efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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 SOUTH STATE SUITE 2200
Suite

City or town, state or country, and ZIP + 4
SALT LAKE CITY, UT 84111

D Employer identification number
94-2854057

E Telephone number
(801)442-2000

G Gross receipts $ 8,587,029,907

F Name and address of principal officer
Charles W Sorenson JR MD
36 South State Suite 2200
Salt Lake City, UT 84111

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www intermountainhealthcare org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Excellence in the provision of healthcare services to communities in the intermountain region See Schedule O

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	36,984
6	Total number of volunteers (estimate if necessary)	**6**	4,392
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	41,455,767
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-8,688,753

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	32,701,092	38,319,634
9	Program service revenue (Part VIII, line 2g)	3,983,670,023	4,185,079,947
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,063,060	127,276,563
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,037,222	31,058,115
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,148,471,397	4,381,734,259
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,451,238	10,362,009
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)	1,905,638,344	2,037,819,688
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,426,315		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,700,464,163	1,797,474,457
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,620,553,745	3,845,656,154
19	Revenue less expenses Subtract line 18 from line 12	527,917,652	536,078,105

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	5,642,207,645	6,723,416,035
21	Total liabilities (Part X, line 26)	2,534,185,096	3,164,137,871
22	Net assets or fund balances Subtract line 21 from line 20	3,108,022,549	3,559,278,164

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

******
Signature of officer

GREGORY M JOHNSON VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 178 SOUTH RIO GRANDE ST SUITE 400
SALT LAKE CITY, UT 84101

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

EXCELLENCE IN THE PROVISION OF HEALTHCARE SERVICES TO COMMUNITIES IN THE INTERMOUNTAIN REGION SEE SCHEDULE O

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 $ 3,816,594,091 including grants of $ 10,362,009) (Revenue $ 4,214,280,550)

IHC HEALTH SERVICES, INC ("HEALTH SERVICES") PROVIDED HIGH QUALITY HEALTHCARE THROUGH ITS SYSTEM OF 22 HOSPITALS (2,798 LICENSED BEDS) AND MORE THAN 300 CLINICS LOCATED IN UTAH AND IDAHO IN ADDITION TO THE 140,000 INPATIENT ADMISSIONS, 482,000 EMERGENCY ROOM VISITS AND 2 72 MILLION CLINIC VISITS, HEALTH SERVICES PROVIDED MORE THAN $105 2 MILLION IN CHARITY CARE (AT COST) THROUGH 239,195 CASES FOR A MORE DETAILED EXPLANATION OF THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS IN 2012, SEE SCHEDULE O

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** ▶ 3,816,594,091

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2,629		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	36,984		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ BR , CJ , EG , GR , IN , ID , JA , SI , KS See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4** Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶GREGORY M JOHNSON 36 SOUTH STATE SUITE 2200 SLC, UT (801) 442-3491

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

Check if Schedule O contains a response to any question 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								28,698,034	622	10,250,708

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 ▶ 2,180

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
UTAH EMERGENCY PHYSICIANS PC , PO BOX 571117 MURRAY UT 84157	MEDICAL	34,304,001
ASSOCIATED REGIONAL AND UNIVERSITY , 500 CHIPETA WAY SALT LAKE CITY UT 84108	MEDICAL	16,528,912
ACCRETIVE HEALTH INC , 401 N MICHIGAN AVE STE 2700 CHICAGO IL 60611	REVENUE CYCLE MGMT	15,028,941
PRICEWATERHOUSECOOPERS LLP , PO BOX 514038 LOS ANGELES CA 90051	COUNSULTING	9,746,888
SOUTHWEST EMERGENCY PHYSICIANS LC , PO BOX 910053 ST GEORGE UT 84791	MEDICAL	8,687,017
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 ▶ 260		

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	6,008,311			
	e	Government grants (contributions)	1e	6,652,931			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,658,392			
	g	Noncash contributions included in lines 1a-1f $		14,525			
	h	**Total.** Add lines 1a-1f . . . . . ▶		38,319,634			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621110	3,555,494,960	3,555,494,960		
	b	PHARMACY SALES	446110	71,863,164	40,144,178	31,718,986	
	c	LABORATORY REVENUE	621500	531,255,758	521,231,354	10,024,404	
	d	RENTAL REVENUE (RELATED)	531120	10,284,117	10,284,117		
	e	LAUNDRY	812300	7,094,513	5,181,052	1,913,461	
	f	All other program service revenue		9,087,435	7,908,199	1,179,236	
	g	**Total.** Add lines 2a–2f . . . . . ▶		4,185,079,947			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		57,126,069		-4,011,859	61,137,928
	4	Income from investment of tax-exempt bond proceeds . . ▶		-415,215			-415,215
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	7,086,469				
	b	Less rental expenses	5,228,957				
	c	Rental income or (loss)	1,857,512 / 0				
	d	Net rental income or (loss) . . . . . ▶		1,857,512		619,136	1,238,376
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,263,436,737 / 7,195,664				
	b	Less cost or other basis and sales expenses	4,176,181,212 / 23,885,479				
	c	Gain or (loss)	87,255,525 / -16,689,815				
	d	Net gain or (loss) . . . . . ▶		70,565,709		12,403	70,553,306
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722514	15,918,269			15,918,269
	b	GIFT SHOP / RETAIL	453220	4,837,418			4,837,418
	c	OTHER RELATED REVENUE	624100	8,444,916	8,444,916		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		29,200,603			
	12	**Total revenue.** See Instructions . . . . . ▶		4,381,734,259	4,148,688,776	41,455,767	153,270,082

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 to any question 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 governments and organizations in the United States See Part IV, line 21	10,357,809	10,357,809		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	4,200	4,200		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	31,545,779		31,545,779	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	754,035	754,035		
7 Other salaries and wages	1,655,881,461	1,612,111,784	42,545,096	1,224,581
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	124,231,470	122,392,419	1,839,051	
9 Other employee benefits	115,819,285	109,170,123	6,648,550	612
10 Payroll taxes	109,587,658	105,697,813	3,797,030	92,815
11 Fees for services (non-employees)				
a Management	0			
b Legal	13,218,867	6,122,012	7,096,455	400
c Accounting	691,530	62,865	628,665	
d Lobbying	21,331		21,331	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	8,421,038		8,421,038	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	263,982,481	245,107,301	18,801,253	73,927
12 Advertising and promotion	13,065,872	6,152,784	6,911,574	1,514
13 Office expenses	19,044,687	18,706,324	303,936	34,427
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	124,628,369	116,987,059	7,580,572	60,738
17 Travel	3,263,306	3,062,353	197,469	3,484
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	11,416,039	9,606,484	1,769,277	40,278
20 Interest	48,959,795	48,959,795		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	215,966,362	213,153,554	2,798,963	13,845
23 Insurance	10,214,350	10,214,350		
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	688,028,973	688,028,973		
b BAD DEBT	206,828,911	206,816,976	11,935	
c NON-MEDICAL SUPPLIES	106,108,441	101,791,086	3,757,381	559,974
d ALLOCATION-INDIRECT EXPENSES		120,971,711	-120,971,711	
e All other expenses	63,614,105	60,362,281	2,932,104	319,720
25 **Total functional expenses.** Add lines 1 through 24e	3,845,656,154	3,816,594,091	26,635,748	2,426,315
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		172,206	1	158,750
	2	Savings and temporary cash investments		185,411,781	2	430,030,096
	3	Pledges and grants receivable, net		3,808,420	3	3,411,740
	4	Accounts receivable, net		490,360,411	4	537,838,327
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		1,919,654	7	1,649,678
	8	Inventories for sale or use		92,094,752	8	94,778,115
	9	Prepaid expenses and deferred charges		23,056,234	9	27,696,665
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,712,101,216			
	b	Less accumulated depreciation	10b 1,686,712,097	1,997,146,648	10c	2,025,389,119
	11	Investments—publicly traded securities		2,528,532,754	11	3,043,364,343
	12	Investments—other securities See Part IV, line 11		167,889,394	12	306,772,099
	13	Investments—program-related See Part IV, line 11		19,896,422	13	29,529,302
	14	Intangible assets		273,742	14	249,043
	15	Other assets See Part IV, line 11		131,645,227	15	222,548,758
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,642,207,645	16	6,723,416,035
Liabilities	17	Accounts payable and accrued expenses		433,141,770	17	279,219,135
	18	Grants payable		0	18	0
	19	Deferred revenue		2,631,194	19	2,234,719
	20	Tax-exempt bond liabilities		1,306,533,753	20	1,542,773,712
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23,682,512	23	21,754,868
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		768,195,867	25	1,318,155,437
	26	**Total liabilities.** Add lines 17 through 25		2,534,185,096	26	3,164,137,871
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,105,008,029	27	3,554,927,282
	28	Temporarily restricted net assets		3,014,520	28	4,350,882
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,108,022,549	33	3,559,278,164
	34	Total liabilities and net assets/fund balances		5,642,207,645	34	6,723,416,035

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,381,734,259
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,845,656,154
3	Revenue less expenses Subtract line 2 from line 1	3	536,078,105
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,108,022,549
5	Net unrealized gains (losses) on investments	5	151,530,862
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-236,353,352
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,559,278,164

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
A SCOTT ANDERSON TRUSTEE / CHAIR	30 150	X		X				1,193	0	0
TERESA BECK TRUSTEE	10 30	X						702	0	0
S NEAL BERUBE TRUSTEE	10 20	X						2,150	0	0
DOUGLAS C BLACK TRUSTEE	10 140	X						1,621	622	0
JANE CARLILE TRUSTEE	10 30	X						1,508	0	0
REBECCA CHAVEZ-HOUCK TRUSTEE	10 20	X						1,098	0	0
BETH V COLE TRUSTEE	10 20	X						447	0	0
SPENCER F ECCLES TRUSTEE	10 60	X						461	0	0
KAREN W FAIRBANKS TRUSTEE	10 20	X						1,437	0	0
MERRILL GAPPMAYER TRUSTEE	10 100	X						1,601	0	0
KEM C GARDNER TRUSTEE / CHAIR EMERITUS	10 90	X						531	0	0
KAREN HALE TRUSTEE	10 30	X						1,275	0	0
M ELIZABETH HAMMOND MD TRUSTEE	10 20	X						398	0	0
RANDY HORIUCHI TRUSTEE	10 20	X						1,197	0	0
F ANN MILLNER TRUSTEE	10 60	X						531	0	0
ARNOLD MILSTEIN MD MPH TRUSTEE	10 20	X						447	0	0
THOMAS B MORGAN TRUSTEE	10 40	X						1,029	0	0
BRUCE T REESE TRUSTEE/VICE CHAIR/SEC	30 120	X		X				1,832	0	0
SHAHAB SAEED TRUSTEE	10 30	X						1,183	0	0
CHARLES W SORENSON JR MD TRUSTEE/PRESIDENT/CEO	55 0 11 0	X		X				1,754,586	0	1,157,892
CAVELL ALEXANDER VICE PRESIDENT	50 0 0 0			X				277,072	0	122,384
ROBERT W ALLEN VICE PRESIDENT	50 0 1 0			X				485,352	0	206,090
DAVID D CLARK VICE PRESIDENT	50 0 1 0			X				723,710	0	89,911
CHRIS COONS VICE PRESIDENT	50 0 0 0			X				2,242,003	0	280,014
TODD E CRAGHEAD VICE PRESIDENT	50 0 0 0			X				260,086	0	95,562

