. THE SURGICAL SPECIALTIES CLINICAL PROGRAM INCLUDES ELEVEN SUB-SPECIALTIES: BARIATRICS, BREAST, DIGESTIVE HEALTH, GENERAL SURGERY, GYN ONCOLOGY, HEAD & NECK, OPHTHALMOLOGY, PLASTICS, UROLOGY, ROBOTICS, AND SOLID ORGAN SERVICES. CURRENTLY, THE TEAMS ARE WORKING ON EVALUATING QUALITY AND COST METRICS TO TRANSITION PROCEDURES TO LOWEST COST SETTINGS, DETERMINE PHYSICIAN AND FACILITY VOLUME STANDARDS TO DRIVE OPTIMAL VALUE, UNDERSTAND AND DETERMINE TACTICS TO OPTIMIZE HIGH-VOLUME, LOW MARGIN PROCEDURES AS WELL AS NEW PROCEDURES, AND ALIGN WITH PARTNERS TO CREATE SEAMLESS, STANDARDIZED DISEASE-BASED PATIENT JOURNEYS THAT DELIVER VALUE-BASED CARE WHEN AND WHERE APPROPRIATE. 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), CHILD BIRTH AND THE POSTPARTUM PERIOD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	ERIOD. 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 IMPROVED PATIENT SELECTION FOR ELECTIVE HYSTERECTOMY PROCEDURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	HEALTH SERVICES 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 / 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) ROBERT W. ALLEN / S. NEAL BERUBE / ALBERT R. ZIMMERLI - BUSINESS RELATIONSHIP (TRUSTEES OF INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC., A TAXABLE SUBSIDIARY 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 / CRYSTAL MAGGELET - 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	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 - CERTAIN VICE PRESIDENTS</p> <p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HEALTH SERVICES DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY. A COPY OF THE CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDES THE FILING ORGANIZATION IS ATTACHED TO THIS RETURN. THE CONSOLIDATED FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE ELECTRONIC MUNICIPAL MARKET ACCESS 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 -223,806,727. ADJUSTMENT TO BALANCE OF INVESTMENT IN AFFILIATES -27,906,104. OTHER MISCELLANEOUS FUND BALANCE ADJUSTMENTS -165,998.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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		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.

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) 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	

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

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
LOST CREEK-MURRAY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0622176	APARTMENT RENTALS	UT	3,324,654	6,726,633	IHC HEALTH SERVICES INC
IHC UTAH VALLEY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	MEDICAL OFFICES	UT	21,508	0	IHC HEALTH SERVICES INC
INTERMOUNTAIN INTELLECTUAL ASSET MANAGEMENT LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	IP MANAGEMENT	UT	409,806	20,160	IHC HEALTH SERVICES INC
5300 SOUTH CENTER LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-5581911	OFFICE RENTAL	UT	2,537,301	12,035,394	IHC HEALTH SERVICES INC
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
INTERMOUNTAIN VENTURES LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-2067137	INNOVATION	UT	0	39,451,426	IHC HEALTH SERVICES INC
INTERMOUNTAIN ALTA VIEW LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	OFFICE RENTAL	UT	137	0	IHC HEALTH SERVICES INC
INTERMOUNTAIN EAST BAY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-3640554	PROPERTY ACQUISITION/OPERATION	UT	438,450	7,171,816	IHC HEALTH SERVICES INC
ICENTRA SOLUTIONS LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-0641101	TECHNOLOGY MARKETING	UT	0	0	IHC HEALTH SERVICES INC
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
CASTELL LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 84-2218160	POPULATION HEALTH MANAGEMENT	UT	207	7,383,872	IHC HEALTH SERVICES INC
CULMINATION BIO LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-3542894	BIOREPOSITORY	DE	1,643,168	16,335,986	INTERMOUNTAIN VENTURES LLC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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	
MCKAY DEE SURGICAL CENTER LLC 3895 HARRISON BLVD STE 200 OGDEN, UT 84403 26-0286308	OUTPATIENT SURGERY	UT	IHC HEALTH SERVICES INC	RELATED	7,292,192	13,033,576		No		Yes		77.300 %
HEART LUNG INSTITUTE LLC 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157	RESEARCH AND DEVELOPMENT	UT	N/A	N/A				No		Yes		
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	2,685,750	105,662,332		No			No	55.560 %
INNOVATION FUND HOLDINGS COMPANY LLC 1000 W FULTON STREET STE 213 CHICAGO, IL 60607 47-1525723	INNOVATION	DE	IHC HEALTH SERVICES INC	EXCLUDED	154,255	10,729,946		No			No	100.000 %
HEALTHBOX SALT LAKE CITY I LLC 33 WEST MONROE STREET STE 1700 CHICAGO, IL 60603 46-5338772	INNOVATION	DE	IHC HEALTH SERVICES INC	EXCLUDED	-90,944	557,676		No			No	78.040 %
HOMESPIRE LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-3121436	HOMECARE ASSISTANCE	UT	IHC HEALTH SERVICES INC	RELATED	-1,114,249	-28,510		No		Yes		87.500 %
INTERMOUNTAIN VENTURES FUND LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 84-4037085	INVESTMENTS	DE	IHC HEALTH SERVICES INC	EXCLUDED	-1,689,516	52,686,855		No		Yes		100.000 %
PELION OPPORTUNITY FUND III LLC 2750 E COTTONWOOD PARKWAY STE 600 SALT LAKE CITY, UT 84121 84-2757193	INVESTMENTS	DE	IHC HEALTH SERVICES INC	EXCLUDED		5,002,159		No			No	100.000 %
AACP KOREA BUYOUT INVESTORS II LP ONE EMBARCADERO 16TH FLOOR SAN FRANCISCO, CA 94111 82-4971663	INVESTMENTS	CJ	IHC HEALTH SERVICES INC	EXCLUDED		66,946		No			No	99.010 %
AACP SPECIAL SITUATIONS II LP ONE EMBARCADERO 16TH FLOOR SAN FRANCISCO, CA 94111 83-2883726	INVESTMENTS	CJ	IHC HEALTH SERVICES INC	EXCLUDED		8,343		No			No	99.500 %