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			
SUZANNE DRAPER VICE PRESIDENT	50 0 0 0			X				267,387	0	137,890
D R GARDNER VICE PRESIDENT	50 0 0 0			X				305,401	0	117,763
GEORGE HAMILTON VICE PRESIDENT	50 0 0 0			X				464,242	0	152,331
DOUGLAS J HAMMER VP/GENERAL COUNSEL	50 0 3 0			X				699,690	0	232,977
LARRY D HANCOCK VICE PRESIDENT	50 0 2 0			X				920,300	0	505,893
KIMBERLY HENRICHSEN VICE PRESIDENT	50 0 0 0			X				368,560	0	141,922
JOSEPH R HORTON SENIOR VICE PRESIDENT	50 0 3 0			X				734,928	0	200,971
BRENT C JAMES MD VICE PRESIDENT	50 0 0 0			X				1,959,461	0	250,019
BRUCE H JENSEN VICE PRESIDENT	50 0 1 0			X				588,219	0	377,846
BRENT T JOHNSON VICE PRESIDENT	50 0 0 0			X				466,009	0	302,169
GREGORY M JOHNSON VICE PRESIDENT	50 0 5 0			X				496,642	0	219,352
LAURA S KAISER EXEC VP / COO	50 0 1 0			X				952,573	0	257,080
TERRI L KANE VICE PRESIDENT	50 0 1 0			X				495,277	0	227,753
LINDA C LECKMAN MD VICE PRESIDENT	50 0 2 0			X				845,641	0	460,428
JACQUE MILLARD VICE PRESIDENT	50 0 0 0			X				421,040	0	174,081
MIKELLE MOORE VICE PRESIDENT	50 0 6 0			X				347,914	0	146,144
NANCY A NOWAK VICE PRESIDENT	50 0 0 0			X				275,502	0	78,790
TIMOTHY T PEHRSON VICE PRESIDENT	50 0 3 0			X				680,364	0	302,649
GREGORY P POULSEN SENIOR VP	50 0 3 0			X				917,135	0	556,965
MARC PROBST VICE PRESIDENT/ CIO	50 0 0 0			X				735,824	0	419,047
STEVEN R SMOOT VICE PRESIDENT	50 0 1 0			X				475,225	0	154,930
BRENT E WALLACE VP/MED DIRECTOR	50 0 0 0			X				819,174	0	631,373
ALBERT R ZIMMERLI EXEC VP/CFO/SEC/TREAS	55 0 11 0			X				1,510,557	0	1,021,029
DANIEL L ZUHLKE VICE PRESIDENT	50 0 3 0			X				646,553	0	384,540
STEVEN CARABINE MD MD-SURGERY / GENERAL	50 0 0 0					X		1,255,410	0	170,138

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			
DANIEL HAMMON MD MD-SURGERY/ORTHOPEDIC	50.0 0.0					X		1,262,323	0	184,949
ERIC HOOLEY MD MD-SURGERY/ORTHOPEDIC	50.0 0.0					X		1,400,766	0	169,976
HOWARD RICHTER MD MD-SURGERY/ORTHOPEDIC	50.0 0.0					X		1,407,205	0	169,916
DREW VAN BOERUM MD MD-SURGERY/ORTHOPEDIC	50.0 0.0					X		1,215,262	0	149,934

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

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.**
▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization	Employer identification number
IHC HEALTH SERVICES INC	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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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-

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)	21,331	21,331
c Total lobbying expenditures (add lines 1a and 1b)	21,331	21,331
d Other exempt purpose expenditures	3,845,634,823	5,041,772,060
e Total exempt purpose expenditures (add lines 1c and 1d)	3,845,656,154	5,041,793,391
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-		
i Subtract line 1f from line 1c If zero or less, enter -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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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	34,278	18,844	20,156	21,331	94,609
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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
AFFILIATED GROUP MEMBERS	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 $3,845,656,154 501(H) ELECTION YES INTERMOUNTAIN HEALTH CARE, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 87-0269232 EXEMPT PURPOSE EXPENDITURES $1,909,328 501(H) ELECTION NO IHC MANAGEMENT, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2860622 EXEMPT PURPOSE EXPENDITURES NONE 501(H) ELECTION NO IHC PROFESSIONAL SERVICES, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2886596 EXEMPT PURPOSE EXPENDITURES NONE 501(H) ELECTION NO INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2853320 EXEMPT PURPOSE EXPENDITURES $4,402,602 501(H) ELECTION NO INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111 EIN 80-0225150 EXEMPT PURPOSE EXPENDITURES $4,089,043 501(H) ELECTION NO SELECTHEALTH, INC 5381 GREEN STREET MURRAY, UTAH 84123 EIN 87-0409820 EXEMPT PURPOSE EXPENDITURES $1,178,576,481 501(H) ELECTION NO INTERMOUNTAIN HEALTH CARE,INC RETIREE WELFARE BENEFIT TRUST 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 74-2675605 EXEMPT PURPOSE EXPENDITURES $7,159,783 501(H) ELECTION NO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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" to 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	97,177,509	101,250,728	52,342,113	59,160,431	66,273,867
b	Contributions	160,555,781	9,298,218	62,579,130	10,677,665	24,863,264
c	Net investment earnings, gains, and losses	4,929,350	757,340	1,441,018	10,327,590	-3,603,820
d	Grants or scholarships	53,366,370	28,378	1,302,467		
e	Other expenditures for facilities and programs	13,142,593	14,095,897	13,809,066	27,823,573	28,372,880
f	Administrative expenses	10,966	4,502			
g	End of year balance	196,142,711	97,177,509	101,250,728	52,342,113	59,160,431

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 11 443 %
- c Temporarily restricted endowment ▶ 88 557 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

Part VI Land, Buildings, and Equipment. 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	35,247,418	233,547,509		268,794,927
b Buildings	38,440,616	1,472,875,477	609,996,073	901,320,020
c Leasehold improvements	1,956,035	80,352,683	42,904,202	39,404,516
d Equipment	107,377	1,651,742,272	1,033,811,822	618,037,826
e Other	493,970	197,337,860		197,831,830
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,025,389,119

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PAYABLE TO THIRD PARTY PAYORS	100,253,049
MINORITY INT IN JT VENTURES	4,043,183
ACCRUED PENSION OBLIGATION	470,927,034
457 PLAN LIABILITY	41,739,789
ASSET RETIREMENT OBLIGATION	4,033,516
INTEREST RATE SWAP LIABILITIES	144,896,512
OTHER LONG TERM LIABILITIES	175,808,405
INVESTMENT PAYABLE	175,173,069
ACCRUED PAYROLL / LEAVE	201,280,880
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,318,155,437

2. Fin 48 (ASC 740) Footnote 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

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 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

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

Complete this part to 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

Identifier	Return Reference	Explanation
LAND, BUILDINGS, AND EQUIPMENT	FORM 990, SCHEDULE D, PART VI, LINE 1E	AMOUNTS REFLECTED ON LINE 1E REPRESENT CONSTRUCTION IN PROGRESS
Intended Use of Endowment Funds	Form 990, Schedule D, Part V	The reported funds are held by both supporting and publicly supported organizations for the benefit of Health Services The intended uses of these funds include research, charity care, patient care and other similar purposes
FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740 (FIN 48)	FORM 990, SCHEDULE D, PART X, LINE 2	HEALTH SERVICES DID NOT REPORT A LIABILITY IN THE FOOTNOTES OF THE AUDITED FINANCIAL STATEMENTS FOR UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740 (FIN 48)

Additional Data

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

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

1 **(a)** Description of Liability	**(b)** Book Value
PAYABLE TO THIRD PARTY PAYORS	100,253,049
MINORITY INT IN JT VENTURES	4,043,183
ACCRUED PENSION OBLIGATION	470,927,034
457 PLAN LIABILITY	41,739,789
ASSET RETIREMENT OBLIGATION	4,033,516
INTEREST RATE SWAP LIABILITIES	144,896,512
OTHER LONG TERM LIABILITIES	175,808,405
INVESTMENT PAYABLE	175,173,069
ACCRUED PAYROLL / LEAVE	201,280,880

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments		548,268,882
East Asia and the Pacific			Investments		40,453,627
Europe (Including Iceland and Greenland)			Investments		134,620,605
Middle East and North Africa			Investments		831,940
North America			Investments		7,629,590
South America			Investments		1,401,760
3a Sub-total					733,206,404
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					733,206,404

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to 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).

Identifier	ReturnReference	Explanation
International Investments	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 79% OF THE TOTAL INTERNATIONAL INVESTMENT VALUES (BY MARKET VALUE) THE REMAINING 21% 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			105,221,385		105,221,385	2 890 %
b Medicaid (from Worksheet 3, column a)			498,257,007	464,431,797	33,825,209	0 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			603,478,392	464,431,797	139,046,594	3 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,359,141	13,391	1,345,750	0 040 %
f Health professions education (from Worksheet 5)			30,121,424		30,121,424	0 830 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			12,492,534		12,492,534	0 340 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,383,684	1,299	11,382,385	0 310 %
j **Total.** Other Benefits			55,356,783	14,690	55,342,093	1 520 %
k **Total.** Add lines 7d and 7j			658,835,175	464,446,487	194,388,687	5 340 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			76,892		76,892	
7 Community health improvement advocacy						
8 Workforce development			113,098		113,098	
9 Other						
10 **Total**			189,990		189,990	

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 Heathcare 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	206,828,911		
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	103,414,456		
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	468,584,998
6	Enter Medicare allowable costs of care relating to payments on line 5	6	489,516,419
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,931,421
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	McKay Dee Surgical	Outpatient Surgery	75 800 %		24 200 %
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, and primary website address	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)

FACILITY REPORTING GROUP A

Name of hospital facility or facility reporting group _____

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	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 9	1		
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its CHNA report widely available to the public?	5		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
8a	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)?	8a		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?	**15**	Yes	
16 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 patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. 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?
320

	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

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
FINANCIAL ASSISTANCE ELIGIBILITY	FORM 990, SCHEDULE H, PART I, LINE 3C	MAXIMUM FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUALS AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES ("FPG") APPLICANTS EQUAL TO OR BELOW THIS THRESHOLD ARE RESPONSIBLE FOR ONLY A MINIMUM CO-PAY EVIDENCE HAS SHOWN THAT PATIENTS WHO PAY SOMETHING, EVEN VERY SMALL AMOUNTS, ARE MORE LIKELY TO FOLLOW THE MEDICAL RECOMMENDATIONS GIVEN TO THEM BY PROVIDERS PATIENTS WHO ARE NOT ABLE TO CONTRIBUTE ANYTHING WILL NOT BE REQUIRED TO CONTRIBUTE AND WILL STILL RECEIVE CARE A SLIDING SCALE IS USED FOR PATIENTS BETWEEN 150% AND 500% OF FPG
BAD DEBT EXPENSE	FORM 990, SCHEDULE H, PART I, LINE 7, COLUMN (F)	AMOUNT OF BAD DEBT EXPENSE INCLUDED ON THE FORM 990, PART IX, LINE 25 $206,828,911

Identifier	ReturnReference	Explanation
COMMUNITY BENEFITS COSTING METHODOLOGIES	FORM 990, SCHEDULE H, 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 The expenses reported for community health improvement (line 7e), health professions education (line 7f), and the cash and in-kind contributions include only the direct expenses associated with each activity The indirect expenses associated with these activities were not reported The expenses associated with research (Line 7h) were calculated using the same methodology used for grant progress reporting to the Federal government
COMMUNITY BUILDING ACTIVITES	FORM 990, SCHEDULE H, PART II	HEALTH SERVICES REPORTED COALITION BUILDING AND WORKFORCE DEVELOPMENT DETAILS ON SCHEDULE H, PART II, COMMUNITY BUILDING ACTIVITIES COALITION BUILDING PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES BY NETWORKING WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND SAFETY ISSUES OF THE COMMUNITY HEALTH SERVICES PARTICIPATES IN STATEWIDE SAFEKIDS COALITIONS TO PROMOTE AWARENESS AND USE OF CHILD SEAT BELTS AND TRAFFIC AND BICYCLE SAFETY AND IN THE NATIONWIDE LIVE WELL CAMPAIGN HEALTH SERVICES ALSO PARTICIPATES IN DIABETES-RELATED COALITIONS TO HELP REDUCE THE INCIDENCE OF DIABETES IN CHILDREN AND ADULTS 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 RECRUITED PHYSICIANS TO MEDICALLY UNDERSERVED AREAS IN RURAL SETTINGS TO MEET THE HEALTHCARE NEEDS OF RESIDENTS IN RURAL SETTINGS, THEREBY HELPING REDUCE BARRIERS TO ACCESSING CARE WORKFORCE DEVELOPMENT ACTIVITIES INCLUDE CURRICULUM DEVELOPMENT ACTIVITIES FOR HIGH SCHOOL STUDENTS FOR WHICH THEY RECEIVE SCHOOL CREDIT FOR HEALTH CAREERS TRAINING THAT LEADS TO COLLEGE-LEVEL EDUCATION

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	FORM 990, SCHEDULE H, PART III, LINES 2 - 3	The allowance for Bad debts on the filing organization's financial statements is estimated using a balance sheet approach based on both the payor mix and the age of the receivables The underlying accounts receivables used in the analysis are recorded at the current outstanding balance When a patient or responsible party is uninsured or under-insured 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, and to code the patient's account "Pending Financial Assistance" In situations where the patient fails to return the application and the account progresses through the collections cycle to bad debts, the account will be written off as bad debt Accounts in bad debts with the code described above may have qualified for financial assistance had the patient or responsible party followed through and applied for assistance The charity care amounts included in the financial statements are separate and distinct from bad debt expense, which generally represents patient services revenues that are not collectible due to either an unwillingness to pay by those responsible for payment, or an inability by Health Services to obtain documentation from those responsible for payment that would substantiate the patient's qualification for charity consideration Bad debt expense is reflected in the consolidated statements of operations and changes in net assets and was $206 8 million and $193 0 million for the years ended December 31, 2012 and 2011, respectively TEXT OF BAD DEBT FOOTNOTE FORM 990, SCHEDULE H, PART III, LINE 4 BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE COMPANY'S UNINSURED AND UNDERINSURED PATIENTS WILL BE UNWILLING TO PAY FOR THE SERVICES PROVIDED ACCORDINGLY, THE COMPANY RECORDS AN ESTIMATED PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE RENDERED TO UNINSURED AND UNDERINSURED PATIENTS MANAGEMENT ESTIMATES THE PROVISION FOR BAD DEBTS BY ASSESSING THE COLLECTIBILITY, TIMING AND AMOUNT OF PATIENT SERVICES REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES, GENERAL ECONOMIC TRENDS AND OTHER INDICATORS FOR EACH MAJOR PAYER SOURCE MANAGEMENT ALSO ASSESSES THE ADEQUACY OF ALLOWANCES FOR BAD DEBTS BASED ON HISTORICAL WRITE-OFFS, ACCOUNTS RECEIVABLE AGING AND OTHER FACTORS FOR EACH MAJOR PAYER
MEDICARE SHORTFALL	FORM 990, SCHEDULE H, PART III, LINES 5-7	The Medicare allowable costs on Part III, line 6 are based on the 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, etc) - 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 $193 2 million, a difference of $172 3 million from the amount disclosed on Part III of the Schedule H

Identifier	ReturnReference	Explanation
MEDICARE COSTING METHODOLOGY	FOR 990, SCHEDULE H, 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 for routine areas 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 conferred in this area The Medicare surplus 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, the burdens of government are relieved, (3) A significant possibility exists that continued reduction in Medicare reimbursement 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
BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS	FORM 990, SCHEDULE H, PART V, LINE 12	CATASTROPHIC ASSISTANCE HEALTH SERVICES ATTEMPTS TO LIMIT AN INDIVIDUAL'S FINANCIAL RESPONSIBILITY WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 35% OF THE INDIVIDUAL'S GROSS HOUSEHOLD ANNUAL INCOME EXTENUATING CIRCUMSTANCES SINCE EACH INDIVIDUAL'S PERSONAL CIRCUMSTANCES VARY, HEALTH SERVICES ALLOWS FOR EXTENUATING CIRCUSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES AND PROCEDURES TO BE CONSIDERED WHEN DETERMINING ELIGIBILTY FOR FINANCIAL ASSISTANCE

Identifier	ReturnReference	Explanation
PUBLICATION OF THE FINANCIAL ASSISTANCE POLICY	FORM 990, SCHEDULE H, PART V, LINE 14	SPECIFIC INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND ON HEALTH SERVICES' WEBSITE IN BOTH ENGLISH AND SPANISH DETAILS INCLUDE AN EXPLANATION OF THE PROGRAM, FREQUENTLY ASKED QUESTIONS, AN "800" NUMBER, AND A LINK TO THE APPLICATION BROCHURES, IN ENGLISH AND SPANISH, ARE ALSO AVAILABLE THROUGHOUT THE PUBLIC RECEPTION AND REGISTRATION AREAS OF THE HOSPITALS AND THE CLINICS THE BROCHURES DESCRIBE THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY ELIGIBILITY COUNSELORS ASSSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION BEFORE, DURING, OR AFTER THE TIME OF SERVICE THE PROCESS OFTEN BEGINS WITH THE PATIENT'S PRE-REGISTRATION 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 IN PUBLIC REGISTRATION AREAS, IN PRIVATE REGISTRATION ROOMS AND IN PATIENT CARE AREAS IN BOTH ENGLISH AND SPANISH, WHICH STATE THE FOLLOWING "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY IF YOU DO NOT HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT IHC HEALTH SERVICES' FINANCIAL ASSISTANCE PROGRAM FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS " BILLING ENVELOPES ALSO INCLUDE A STATEMENT ON THE BACK THAT STATES IN 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
INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE	FORM 990, SCHEDULE H, PART V, LINE 20	Health Services provides an automatic discount of 25% to uninsured patients, including those who qualify under the financial assistance program This discount approximates the average negotiated rates charged to commercial insurance companies An additional 15% discount is available to patients who qualify for financial assistance if payment is made in full at the time of service This combined discount of 40% is in excess of the best negotiated rates for insured patients Rates charged to under-insured patients who qualify for financial assistance are consistent with the commercially negotiated rate of that individual's insurance carrier Final amounts billed to patients who qualify for financial assistance are based on the patients' ability to pay as determined under Health Services' financial assistance policy

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	FORM 990, SCHEDULE H, PART VI, LINE 4	HEALTH SERVICES OPERATES 22 HOSPITALS (21 OWNED AND ONE, GARFIELD MEMORIAL HOSPITAL, MANAGED BY HEALTH SERVICES) AND 320 CLINICS THROUGHOUT UTAH AND SOUTHERN IDAHO THE HOSPITALS AND CLINICS VARY IN SIZE AND SERVICES BASED ON THE INDIVIDUAL NEEDS OF EACH COMMUNITY ranging FROM URBAN SETTINGS TO RURAL AREAS in Utah and southern Idaho Five hospitals are Critical Access hospitals Cassia Regional Medical Center in Burley, Idaho, Delta Community Medical Center in Delta, Utah, Fillmore Community Medical Center in Fillmore, Utah, Heber Valley Medical Center in Heber, Utah, and Sanpete Valley Hospital in Mount Pleasant, Utah AN ADDITIONAL 24 HOSPITALS ALSO PROVIDE SERVICES in Utah BASED ON 2012 ESTIMATES, HEALTH SERVICES SERVES A POPULATION OF APPROXIMATELY 2 8 MILLION INDIVIDUALS, 2 1 MILLION OF WHICH LIVE ALONG THE WASATCH FRONT, ENCOMPASSING THE OGDEN TO PROVO METROPOLITAN AREA THE AREA REPRESENTS A RELATIVELY YOUNGER POPULATION THAN THE NATIONAL AVERAGE (31 2% OF THE POPULATION is UNDER 18 YEARS OLD WHILE ONLY 9% is 65 YEARS AND OLDER) EDUCATION LEVELS ARE SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE - 90 6% OF THE POPULATION ARE HIGH SCHOOL GRADUATES AND 29 6% HAVE A BACHELOR'S DEGREE OR HIGHER THE 2011 MEDIAN HOUSEHOLD INCOME FOR THE AREA WAS APPROXIMATELY $57,783 About 11 4% OF THE POPULATION LIVED AT OR BELOW POVERTY LEVELS About 9% OF THE POPULATION WAS ENROLLED IN MEDICAID (OVER HALF OF WHICH WERE CHILDREN), 10% WAS ENROLLED IN MEDICARE, AND 59% WAS ENROLLED IN EMPLOYER-SPONSORED HEALTH INSURANCE About 14% OF THE POPULATION DID NOT HAVE HEALTH INSURANCE AS OF SEPTEMBER 2011, FOUR OF UTAH'S COUNTIES WERE DESIGNATED AS FULL COUNTY MEDICALLY UNDERSERVED POPULATIONS NINE OF THE COUNTIES WERE DESIGNATED AS FULL COUNTY MEDICALLY UNDERSERVED AREAS AN ADDITIONAL SIX COUNTIES WERE LISTED AS PARTIAL COUNTY MEDICALLY UNDERSERVED AREAS OR POPULATIONS NINE OF THE COUNTIES WERE DESIGNATED AS FULL OR PARTIAL COUNTY HEALTH PROFESSIONAL SHORTAGE AREAS THERE ARE 44 HOSPITALS IN THE SERVICE AREA
PROMOTION OF COMMUNITY HEALTH	FORM 990, SCHEDULE H, PART VI, LINE 5	THE MAJORITY OF HEALTH SERVICES' GOVERNING BODY IS COMPRISED OF PEOPLE WHO RESIDE IN ITS SERVICE AREA, REPRESENTING BROAD COMMUNITY PERSPECTIVES HEALTH SERVICES EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS IN THE COMMUNITIES SERVED AS AN ORGANIZATION EXEMPT UNDER IRC SEC 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 CHARITY CARE AND SIMILAR COMMUNITY BENEFIT ACTIVITIES THAT IMPROVE THE HEALTH OF THE COMMUNITIES

Identifier	ReturnReference	Explanation
Affiliated health care system	FORM 990, SCHEDULE H, Part VI line 6	The parent organization, Intermountain Health Care, Inc , is a 501(c)(3) ORGANIZATION that promotes community healthcare through coordinating the activities of and providing support to Health Services and its other affiliated subsidiaries Medical services for the communities served are provided through the hospitals and clinics of IHC Health Services Its mission is "Excellence in the provision of healthcare services to communities in the intermountain region " A more detailed account of Health Services' activities is available on Form 990, Part III and Schedule O The Intermountain Healthcare Foundation and Intermountain Community Care Foundation make grants to local nonprofit agencies that provide direct medical, dental, and mental health services for low-income, uninsured or medically-underserved populations Health Services has partnered with qualified physicians to form the McKay Dee Surgical Center, LLC, an organization that provides surgical services on an outpatient basis in the Ogden Utah area SelectHealth, Inc has as its purpose the development and operation of alternative healthcare delivery plans and financing systems to provide cost-effective and high quality care to participating employer groups and individuals as well as the conducting of research and educational demonstration projects The Healthcare Captive Insurance Company is engaged in underwriting the liabilities of Intermountain Health Care, Inc and certain affiliates in excess of their self-insured limits The two remaining entities, IHC Professional Services, Inc and IHC Management Co are either inactive or have a de minimis level of activity
COMMUNITY BENEFIT REPORT	FORM 990, SCHEDULE H, PART VI, LINE 7	HEALTH SERVICES FILES COMMUNITY BENEFIT REPORTS (OR "CHARITY PLANS") WITH EACH COUNTY IN UTAH WHERE HOSPITALS ARE LOCATED AS REQUIRED BY THE UTAH NONPROFIT HOSPITAL AND NURSING HOME PROPERTY TAX EXEMPTION STANDARDS HEALTH SERVICES HAS ONE HOSPITAL IN IDAHO, CASSIA REGIONAL MEDICAL CENTER, IDAHO DOES NOT HAVE STATE NONPROFIT HOSPITAL COMMUNITY BENEFIT REPORTING REQUIREMENTS

Identifier	ReturnReference	Explanation
DEBT COLLECTION POLICY	FORM 990, SCHEDULE H, PART III, LINE 9A & B	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, time 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 its patients For example, contacts by the agencies will include financial assistance options to patients unable to pay Agencies are restricted to 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

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

	Name, address, and primary website address	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	X	X		X		X	X			A
2	UTAH VALLEY REGIONAL MEDICAL CENTER 1034 NORTH 500 WEST PROVO,UT 84604	X	X		X		X	X			A
3	PRIMARY CHILDREN'S MEDICAL CENTER 100 NORTH MARIO CAPECCHI DRIVE SALT LAKE CITY,UT 84113	X	X	X	X		X	X			A
4	MCKAY-DEE HOSPITAL CENTER 4401 HARRISON BOULEVARD OGDEN,UT 84403	X	X		X		X	X			A
5	DIXIE REGIONAL MEDICAL CENTER 1380 EAST MEDICAL CENTER DRIVE ST GEORGE,UT 84790	X	X				X	X			A
6	LDS HOSPITAL 8TH AVENUE AND C STREET SALT LAKE CITY,UT 84143	X	X		X		X	X			A
7	LOGAN REGIONAL HOSPITAL 500 EAST 1400 NORTH LOGAN,UT 84341	X	X					X			A
8	AMERICAN FORK HOSPITAL 170 NORTH 1100 EAST AMERICAN FORK,UT 84003	X	X					X			A
9	ALTA VIEW HOSPTIAL 9660 SOUTH 1300 EAST SANDY,UT 84094	X	X					X			A
10	RIVERTON HOSPITAL 3741 WEST 12600 SOUTH RIVERTON,UT 84065	X	X				X	X			A
11	THE ORTHOPEDIC SPECIALTY HOSPITAL 5848 SOUTH FASHION BOULEVARD MURRAY,UT 84107	X									A
12	PARK CITY MEDICAL CENTER 900 ROUND VALLEY DRIVE PARK CITY,UT 84060	X	X					X			A
13	VALLEY VIEW MEDICAL CENTER 1303 NORTH MAIN STREET CEDAR CITY,UT 84720	X	X					X			A
14	CASSIA REGIONAL MEDICAL CENTER 1501 HILAND AVENUE BURLEY,ID 83318	X	X			X		X			A
15	OREM COMMUNITY HOSPITAL 331 NORTH 400 WEST OREM,UT 84057	X	X					X			A
16	SEVIER VALLEY MEDICAL CENTER 100 NORTH MAIN RICHFIELD,UT 84701	X	X					X			A
17	BEAR RIVER VALLEY HOSPITAL 440 WEST 600 NORTH TREMONTON,UT 84337	X	X					X			A
18	HEBER VALLEY MEDICAL CENTER 1485 SOUTH HIGHWAY 40 HEBER CITY,UT 84032	X	X			X		X			A
19	SANPETE VALLEY HOSPITAL 1100 SOUTH MEDICAL DRIVE MOUNT PLEASANT,UT 84647	X	X			X		X			A
20	GARFIELD MEMORIAL HOSPITAL 200 NORTH 400 EAST PANGUITCH,UT 84759	X	X					X			A
21	DELTA COMMUNITY MEDICAL CENTER 126 WHITE SAGE AVENUE DELTA,UT 84624	X	X			X		X			A
22	FILLMORE COMMUNITY MEDICAL CENTER 674 SOUTH HIGHWAY 99 FILLMORE,UT 84631	X	X			X		X			A