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
SELECTHEALTH BENEFIT ASSURANCE COMPANY INC 5381 GREEN STREET MURRAY, UT 84123 87-0497549	DELIVERY OF HEALTH BENEFITS	UT	N/A	C				Yes	
HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C				Yes	
INTERMOUNTAIN SUPPLY SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955	HOLDING COMPANY	DE	IHC HEALTH SERVICES INC	C	3,298	85,750,000	100.000 %	Yes	
INTALERE INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071	GROUP PURCHASING	DE	IHC HEALTH SERVICES INC	C	8,699,596	189,633,887	100.000 %	Yes	
NAVICAN GENOMICS INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-4153832	CANCER TREATMENT	DE	IHC HEALTH SERVICES INC	C	8,333,353	613,162	100.000 %	Yes	
EMPIRIC HEALTH INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 38-4026200	HEALTH SERVICES TECHNOLOGY	DE	IHC HEALTH SERVICES INC	C	5,025,011	2,331,079	84.810 %	Yes	
ALLUCEO INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-4614934	MENTAL HEALTH INTEGRATION SVCS	DE	IHC HEALTH SERVICES INC	C	3,061,029	3,365,716	100.000 %	Yes	
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA INC 770 EAST WARM SPRINGS ROAD LAS VEGAS, NV 89110 20-0160881	HOLDING COMPANY	DE	IHC HEALTH SERVICES INC	C	479,358,000	652,800,000	100.000 %	Yes	
HEALTHCARE PARTNERS MEDICAL GROUP (COATS) LTD 770 EAST WARM SPRINGS ROAD LAS VEGAS, NV 89110 88-0213519	HEALTHCARE	NV	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MCKAY DEE SURGICAL CENTER LLC	A	850,722	CONTRACT
MCKAY DEE SURGICAL CENTER LLC	L	1,202,625	CONTRACT
MCKAY DEE SURGICAL CENTER LLC	Q	4,764,506	CONTRACT
MCKAY DEE SURGICAL CENTER LLC	J	850,722	CONTRACT
SELECTHEALTH INC	L	1,541,868,247	CONTRACT
SELECTHEALTH INC	M	15,941,246	CONTRACT
SELECTHEALTH INC	Q	154,848,324	CONTRACT
SELECTHEALTH INC	P	4,057,680	COST
SELECTHEALTH INC	J	2,137,252	CONTRACT
SELECTHEALTH INC	A	2,137,252	CONTRACT
INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Q	1,856,575	COST
INTERMOUNTAIN HEALTHCARE FOUNDATION INC	C	30,256,021	COST
INTERMOUNTAIN HEALTHCARE FOUNDATION INC	B	4,481,478	COST
INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC	C	1,101,000	COST
INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC	B	50,000,000	COST
INTALERE INC	L	1,954,367	CONTRACT
INTALERE INC	A	28,102	CONTRACT
HEALTHCARE CAPTIVE INSURANCE COMPANY	M	2,320,467	CONTRACT
INTERMOUNTAIN HEALTH CARE INC	Q	67,858	COST
NAVICAN GENOMICS INC	R	2,000,000	CASH
EMPIRIC HEALTH INC	D	4,500,000	NOTE
EMPIRIC HEALTH INC	A	10,352	CONTRACT
ALLUCEO INC	R	947,767	PROPERTY
HOMESPIRE LLC	D	1,025,000	LOAN
NAVICAN GENOMICS INC	S	1,594,894	PROPERTY