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

Section C. 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?
320

Name and address	Type of Facility (describe)
RIVERTON HOSPITALISTS 3723 WEST 12600 SOUTH RIVERTON,UT 84065	CLINIC
MCKAY DEE MATERNAL FETAL MEDICINE 4401 HARRISON BLVD STE 4600 OGDEN,UT 84403	CLINIC
LOGAN HYPERBARIC AND WOUND CARE 1400 NORTH 500 EAST LOGAN,UT 84341	CLINIC
INT MFM SPECIALISTS DIAGNOSTIC 5121 COTTONWOOD ST STE 100 MURRAY,UT 84107	CLINIC
LDS HOSPITAL RADIATION ONCOLOGY 8TH AVE AND C STREET SALT LAKE CITY,UT 84143	CLINIC
PARK CITY CLINIC 1665 BONANZA DRIVE PARK CITY,UT 84060	CLINIC
DIXIE NEONATOLOGY 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
CARDIOVASCULAR & THORACIC SURGERY 1380 E MEDICAL CENTER DR STE 2600 ST GEORGE,UT 84790	CLINIC
CACHE VALLEY HEART CLINIC 1300 NORTH 500 EAST STE 320 LOGAN,UT 84341	CLINIC
INTERMOUNTAIN OB & GYN SPECIALISTS 5063 COTTONWOOD ST SUITE 120 MURRAY,UT 84107	CLINIC
SUMMIT CLINIC 502 S MAIN STREET SMITHFIELD,UT 84335	CLINIC
WEST JORDAN KIDSCARE 2655 WEST 9000 SOUTH WEST JORDAN,UT 84088	CLINIC
PROVO NEUROLOGICAL CLINIC NW PLAZA 1134 NORTH 500 WEST STE 101 PROVO,UT 84604	CLINIC
WASATCH OBGYN 2400 NORTH WASHINGTON BLVD NORTH OGDEN,UT 84414	CLINIC
LDS HOSPITAL HOSPITALISTS 8TH AVE AND C STREET SALT LAKE CITY,UT 84143	CLINIC
LAYTON WORKMED 2075 UNIVERSITY PARK BLVD LAYTON,UT 84041	CLINIC
LEGACY OBGYN 1159 EAST 200 NORTH STE 250 AMERICAN FORK,UT 84003	CLINIC
TAYLORSVILLE INSTACARE 3845 WEST 4700 SOUTH TAYLORSVILLE,UT 84129	CLINIC
MCKAY DEE CARDIOLOGY SOUTH 4403 HARRISON BLVD STE 3400 OGDEN,UT 84403	CLINIC
ALTA VIEW HOSPITALISTS 9660 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
INTERMOUNTAIN NURSE MIDWIVES 855 CALIFORNIA AVE SALT LAKE CITY,UT 84104	CLINIC
BRYNER CLINIC 525 EAST 100 SOUTH STE 500 SALT LAKE CITY,UT 84102	CLINIC
MCKAY DEE WOUND & HYPERBARIC CENTER 4401 HARRISON BLVD STE 1885 OGDEN,UT 84403	CLINIC
NOYES SURGICAL ONCOLOGY 5169 COTTONWOOD ST STE 440 MURRAY,UT 84107	CLINIC
MURRAY WORKMED 201 EAST 5900 SOUTH STE 100 MURRAY,UT 84107	CLINIC
VALLEY VIEW RADIATION ONCOLOGY 1303 NORTH MAIN STREET CEDAR CITY,UT 84721	CLINIC
NORTH OREM CLINIC 1975 NORTH STATE STREET OREM,UT 84057	CLINIC
UTAH VALLEY ORTHOPAEDICS 1157 NORTH 300 WEST SUITE 201 PROVO,UT 84604	CLINIC
HEREFORDSHIRE CLINIC 1915 WEST 5950 SOUTH ROY,UT 84067	CLINIC
VALLEY VIEW HEART CLINIC 1303 NORTH MAIN STREET STE H CEDAR CITY,UT 84720	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
CEDAR CITY INSTACARE 962 SAGE DRIVE CEDAR CITY,UT 84720	CLINIC
SOUTHRIDGE KIDSCARE 3723 WEST 12600 SOUTH STE 150 RIVERTON,UT 84065	CLINIC
MCKAY DEE NEONATOLOGY 4401 HARRISON BLVD OGDEN,UT 84403	CLINIC
HURRICANE VALLEY INSTACARE 75 NORTH 2260 WEST HURRICANE,UT 84737	CLINIC
INTERMOUNTAIN HEART & LUNG SURG ASSOC 5169 COTTONWOOD STREET STE 600 MURRAY,UT 84107	CLINIC
ST GEORGE PULMONARY CLINIC 1380 EAST MEDICAL CENTER DR STE 220 ST GEORGE,UT 84790	CLINIC
SOUTH OGDEN INSTACARE 975 CHAMBERS STREET SOUTH OGDEN,UT 84403	CLINIC
PHYSICAL MEDICINE & REHAB CLINIC 1055 NORTH 300 WEST STE 410 PROVO,UT 84604	CLINIC
SYRACUSE CLINIC 745 SOUTH 2000 WEST SYRACUSE,UT 84075	CLINIC
HIGHLAND CLINIC 10968 NORTH ALPINE HWY HIGHLAND,UT 84003	CLINIC
NORTH OGDEN CLINIC 2400 NORTH WASHINGTON BLVD NORTH OGDEN,UT 84414	CLINIC
REDROCK DIGESTIVE HEALTH 652 SOUTH MEDICAL CENTER DR STE 330 ST GEORGE,UT 84790	CLINIC
HEREFORDSHIRE INSTACARE 1915 WEST 5950 SOUTH ROY,UT 84067	CLINIC
AMERICAN FORK SURGICAL ASSOCIATES 1159 EAST 200 NORTH STE 350 AMERICAN FORK,UT 84003	CLINIC
MEDICAL CENTER RADIATION ONCOLOGY 5131 COTTONWOOD STREET MURRAY,UT 84107	CLINIC
NORTH OGDEN INSTACARE 2400 NORTH WASHINGTON BLVD NORTH OGDEN,UT 84414	CLINIC
DRMC WOUND AND HYPERBARIC 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
MCKAY DEE DERMATOLOGY & PLASTIC SURGERY 4403 HARRISON BLVD STE 4835 OGDEN,UT 84403	CLINIC
SYRACUSE INSTACARE 745 SOUTH 2000 WEST SYRACUSE,UT 84075	CLINIC
MCKAY DEE ENDOCRINE & DIABETES CLINIC 4403 HARRISON BLVD STE 3630 OGDEN,UT 84403	CLINIC
LOGAN RADIATION ONCOLOGY 500 EAST 1400 NORTH LOGAN,UT 84341	CLINIC
MT PLEASANT CLINIC 1100 SOUTH MEDICAL DRIVE MT PLEASANT,UT 84647	CLINIC
SOUTHERN UTAH SURGICAL ASSOCIATES 166 WEST 1325 STE 350 CEDAR CITY,UT 84720	CLINIC
IMED CAMPUS SLEEP PROGRAM 5121 COTTONWOOD STREET MURRAY,UT 84107	CLINIC
MANTI FAMILY CLINIC 159 N MAIN ST MANTI,UT 84642	CLINIC
LDS MATERNAL FETAL MEDICINE 8TH AVE AND C STREET SALT LAKE CITY,UT 84143	CLINIC
MCKAY DEE ENT CLINIC 4403 HARRISON BLVD STE 2645 OGDEN,UT 84403	CLINIC
LDS CAMPUS SLEEP PROGRAM 325 8TH AVE SALT LAKE CITY,UT 84143	CLINIC
AVENUES NEUROSURGERY 370 9TH AVE STE 111 SALT LAKE CITY,UT 84103	CLINIC
IM FLASH 1550 EAST 3400 NORTH LEHI,UT 84043	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
WEST JORDAN CLINIC 2655 WEST 9000 SOUTH WEST JORDAN,UT 84088	CLINIC
ORTHOPEDIC SPECIALTY GROUP 5169 COTTONWOOD ST STE 430 MURRAY,UT 84107	CLINIC
UTAH VALLEY WOMENS CENTER 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
HIGHLAND INSTACARE 10968 NORTH ALPINE HWY HIGHLAND,UT 84003	CLINIC
UTAH VALLEY HOSPITALISTS 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
HOLLADAY ALLERGY & DERMATOLOGY 6272 SOUTH HIGHLAND DRIVE MURRAY,UT 84121	CLINIC
INTERNAL MEDICINE ASSOCIATES 9844 SOUTH 1300 EAST STE 200 SANDY,UT 84094	CLINIC
UTAH VALLEY ORTHO 250 EAST STATE ROAD 73 SARATOGA SPRINGS,UT 84043	CLINIC
DRMC INPATIENT PSYCHIATRY 544 S 400 EAST ST GEORGE,UT 84770	CLINIC
INTERMOUNTAIN WOMENS HEALTH SPECIALISTS 346 EAST 600 SOUTH ST GEORGE,UT 84770	CLINIC
MCKAY DEE CRITICAL CARE 4401 HARRISON BLVD OGDEN,UT 84403	CLINIC
LOGAN CLINIC 412 NORTH 200 EAST LOGAN,UT 84321	CLINIC
ROSE PARK ELEMENTARY CLINIC 1105 WEST 1000 NORTH SALT LAKE CITY,UT 84116	CLINIC
UTAH VALLEY EAR NOSE & THROAT 872 NORTH 2000 WEST STE A PLEASANT GROVE,UT 84062	CLINIC
SUNSET FAMILY PRACTICE 1739 WEST SUNSET BLVD ST GEORGE,UT 84770	CLINIC
SALT LAKE CLINIC RADIOLOGY 333 SOUTH 900 EAST SALT LAKE CITY,UT 84102	CLINIC
CALTON-HARRISON CLINIC-TRAUMA 4403 HARRISON BLVD STE 2400 OGDEN,UT 84403	CLINIC
PARK CITY HOSPITALISTS 900 ROUND VALLEY DRIVE PARK CITY,UT 84060	CLINIC
UTAH HEART 5169 COTTONWOOD STREET STE 520 MURRAY,UT 84107	CLINIC
INTERMOUNTAIN SURGICAL SPECIALISTS 5169 COTTONWOOD STREET STE 410 MURRAY,UT 84107	CLINIC
REDROCK PEDIATRICS 1380 E MEDICAL CENTER DRIVE STE 310 ST GEORGE,UT 84790	CLINIC
TOOELE INSTACARE 777 N MAIN STREET TOOELE,UT 84074	CLINIC
MCKAY DEE HOSPITALISTS 4401 HARRISON BLVD OGDEN,UT 84403	CLINIC
OGDEN CARDIOVASCULAR ASSOCIATES 4403 HARRISON BLVD STE 3835 OGDEN,UT 84403	CLINIC
HURRICANE VALLEY CLINIC 75 NORTH 2260 WEST HURRICANE,UT 84737	CLINIC
GORANG FAMILY PRACTICE 9720 SOUTH 1300 EAST STE E230 SANDY,UT 84094	CLINIC
SOUTH JORDAN CLINIC 11444 SOUTH REDWOOD ROAD SOUTH JORDAN,UT 84095	CLINIC
HOLLADAY CLINIC 6272 HIGHLAND DRIVE MURRAY,UT 84121	CLINIC
NORTHERN UTAH SURGEONS 4403 HARRISON BLVD STE 1635 OGDEN,UT 84403	CLINIC
LAYTON KIDSCARE 2075 UNIVERSITY PARK BLVD LAYTON,UT 84041	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
SEVIER VALLEY CLINIC 70 EAST 1000 NORTH RICHFIELD,UT 84701	CLINIC
INTERMOUNTAIN UROLOGICAL INSTITUTE 5169 COTTONWOOD STREET STE 420 MURRAY,UT 84107	CLINIC
MEMORIAL KIDSCARE 2000 SOUTH 900 EAST SALT LAKE CITY,UT 84105	CLINIC
UTAH VALLEY HEART & LUNG SURGICAL ASSOC 1134 NORTH 500 WEST STE 100 PROVO,UT 84604	CLINIC
MCKAY DEE INTERNAL MEDICINE CLINIC 4403 HARRISON BLVD OGDEN,UT 84403	CLINIC
UTAH VALLEY SPORTS MEDICINE 1157 NORTH 300 WEST PROVO,UT 84604	CLINIC
INTERMOUNTAIN NURSE MIDWIVES 5063 COTTONWOOD STREET STE 130 MURRAY,UT 84107	CLINIC
RICHFIELD FAMILY PRACTICE 460 NORTH MAIN STREET RICHFIELD,UT 84701	CLINIC
SALT LAKE WORKMED 1685 WEST 2200 SOUTH SALT LAKE CITY,UT 84119	CLINIC
SUNSET INSTACARE 1739 WEST SUNSET BLVD ST GEORGE,UT 84770	CLINIC
SOUTHWEST UROLOGY 1380 EAST MEDICAL CENTER DR STE 210 ST GEORGE,UT 84790	CLINIC
DRMC RADIATION ONCOLOGY 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
REDROCK SPINE & NEUROSURGERY CLINIC 652 S MEDICAL CENTER DR STE 115 ST GEORGE,UT 84790	CLINIC
MATERNAL FETAL MEDICINE SPECIALISTS 5121 COTTONWOOD STREET STE 100 MURRAY,UT 84107	CLINIC
INTERMOUNTAIN LIFETIME CLINIC FREEPORT CENTER BLDG D-12 CLEARFIELD,UT 84016	CLINIC
NORTH VALLEY PEDIATRICS 212 SOUTH 1100 EAST AMERICAN FORK,UT 84003	CLINIC
RIM ROCK ORTHOPAEDICS 652 SOUTH MEDICAL CENTER DR STE 120 ST GEORGE,UT 84790	CLINIC
BEAR RIVER FAMILY MEDICINE 935 NORTH 1000 WEST TREMONTON,UT 84337	CLINIC
UTAH VALLEY NEONATOLOGY 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
CW ENDOCRINE & DIABETES 5169 COTTONWOOD ST STE 640 MURRAY,UT 84107	CLINIC
VALLEY VIEW HEART 200 NORTH 400 EAST PANGUITCH,UT 84759	CLINIC
AMERICAN FORK RADIATION ONOCOLOGY 170 NORTH 1100 EAST AMERICAN FORK,UT 84003	CLINIC
AVENUES SPECIALTY CLINIC 324 10TH AVE STE 100 SALT LAKE CITY,UT 84103	CLINIC
AMERICAN FORK MATERNAL FETAL MEDICINE 170 NORTH 1100 EAST AMERICAN FORK,UT 84003	CLINIC
BLOOD AND MARROW TRANSPLANTLEUKEMIA 8TH AVE AND C STREET SALT LAKE CITY,UT 84143	CLINIC
DIXIE MATERNAL FETAL MEDICINE 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
CANYON VIEW FAMILY PRACTICE 15 EAST 400 NORTH PAROWAN,UT 84761	CLINIC
MOUNTAIN VIEW PEDIATRICS 9720 SOUTH 1300 EAST STE 100 SANDY,UT 84094	CLINIC
ISOM PLASTIC SURGERY 1350 NORTH 500 EAST STE 310 LOGAN,UT 84341	CLINIC
LAYTON ORTHOPEDICS 2400 N WASHINGTON BLVD NORTH OGDEN,UT 84414	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
DIXIE SLEEP DISORDERS CENTER 652 S MEDICAL CENTER DR STE 310 ST GEORGE,UT 84790	CLINIC
TALYORSVILLE KIDSCARE 3845 WEST 4700 SOUTH TAYLORSVILLE,UT 84129	CLINIC
BUDGE SURGICAL SPEC 2400 N WASHINGTON BLVD NORTH OGDEN,UT 84414	CLINIC
ORTHOPEDIC SPECIALTY GROUP 3723 W 12600 SOUTH STE 460 RIVERTON,UT 84065	CLINIC
ORTHOPEDIC SPECIALTY GROUP-TRAUMA 5169 COTTONWOOD ST STE 430 MURRAY,UT 84107	CLINIC
SOUTH OGDEN CLINIC 975 CHAMBERS ST SOUTH OGDEN,UT 84403	CLINIC
BUDGE CLINIC GI 1300 NORTH 500 EAST STE 340 LOGAN,UT 84341	CLINIC
AMERICAN FORK HOSPITALISTS 170 NORTH 1100 EAST AMERICAN FORK,UT 84003	CLINIC
LOGAN WORKMED 412 NORTH 200 EAST LOGAN,UT 84321	CLINIC
DIXIE PLASTIC & RECONSTRUCTIVE SURGERY 652 S MEDICAL CENTER DR STE 300 ST GEORGE,UT 84790	CLINIC
UTAH HEART-AVH 9690 SOUTH 1300 EAST STE 200 SANDY,UT 84094	CLINIC
SOUTHWEST REGIONAL CANCER 1303 NORTH MAIN STREET CEDAR CITY,UT 84720	CLINIC
HEART RHYTHM SPECIALISTS 1233 EAST 2ND STREET CASPER,WY 82601	CLINIC
ST GEORGE WORKMED 385 NORTH 3050 EAST ST GEORGE,UT 84790	CLINIC
RIVERTON CAMPUS SLEEP PROGRAM 3723 WEST 12600 SOUTH STE 480 RIVERTON,UT 84065	CLINIC
MCKAY DEE HEART SERVICES CLINIC 4403 HARRISON BLVD STE 3450 OGDEN,UT 84403	CLINIC
SOUTHRIDGE INSTACARE 3723 WEST 12600 SOUTH STE 150 RIVERTON,UT 84065	CLINIC
OGDEN WORKMED 1355 WEST 3400 SOUTH OGDEN,UT 84401	CLINIC
CEDAR CITY WORKMED 962 SAGE DRIVE CEDAR CITY,UT 84720	CLINIC
HEART OF UTAH 4403 HARRISON BLVD STE 3400 OGDEN,UT 84403	CLINIC
MEDICAL TOWER FAMILY PRACTICE 5770 SOUTH 250 EAST STE 170 MURRAY,UT 84107	CLINIC
SANDY SLEEP DISORDERS 9600 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
BOUNTIFUL INSTACARE 390 NORTH MAIN STREET BOUNTIFUL,UT 84010	CLINIC
MEMORIAL CLINIC 2000 SOUTH 900 EAST SALT LAKE CITY,UT 84105	CLINIC
UTAH VALLEY PEDIATRIC HOSPITALISTS 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
BUDGE CLINIC INTERNAL MEDICINE 1350 NORTH 500 EAST LOGAN,UT 84341	CLINIC
UTAH VALLEY HYPERBARIC & WOUND CARE 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
ALTA VIEW SENIOR CLINIC 9720 SOUTH 1300 EAST STE E240 SANDY,UT 84094	CLINIC
RIVER ROAD FAMILY PRACTICE 577 SOUTH RIVER ROAD ST GEORGE,UT 84790	CLINIC
SALT LAKE CLINIC 333 SOUTH 900 EAST SALT LAKE CITY,UT 84102	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
SOUTHERN UTAH BEHAVIORAL HEALTH 1054 E RIVERSIDE DR STE 202 ST GEORGE,UT 84790	CLINIC
SPRINGVILLE CLINIC 762 WEST 400 SOUTH SPRINGVILLE,UT 84663	CLINIC
SPORTS MEDICINE SPECIALISTS 280 NORTH MAIN STREET BOUNTIFUL,UT 84010	CLINIC
RIVER ROAD INSTACARE 577 SOUTH RIVER ROAD ST GEORGE,UT 84790	CLINIC
INTERMOUNTAIN PLASTIC SURGERY CENTER 5169 COTTONWOOD ST STE 410 MURRAY,UT 84107	CLINIC
EPHRAIM CLINIC 525 N MAIN STREET EPHRAIM,UT 84627	CLINIC
PROVO INSTACARE 1134 NORTH 500 WEST STE 102 PROVO,UT 84604	CLINIC
SANDY CLINIC 9500 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
ALTA VIEW SPECIALTY CLINIC 9450 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
NORTH OREM INSTACARE 1975 NORTH STATE STREET OREM,UT 84057	CLINIC
CENTRAL OREM CLINIC 505 WEST 400 NORTH OREM,UT 84057	CLINIC
AMERICAN FORK PULMONARY CRITICAL CARE 170 NORTH 1100 EAST AMERICAN FORK,UT 84003	CLINIC
DIXIE HOSPITALISTS 1380 EAST MEDICAL CENTER DR ST GEORGE,UT 84790	CLINIC
SOUTH SANDY CLINIC 955 EAST 11400 SOUTH SANDY,UT 84094	CLINIC
UTAH VALLEY VASCULAR SURGERY 1055 NORTH 300 WEST STE 205 PROVO,UT 84604	CLINIC
SUMMIT ORTHOPEDICS 4403 HARRISON BLVD STE 2600 OGDEN,UT 84403	CLINIC
HEALTH AND FITNESS PROGRAM 440 D STREET STE 206 SALT LAKE CITY,UT 84103	CLINIC
PHYSICAL MED AND REHAB 1159 EAST 200 NORTH STE 100 AMERICAN FORK,UT 84003	CLINIC
SOUTHWEST NEUROLOGY ASSOCIATES 652 SOUTH MEDICAL CENTER DR STE 320 ST GEORGE,UT 84790	CLINIC
DIXIE PULMONARY CRITICAL CARE 1380 EAST MEDICAL CENTER DR ST GEORGE,UT 84790	CLINIC
INTERMOUNTAIN NEUROSCIENCES INSTITUTE 5171 COTTONWOOD ST STE 810 MURRAY,UT 84107	CLINIC
KEARNS CLINIC 4946 WEST 6200 SOUTH KEARNS,UT 84117	CLINIC
AMERICAN FORK INTERNAL MED & DERMATOLOGY 1159 EAST 200 NORTH STE 150 AMERICAN FORK,UT 84003	CLINIC
BOUNTIFUL CLINIC 390 NORTH MAIN STREET BOUNTIFUL,UT 84010	CLINIC
DRAPER EXPRESS CARE 212 EAST 12300 SOUTH DRAPER,UT 84020	CLINIC
MEDICAL CENTER HOSPITALISTS 5121 COTTONWOOD ST MURRAY,UT 84107	CLINIC
PROVO RADIATION ONCOLOGY 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
INT NEUROSCIENCES 5121 COTTONWOOD ST MURRAY,UT 84107	CLINIC
SOUTHRIDGE PEDIATRICS 3723 WEST 12600 SOUTH STE 450 RIVERTON,UT 84065	CLINIC
UTAH VALLEY PULMONARY CLINIC 1055 NORTH 300 WEST STE 500 PROVO,UT 84604	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
COTTONWOOD ENDOCRINE & DIABETES CENTER 5770 SOUTH 250 EAST STE 310 MURRAY,UT 84107	CLINIC
BUDGE CLINIC PEDIATRICS 1350 NORTH 500 EAST LOGAN,UT 84341	CLINIC
BUDGE CLINIC SURGICAL SPECIALISTS 1350 NORTH 500 EAST LOGAN,UT 84341	CLINIC
CENTRAL OREM-NORTH CANYON OB 3200 NORTH CANYON RD STE C PROVO,UT 84604	CLINIC
SNOWBIRD CLINIC HWY 210 LITTLE COTTONWOOD CANYON SNOWBIRD,UT 84092	CLINIC
SOUTHRIDGE CLINIC 3723 WEST 12600 SOUTH STE 270 RIVERTON,UT 84065	CLINIC
DIXIE HIGH RISK OB 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
MCKAY DEE FOOT & ANKLE CLINIC 4403 HARRISON BLVD STE 2835 OGDEN,UT 84403	CLINIC
UTAH VALLEY SPORTS MEDICINE 1159 EAST 200 NORTH STE 100 AMERICAN FORK,UT 84003	CLINIC
FILLMORE CLINIC 700 SOUTH HIGHWAY 99 STE 3 FILLMORE,UT 84631	CLINIC
UTAH VALLEY SPORTS MED 87 SMITH FIELD HOUSE PROVO,UT 84602	CLINIC
MURRAY INSTACARE 196 EAST WINCHESTER ST MURRAY,UT 84107	CLINIC
SOUTHERN UTAH SURGICAL 126 WHITE SAGE AVE DELTA,UT 84624	CLINIC
PARK CITY CLINIC 4000 CANYONS RESORT DRIVE PARK CITY,UT 84098	CLINIC
SALT LAKE INSTACARE 389 SOUTH 900 EAST SALT LAKE CITY,UT 84102	CLINIC
LOGAN HOSPITALISTS 1400 NORTH 500 EAST LOGAN,UT 84341	CLINIC
PARK CITY CLINIC 750 ROUND VALLEY DRIVE PARK CITY,UT 84060	CLINIC
ROCK CANYON PEDIATRIC SPECIALISTS 1055 NORTH 300 WEST STE 110 PROVO,UT 84604	CLINIC
SOUTHRIDGE OB-GYN 3723 WEST 12600 SOUTH STE 360 RIVERTON,UT 84065	CLINIC
CEDAR CITY CLINIC 1303 N MAIN STREET STE 3C CEDAR CITY,UT 84720	CLINIC
WEST JORDAN INSTACARE 2655 WEST 9000 SOUTH WEST JORDAN,UT 84088	CLINIC
SOUTHWEST CARDIOLOGY 1380 E MEDICAL CENTER DRIVE STE 150 ST GEORGE,UT 84790	CLINIC
SOUTHERN UTAH SURGICAL 224 NORTH 400 EAST PANGUITCH,UT 84759	CLINIC
MCKAY DEE RHEUMATOLOGY CLINIC 4403 HARRISON BLVD STE 3650 OGDEN,UT 84403	CLINIC
NORTH TEMPLE CLINIC 54 NORTH 800 WEST SALT LAKE CITY,UT 84116	CLINIC
ROSE CANYON CLINIC 5541 WEST 13400 SOUTH RIVERTON,UT 84096	CLINIC
BOUNTIFUL KIDSCARE 390 N MAIN STREET BOUNTIFUL,UT 84010	CLINIC
WASATCH OBGYN 4403 HARRISON BLVD STE 4815 OGDEN,UT 84403	CLINIC
DRMC ACUTE REHAB 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
MCKAY DEE INFECTIOUS DISEASE 4403 HARRISON BLVD STE 3630 OGDEN,UT 84403	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
OREM WORKMED 830 NORTH 980 WEST OREM,UT 84057	CLINIC
HEART RHYTHM SPECIALISTS 3100 CHANNING WAY IDAHO FALLS,ID 83404	CLINIC
TAYLORSVILLE CLINIC 3845 WEST 4700 SOUTH TAYLORSVILLE,UT 84129	CLINIC
ORTHOPEDIC SPECIALTY GROUP 324 10TH AVE STE 100 SALT LAKE CITY,UT 84103	CLINIC
NORTH CANYON FAMILY PRACTICE 3200 N CANYON RD STE D PROVO,UT 84604	CLINIC
INTERMOUNTAIN NURSE MIDWIVES 1105 WEST 1000 NORTH SALT LAKE CITY,UT 84116	CLINIC
CENTRAL ENT HEAD-NECK SURGERY 5169 COTTONWOOD ST STE 640 MURRAY,UT 84107	CLINIC
PARK CITY SPECIALTY 750 ROUND VALLEY DR STE 101 PARK CITY,UT 84060	CLINIC
UTAH VALLEY MATERNAL FETAL MEDICINE 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
UTAH HEART 900 ROUND VALLEY DR PARK CITY,UT 84060	CLINIC
INTERMOUNTAIN SENIOR CLINIC 5770 SOUTH 250 EAST STE 210 MURRAY,UT 84107	CLINIC
DIXON CLINIC 750 WEST 200 NORTH PROVO,UT 84601	CLINIC
SOUTHWEST CARDIOLOGY 110 WEST 1325 NORTH STE 100 CEDAR CITY,UT 84721	CLINIC
SPRINGVILLE WORKMED 385 SOUTH 400 EAST SPRINGVILLE,UT 84663	CLINIC
INT NEUROSCIENCES-INPATIENT 5171 COTTONWOOD ST STE 810 MURRAY,UT 84107	CLINIC
PROVO NEUROLOGICAL CLINIC-UVRMC 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
COTTONWOOD INTERNAL MEDICINE 5770 SOUTH 250 EAST STE 335 MURRAY,UT 84107	CLINIC
SEVIER VALLEY FP SVMC 1000 NORTH MAIN STREET RICHFIELD,UT 84701	CLINIC
DIXIE HIGH RISK FERTILITY 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
HEBER VALLEY CLINIC 1473 S HIGHWAY 40 STE E HEBER CITY,UT 84032	CLINIC
UTAH HEART 8TH AVE AND C STREET SALT LAKE CITY,UT 84143	CLINIC
ORTHOPEDIC SPECIALTY GROUP 5848 SOUTH 300 EAST STE 120 MURRAY,UT 84107	CLINIC
MEMORIAL INSTACARE 2000 SOUTH 900 EAST SALT LAKE CITY,UT 84105	CLINIC
HILLCREST PEDIATRICS 5063 COTTONWOOD ST STE 160 MURRAY,UT 84107	CLINIC
LINCOLN SCHOOL CLINIC 1090 ROBERTA ST SALT LAKE CITY,UT 84111	CLINIC
UTAH VALLEY ORTHO 1100 SOUTH MEDICAL SRIVE MT PLEASANT,UT 84647	CLINIC
SOUTH CACHE VALLEY CLINIC 190 SOUTH HIGHWAY 165 PROVIDENCE,UT 84332	CLINIC
MCKAY DEE BEHAVIORAL HEALTH 5030 HARRISON BLVD OGDEN,UT 84403	CLINIC
REDROCK SPINE & NEUROSURGERY 1303 NORTH MAIN ST CEDAR CITY,UT 84720	CLINIC
LOGAN MATERNAL FETAL MEDICINE 1400 NORTH 500 EAST LOGAN,UT 84341	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
INT HEART RHYTHM COTTONWOOD 5979 FASHION BLVD SALT LAKE CITY,UT 84107	CLINIC
HOLLADAY INSTACARE 6272 HIGHLAND DRIVE MURRAY,UT 84121	CLINIC
PARK CITY SPECIALTY 900 ROUND VALLEY DR STE 200 PARK CITY,UT 84060	CLINIC
SANDY INSTACARE 9493 SOUTH 700 EAST SANDY,UT 84070	CLINIC
SOUTHWEST RHEUMATOLOGY ASSOCIATES 577 SOUTH RIVER ROAD ST GEORGE,UT 84790	CLINIC
HOLLADAY PEDIATRICS NORTH 2160 EAST 4500 SOUTH SALT LAKE CITY,UT 84117	CLINIC
BUDGE CLINIC OBSTETRICS & GYNECOLOGY 1400 NORTH 500 EAST LOGAN,UT 84341	CLINIC
SARATOGA SPRINGS FAMILY PRACTICE 354 WEST STATE ROAD 73 SARATOGA SPRINGS,UT 84043	CLINIC
NORTHERN UTAH PEDIATRICS 4403 HARRISON BLVD STE 4875 OGDEN,UT 84403	CLINIC
HOLLADAY PEDIATRICS 2180 EAST 4500 SOUTH STE 210 SALT LAKE CITY,UT 84117	CLINIC
HEART RHYTHM SPECIALISTS 5169 COTTONWOOD ST STE 510 MURRAY,UT 84107	CLINIC
FARMINGTON EXPRESSCARE 1316 NORTH HIGHWAY 89 FARMINGTON,UT 84025	CLINIC
ZION ORTHOPAEDICS & SPORTS MEDICINE 652 S MEDICAL CENTER DR STE 400 ST GEORGE,UT 84790	CLINIC
NEIGHBORHOOD CLINIC-SORENSON CENTER 855 WEST CALIFORNIA AVE SALT LAKE CITY,UT 84104	CLINIC
CANYON VIEW ORTHOPEDICS & ASSOC 1300 NORTH 500 EAST STE 130 LOGAN,UT 84341	CLINIC
INTERMOUNTAIN SLEEP PROGRAM TOSH 5770 SOUTH 250 EAST STE 340 MURRAY,UT 84107	CLINIC
ALTA VIEW NURSE MIDWIVES 9600 SOUTH 1300 EAST STE 310 SANDY,UT 84094	CLINIC
DIXIE NEONATOLOGY 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
SANDY OBGYN 9600 SOUTH 1300 EAST STE 308 SANDY,UT 84094	CLINIC
UTAH VALLEY PSYCHIATRY AND COUNSEL 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
WASATCH OBGYN 2075 UNIVERSITY PARK BLVD LAYTON,UT 84041	CLINIC
RIM ROCK ORTHOPAEDICS 75 NORTH 2260 WEST HURRICANE,UT 84737	CLINIC
PRIMARY CHILDREN'S RADIATION ONCOLOGY 100 NORTH MEDICAL DRIVE SALT LAKE CITY,UT 84113	CLINIC
COTTONWOOD FAMILY PRACTICE 5872 SOUTH 900 EAST STE 100 MURRAY,UT 84121	CLINIC
MCKAY DEE CARDIO-ID HEART INSTITUTE 2985 CORTEZ AVE IDAHO FALLS,ID 83404	CLINIC
MORONI CLINIC 51 EAST MAIN STREET MORONI,UT 84646	CLINIC
UTAH VALLEY HEART LUNG & VEIN 1134 NORTH 500 WEST PROVO,UT 84604	CLINIC
MCKAY DEE PEDS CS SEDATION 4401 HARRISON BLVD OGDEN,UT 84403	CLINIC
SOUTH SEVIER CLINIC 539 SOUTH MAIN STREET MONROE,UT 84754	CLINIC
LOGAN INSTACARE 412 NORTH 200 EAST LOGAN,UT 84321	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
OREM MIDWIFERY 527 WEST 400 NORTH STE 4 OREM,UT 84057	CLINIC
MCKAY DEE CARDIOLOGY CLINIC 4403 HARRISON BLVD STE 3490 OGDEN,UT 84403	CLINIC
CALTONHARRISON ORTHOPEDIC CLINIC 4403 HARRISON BLVD STE 2400 OGDEN,UT 84403	CLINIC
SARATOGA SPRINGS INSTACARE 354 WEST STATE ROAD 73 SARATOGA SPRINGS,UT 84043	CLINIC
ORTHOPEDIC SPECIALTY GROUP 9450 SOUTH 1300 EAST STE 120 SANDY,UT 84094	CLINIC
HEART RHYTHM SPECIALISTS 196 EAST 2000 NORTH TOOELE,UT 84074	CLINIC
LAYTON CLINIC 2075 UNIVERSITY PARK BLVD LAYTON,UT 84041	CLINIC
LDS CAMPUS SLEEP-ST JOSEPH'S VILLA 451 BISHOP FEDERAL LANE SALT LAKE CITY,UT 84115	CLINIC
ALTA VIEW SLEEP PROGRAM 9660 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
NORTHERN UTAH KIDSCARE 4403 HARRISON BLVD STE 4875 OGDEN,UT 84403	CLINIC
ALTA VIEW PLASTIC SURGERY SPEC 9450 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
UTAH VALLEY PULMONARY-CRITICAL CARE 1055 NORTH 300 WEST STE 500 PROVO,UT 84604	CLINIC
SPRINGVILLE INSTACARE 762 WEST 400 SOUTH SPRINGVILLE,UT 84663	CLINIC
HEART RHYTHM SPECIALISTS 1300 NORTH 500 EAST STE 320 LOGAN,UT 84341	CLINIC
PARK CITY ALLERGY CLINIC 750 ROUND VALLEY DR STE 101A PARK CITY,UT 84060	CLINIC
UTAH VALLEY ORTHOPAEDICS 10968 NORTH ALPINE HWY HIGHLAND,UT 84003	CLINIC
SOUTHERN UTAH SURGICAL 700 SOUTH HIGHWAY 99 FILLMORE,UT 84631	CLINIC
UTAH VALLEY SPORTS MED 800 WEST UNIVERSITY PKWY OREM,UT 84058	CLINIC
HEART RHYTHM SPECIALISTS POCATELLO 777 HOSPITAL WAY STE 101 POCATELLO,ID 83201	CLINIC
NORTH SEVIER MEDICAL CLINIC 530 NORTH 250 WEST SALINA,UT 84654	CLINIC
MT PLEASANT 126 WHITE SAGE AVE DELTA,UT 84624	CLINIC
MCKAY DEE NEURO-HOSPITALISTS 4403 HARRISON BLVD OGDEN,UT 84403	CLINIC
DIXIE ENDO-DIABETES CLINIC 348 EAST 600 SOUTH ST GEORGE,UT 84770	CLINIC
US SYNTHETIC CLINIC 1260 SOUTH 1600 WEST OREM,UT 84058	CLINIC
MCKAY DEE CARDIO-EASTERN IDAHO 2001 S WOODRUFF AVE STE 12 IDAHO FALLS,ID 83404	CLINIC
UTAH VALLEY MFM-ONCOLOGY 1034 NORTH 500 WEST PROVO,UT 84604	CLINIC
SOUTHWEST REGIONAL CANCER CLINIC 544 SOUTH 400 EAST ST GEORGE,UT 84770	CLINIC
LAYTON INSTACARE 2075 UNIVERSITY PARK BLVD LAYTON,UT 84041	CLINIC
MCKAY DEE URO-GYNECOLOGY CLINIC 4403 HARRISON BLVD STE 4440 OGDEN,UT 84403	CLINIC
BUDGE CLINIC RADIOLOGY 1350 NORTH 500 EAST LOGAN,UT 84341	CLINIC

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

Section C. 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?
320

Name and address	Type of Facility (describe)
DIXIE INFECTIOUS DISEASE CLINIC 1380 E MEDICAL CENTER DR STE 2300 ST GEORGE,UT 84790	CLINIC
PULMONARY ST GEORGE 110 WEST 1325 NORTH STE 100 CEDAR CITY,UT 84721	CLINIC
BEAR RIVER SPECIALISTS 935 NORTH 1000 WEST TREMONTON,UT 84337	CLINIC
SNOWBASIN CLINIC 3925 E SNOWBASIN DRIVE HUNTSVILLE,UT 84317	CLINIC
SOUTHWEST RHEUMATOLOGY ASSOC 577 SOUTH RIVER ROAD ST GEORGE,UT 84790	CLINIC
PARK CITY SLEEP DISORDERS CLINIC 750 ROUND VALLEY DR STE 101A PARK CITY,UT 84060	CLINIC
EAST MILLCREEK EXPRESSCARE 3215 SOUTH VALLEY STREET SALT LAKE CITY,UT 84109	CLINIC
UTAH HEART 3741 WEST 12600 SOUTH RIVERTON,UT 84065	CLINIC
ALTA VIEW MATERNAL FETAL MEDICINE 9660 SOUTH 1300 EAST SANDY,UT 84094	CLINIC
LAYTON ORTHOPEDICS 2075 UNIVERSITY PARK BLVD LAYTON,UT 84041	CLINIC
HEART RHYTHM SPECIALISTS 5292 COLLEGE DR STE 200 MURRAY,UT 84123	CLINIC
UTAH VALLEY PEDIATRIC SPECIALTY 1035 NORTH 500 WEST PROVO,UT 84604	CLINIC
UTAH VALLEY INTERNAL MEDICINE 1134 NORTH 500 WEST 101 PROVO,UT 84604	CLINIC
SOUTHWEST CARDIOLOGY-EP 1380 E MEDICAL CENTER DR STE 4100 ST GEORGE,UT 84790	CLINIC
AMERICAN FORK PULMONARY CLINIC 170 NORTH 1100 EAST AMERICAN FORK,UT 84003	CLINIC
RIVER ROAD INTERNAL MEDICINE 577 SOUTH RIVER ROAD ST GEORGE,UT 84790	CLINIC
MCKAY DEE RADIATION ONCOLOGY 4401 HARRISON BLVD OGDEN,UT 84403	CLINIC
BEAR RIVER SPECIALISTS 150 NORTH 200 WEST MALAD,ID 83252	CLINIC
MOUNTAIN VIEW PEDIATRICS KIDS CARE 9720 SOUTH 1300 EAST STE 100 SANDY,UT 84094	CLINIC
MCKAY DEE SURGICAL CENTER LLC 3903 HARRISON BLVD OGDEN,UT 84403	CLINIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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 Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Monitoring Grant Funds in the United States	Form 990, Schedule I, Part I, Line 2	BY POLICY, HEALTH SERVICES' GRANTS ARE GENERALLY LIMITED TO PUBLIC CHARITIES EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3) THAT (1) SUPPORT EFFORTS TO IMPROVE HEALTH AND/OR HEALTHCARE AND HUMAN SERVICES OR (2) STRENGTHEN THE LOCAL COMMUNITY THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD APPROVE INDIVIDUAL GRANTS EQUAL TO OR EXCEEDING $10,000 EXCEPTIONS TO THIS POLICY REQUIRE WRITTEN APPROVAL BY THE EXECUTIVE VICE PRESIDENT / CHIEF FINANCIAL OFFICER

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CANCER SOCIETY GREAT WEST DIV 2120 1ST AVE N SEATTLE,WA 98109	84-1316555	501(C)(3)		752,000	FMV	REAL ESTATE	CANCER RESEARCH
FAMILY COUNSELING CENTER5250 S COMMERCE DR STE 250 MURRAY,UT 84107	87-0212455	501(C)(3)	12,000				SUPPORT COUNSELING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERMOUNTAIN HEALTH CARE INC36 SOUTH STATE STE 2200 SLC,UT 84111	87-0269232	501(c)(3)	650,000				SUPPORT COMMUNITY HEALTH
RONALD MCDONALD HOUSE935 EAST SOUTH TEMPLE SLC,UT 84102	74-2386043	501(C)(3)	10,000				SUPPORT COMMUNITY PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 CITY451 SOUTH STATE STREET SLC,UT 84111	87-6000279	GOV		38,887	FMV	OPTICOM UNIT	OPTICOM DEVICES
SALT LAKE COUNTY2001 SOUTH STATE STREET SLC,UT 84414	87-6000316	GOV	5,000	25,925	FMV	OPTICOM UNIT	SUPPORT COMM HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 HEAD START 1307 SOUTH 900 WEST SLC,UT 84104	87-0269683	501(c)(3)	17,500				HEAD START MEDICAL CLINIC
UTAH FAMILIES FOUNDATION9160 S 300 W SUITE 21 SANDY,UT 84070	87-0509416	501(C)(3)	40,000				SUPPORT CHILDREN'S HEALTHCARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 HISPANIC BUSINESS LEADERSHIP FOUND1635 S REDWOOD ROAD SLC,UT 84101	55-0801305	501(C)(3)	7,500				SCHOLARSHIPS
WASATCH MENTAL HEALTH750 N 200 W STE 300 PROVO,UT 84601	45-0531249	501(C)(3)	15,000				SUPPORT MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERMOUNTAIN RESEARCH & MEDICAL FOUNDATION5121 SOUTH COTTONWOOD MURRAY,UT 84107	23-7062016	501(C)(3)	416,667				SUPPORT COMM HEALTH
INTERMOUNTAIN HEALTHCARE FOUNDATION36 S STATE ST SUITE 2200 SLC,UT 84111	80-0225150	501(C)(3)	5,501,035				SUPPORT COMMUNITY HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 (HURRICANE SCHOOL CLINIC)25 N 100 E STE 102 ST GEORGE,UT 84770		GOV	130,000				SUPPORT SCHOOL CLINIC
SEALANTS FOR SMILES 5373 S GREEN ST 4TH FLOOR SLC,UT 84123	20-8857514	501(C)(3)	100,000				DENTAL PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 FOUNDATION400 EAST 100 SOUTH SLC,UT 84111	74-2563849	501(C)(3)	180,000				NEW CLINIC
WASATCH MENTAL HEALTH 750 NORTH 200 WEST PROVO,UT 84601	80-0059518	GOV	20,000				MENTAL HEALTH CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MIDTOWN COMMUNITY HEALTH CENTER2240 ADAMS AVE OGDEN,UT 84401	87-0540039	501(C)(3)	10,000				SUPPORT COMM HEALTH
UNITED WAY OF SALT LAKE257 EAST 200 SOUTH SUITE 300 SLC,UT 84111	87-0227091	501(C)(3)	750,000				SUPPORT HEALTHCARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ASSOC FOR UTAH COMMUNITY HEALTH860 EAST 4500 SOUTH SUITE 206 SLC,UT 84107	87-0430946	501(C)(3)	90,000				SUPPORT COMMUNITY HEALTH
UTAH COMMISSION ON VOLUNTEERS655 WEST CENTER STREET MIDVALE,UT 84047		GOV	35,000				COMM HEALTH SCREENINGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PROVO CITY351 WEST CENTER STREET PROVO,UT 84603	87-6000266	gov	50,000				SUPPORT EXERCISE PROGRAMS
THANKSGIVING POINT 3003 NORTH THANKSGIVING WAY LEHI,UT 84043	84-1416158	501(C)(3)	300,000				LIVE WELL PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 DEPARTMENT OF HEALTHPO BOX 14101 SLC,UT 84114	87-6000545	GOV	550,000				SUPPORT CLINIC PROGRAMS
MCKAY DEE HOSPITAL FOUNDATION4401 HARRISON BLVD OGDEN,UT 84403	87-6135827	501(C)(3)	215,414				SUPPORT HOSPITAL SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 FOUNDATION OF DIXIE REG MED CENTER 1380 E MEDICAL CENTER DR ST GEORGE,UT 84790	94-2638220	501(C)(3)	25,000				SUPPORT HOSPITAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Form 990, Schedule J	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 OR AROUND THE 50TH PERCENTILE OF THE HEALTHCARE LABOR MARKETS FOR SIMILAR POSITIONS AND ORGANIZATIONS (I E , SIMILAR SIZE AND NONPROFIT STATUS) 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
Questions Regarding Compensation	Form 990, Schedule J, Part I, Line 1	TRAVEL FOR COMPANIONS - PURSUANT TO COMPANY POLICY, COMPANION TRAVEL EXPENSES WILL NOT BE REIMBURSED BY THE ORGANIZATION UNLESS APPROVED BY SENIOR MANAGEMENT IF APPROVED, THE REIMBURSED EXPENSES ARE REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2 OR 1099 TAX GROSS-UP PAYMENTS - PURSUANT TO COMPANY POLICY, A LIMITED NUMBER OF BENEFITS AND PERQUISITES TO THE GOVERNING BODY ARE GROSSED UP FOR TAX PURPOSES HOUSING ALLOWANCE PAYMENTS WERE REIMBURSED BY THE ORGANIZATION FOR TEMPORARY HOUSING RELATED TO RELOCATION OF AN OFFICER THE AMOUNT WAS PROPERLY REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2
Supplemental Nonqualified Retirement Plans	Form 990, Schedule J, Part I, Line 4b	THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2012 - CHRIS COONS $1,514,507 - BRENT C JAMES MD $1,388,361 THE FILING ORGANIZATION OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO MEMBERS OF ITS ADVISORY COUNCIL 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
ACCRUED COMPENSATION BASED ON NET EARNINGS	SCH J PART I LINE 6A	CERTAIN PHYSICIAN CONTRACTS PROVIDE FOR ANY EXCESS OF COLLECTED REVENUE OVER ANNUAL EXPENSES TO BE PAID TO THE PHYSICIAN ON A PHYSICIAN PRACTICE BASIS

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CAVELL ALEXANDER	(I)	192,559	65,518	18,995	109,327	13,057	399,456	65,518
	(II)	0	0	0	0	0	0	0
ROBERT W ALLEN	(I)	277,996	184,789	22,567	188,091	17,999	691,442	155,749
	(II)	0	0	0	0	0	0	0
STEVEN CARABINE MD	(I)	1,157,858	96,223	1,329	153,551	16,587	1,425,548	95,823
	(II)	0	0	0	0	0	0	0
DAVID D CLARK	(I)	101,097	267,082	355,531	86,036	3,875	813,621	230,983
	(II)	0	0	0	0	0	0	0
CHRIS COONS	(I)	361,881	329,058	1,551,064	256,995	23,019	2,522,017	890,516
	(II)	0	0	0	0	0	0	0
TODD E CRAGHEAD	(I)	197,318	60,873	1,895	80,790	14,772	355,648	60,873
	(II)	0	0	0	0	0	0	0
SUZANNE DRAPER	(I)	184,181	64,311	18,895	117,345	20,545	405,277	64,311
	(II)	0	0	0	0	0	0	0
D R GARDNER	(I)	59,811	211,449	34,141	108,183	9,580	423,164	180,562
	(II)	0	0	0	0	0	0	0
GEORGE HAMILTON	(I)	352,971	109,376	1,895	131,555	20,776	616,573	109,376
	(II)	0	0	0	0	0	0	0
DOUGLAS J HAMMER	(I)	376,900	298,397	24,393	209,357	23,620	932,667	254,114
	(II)	0	0	0	0	0	0	0
DANIEL HAMMON MD	(I)	1,159,154	84,757	18,412	167,886	17,063	1,447,272	84,357
	(II)	0	0	0	0	0	0	0
LARRY D HANCOCK	(I)	550,801	364,724	4,775	485,444	20,449	1,426,193	313,401
	(II)	0	0	0	0	0	0	0
KIMBERLY HENRICHSEN	(I)	258,136	82,402	28,022	123,935	17,987	510,482	82,402
	(II)	0	0	0	0	0	0	0
ERIC HOOLEY MD	(I)	1,276,102	106,235	18,429	153,152	16,824	1,570,742	105,835
	(II)	0	0	0	0	0	0	0
JOSEPH R HORTON	(I)	41,597	540,316	153,015	200,244	727	935,899	458,452
	(II)	0	0	0	0	0	0	0
BRENT C JAMES MD	(I)	300,463	224,710	1,434,288	231,288	18,731	2,209,480	567,844
	(II)	0	0	0	0	0	0	0
BRUCE H JENSEN	(I)	308,823	256,589	22,807	359,473	18,373	966,065	219,632
	(II)	0	0	0	0	0	0	0
BRENT T JOHNSON	(I)	248,226	190,326	27,457	282,861	19,308	768,178	164,355
	(II)	0	0	0	0	0	0	0
GREGORY M JOHNSON	(I)	268,824	195,845	31,973	197,890	21,462	715,994	170,299
	(II)	0	0	0	0	0	0	0
LAURA S KAISER	(I)	612,690	300,000	39,883	243,133	13,947	1,209,653	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
TERRI L KANE	(I)	369,863	104,284	21,130	209,338	18,415	723,030	104,284
	(II)	0	0	0	0	0	0	0
LINDA C LECKMAN MD	(I)	453,366	369,438	22,837	444,613	15,815	1,306,069	315,943
	(II)	0	0	0	0	0	0	0
JACQUE MILLARD	(I)	220,156	173,230	27,654	154,305	19,776	595,121	148,057
	(II)	0	0	0	0	0	0	0
MIKELLE MOORE	(I)	232,521	96,498	18,895	125,545	20,599	494,058	92,831
	(II)	0	0	0	0	0	0	0
NANCY A NOWAK	(I)	0	246,032	29,470	78,790	0	354,292	214,776
	(II)	0	0	0	0	0	0	0
TIMOTHY T PEHRSON	(I)	403,119	256,695	20,550	282,448	20,201	983,013	224,879
	(II)	0	0	0	0	0	0	0
GREGORY P POULSEN	(I)	421,443	454,899	40,793	536,713	20,252	1,474,100	383,257
	(II)	0	0	0	0	0	0	0
MARC PROBST	(I)	405,943	300,789	29,092	398,019	21,028	1,154,871	259,235
	(II)	0	0	0	0	0	0	0
HOWARD RICHTER MD	(I)	1,318,164	87,712	1,329	153,329	16,587	1,577,121	87,312
	(II)	0	0	0	0	0	0	0
STEVEN R SMOOT	(I)	351,366	88,261	35,598	137,271	17,659	630,155	88,261
	(II)	0	0	0	0	0	0	0
CHARLES W SORENSON JR MD	(I)	909,711	806,437	38,438	1,122,983	34,909	2,912,478	692,664
	(II)	0	0	0	0	0	0	0
DREW VAN BOERUM MD	(I)	1,084,636	95,214	35,412	142,975	6,959	1,365,196	94,814
	(II)	0	0	0	0	0	0	0
BRENT E WALLACE	(I)	446,606	331,054	41,514	612,047	19,326	1,450,547	283,492
	(II)	0	0	0	0	0	0	0
ALBERT R ZIMMERLI	(I)	774,747	707,017	28,793	993,372	27,657	2,531,586	598,255
	(II)	0	0	0	0	0	0	0
DANIEL L ZUHLKE	(I)	348,007	280,284	18,262	363,899	20,641	1,031,093	240,763
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	24,000,000	0	9,800,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	314,823,712	273,598,644	253,706,966	63,362,310
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	1,507,566	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,561,803	1,339,946	0	50,000
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	313,261,909	272,258,698	235,401,173	0
11	Other spent proceeds	0	0	0	63,312,310
12	Other unspent proceeds	0	0	16,490,874	0
13	Year of substantial completion	2007	2007	2004	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0%		0%		0%		0%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0%		%		%		%	
6	Total of lines 4 and 5	0%		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?		X		X		X		
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?		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	
c	No rebate due?	X							
	If you checked "No rebate due" in 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		0			
c	Term of hedge		29 3		31 6				
d	Was the hedge superintegrated?	X		X					
e	Was a 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	0		0		0		0	
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
1	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. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
NOTES TO SCHEDULE K	0	THE 2011 BONDS REFUNDED THE SERIES 2001B BONDS THE 2001B BONDS WERE CALLED ON MAY 15, 2011, ALL PROCEEDS LESS ISSUANCE COSTS WERE USED TO REFUND THE 2001B BONDS THE 2012A BONDS REFUNDED THE SERIES 2007A BONDS THE 2007A BONDS WERE CALLED ON MAY 15, 2012 ALL PROCEEDS WERE USED TO REFUND THE 2007A BONDS PART IV, LINE 2C, COLUMN A THE REBATE COMPUTATION FOR THE SERIES 2003 BONDS (BOND ISSUE A) WAS PERFORMED ON DECEMBER 17, 2008 PART IV, LINE 6 DUE TO UNEXPECTED DELAYS IN SEVERAL LARGE CONSTRUCTION PROJECTS, LESS THAN 10% OF THE SERIES 2009 BOND PROCEEDS WERE INVESTED BEYOND THE THREE-YEAR TEMPORARY PERIOD YIELD RESTRICTION RULES ARE BEING FOLLOWED FOR ANY PROCEEDS INVESTED BEYOND THE TEMPORARY PERIOD PART V AS OF 12/31/2012, THE FILING ORGANIZATION HAD WRITTEN POLICIES AND PROCEDURES IN PLACE THAT ADDRESS REMEDIAL ACTIONS, WHICH COULD BE TAKEN IN THE EVENT OF A VIOLATION HOWEVER, THESE POLICIES AND PROCEDURES DID NOT SPECIFICALLY ADDRESS THE VOLUNTARY CLOSING AGREEMENT PROGRAM FOR POTENTIAL VIOLATIONS IN WHICH REMEDIAL PROVISIONS ARE NOT AVAILABLE UNDER THE REGULATIONS PRIOR TO FILING OF THIS RETURN, THE APPLICABLE POLICIES AND PROCEDURES WERE AMENDED TO REFLECT THIS ADDITIONAL INFORMATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

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	CITY OF RIVERTON UTAH	87-0344045	769369AM1	05-15-2012	200,000,000	REFUND PRIOR ISSUE 2007A		X		X		X
B	UTAH COUNTY UTAH	87-6000312	917393AV2	10-25-2012	250,001,777	BLDG CONSTRUCTION & EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	200,000,000	250,030,053		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	28,276		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	21,268,207		
11	Other spent proceeds	200,000,000	0		
12	Other unspent proceeds	0	227,599,063		
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		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%		%		%	
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 ▶	%		%		%		%	
6	Total of lines 4 and 5	0%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?	X							
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

(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 Benefitting Interested Persons.

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

(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

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
ZIONS BANK		A SCOTT ANDERSON, A TRUSTEE OF THE FILING ORGANIZATION, WAS ALSO AN OFFICER OF ZIONS BANK
QUESTAR GAS		TERESA BECK, A PART-YEAR TRUSTEE OF THE FILING ORGANIZATION, WAS ALSO A DIRECTOR OF QUESTAR GAS
BOYER MADSEN		KEM GARDNER, A PART-YEAR TRUSTEE OF THE FILING ORGANIZATION, WAS ALSO A PARTNER IN TWO PARTNERSHIPS LEASING PROPERTY TO THE FILING ORGANIZATION
MERIT MEDICAL SYSTEMS		A SCOTT ANDERSON, A TRUSTEE OF THE FILING ORGANIZATION, WAS ALSO A DIRECTOR OF MERIT MEDICAL SYSTEMS
KCI MEDICAL		BRENT C JAMES MD, AN OFFICER OF THE FILING ORGANIZATION, HAS A FAMILY MEMBER WHO WAS A DIRECTOR AT KCI MEDICAL
ASSOCIATED FOOD STORES		S NEAL BERUBE, A TRUSTEE OF THE FILING ORGANIZATION, WAS ALSO AN OFFICER OF ASSOCIATED FOOD STORES

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) ASSOCIATED FOOD STORES	VENDOR	113,491	PURCHASE OF FOOD		No
(2) QUESTAR GAS	VENDOR	2,308,916	PURCHASE OF NATURAL GAS		No
(3) BOYER MADSEN	VENDOR	400,288	RENTAL OF REAL PROPERTY		No
(4) JEFFERY T CRAGHEAD	FAMILY MEMBER OF OFFICER	66,627	EMPLOYEE COMPENSATION		No
(5) MERIT MEDICAL SYSTEMS	VENDOR	1,743,988	PURCHASE OF MEDICAL SUPPLIES		No
(6) JEFFREY L ANDERSON	FAMILY MEMBER OF TRUSTEE	319,147	EMPLOYEE COMPENSATION		No
(7) RICHARD B STEVENSON	FAMILY MEMBER OF OFFICER	87,129	EMPLOYEE COMPENSATION		No
(8) WILLIAM B CHOPLIN	FAMILY MEMBER OF OFFICER	68,836	EMPLOYEE COMPENSATION		No
(9) NICHOLAS PAGE	FAMILY MEMBER OF OFFICER	38,288	EMPLOYEE COMPENSATION		No
(10) KCI MEDICAL	VENDOR	1,481,693	PURCHASE MEDICAL SUPPLIES		No
(11) ZIONS BANK	VENDOR	131,085	BANKING TRANSACTIONS		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 AND PART III, LINE 1	OUR VISION OUR VISION IS TO BE A MODEL HEALTHCARE SYSTEM BY CONTINUALLY LEARNING AND PROVIDING EXTRAORDINARY CARE IN ALL ITS DIMENSIONS - CLINICAL EXCELLENCE WE WILL DELIVER THE BEST CLINICAL CARE IN A CONSISTENT, INTEGRATED WAY, ALWAYS IMPROVING THROUGH INNOVATION AND EVIDENCE-BASED PRACTICE - PATIENT ENGAGEMENT WE WILL PROVIDE A COMPASSIONATE HEALING EXPERIENCE THAT REFLECTS THE CARING AND NOBEL NATURE OF OUR WORK IN EVERY ENCOUNTER WITH OUR PATIENTS, MEMBERS, AND GUESTS WE WILL HELP PATIENTS OPTIMIZE THEIR HEALTH AND PARTICIPATE IN DECISIONS ABOUT THEIR CARE - PHYSICIAN ENGAGEMENT WE HONOR THE ESSENTIAL ROLE OF OUR PHYSICIAN COLLEAGUES AND WILL CREATE SYSTEMS AND PROCESSES THAT HELP THEM BEST SERVE THEIR PATIENTS - OPERATIONAL EFFECTIVENESS WE WILL BE WISE AND CAREFUL STEWARDS OF OUR RESOURCES TO ENABLE EXTRAORDINARY CARE WE WILL MAINTAIN THE FINANCIAL STRENGTH WE NEED TO MEET OUR HIGH STANDARDS OF QUALITY WHILE PROVIDING THE LOWEST SUSTAINABLE COST TO RESIDENTS IN OUR COMMUNITIES - EMPLOYEE ENGAGEMENT WE VALUE OUR EMPLOYEES AS OUR MOST IMPORTANT RESOURCE AND WILL CREATE A WORKPLACE THAT ATTRACTS AND REWARDS CARING AND TALENTED INDIVIDUALS - COMMUNITY STEWARDSHIP WE ARE COMMITTED TO SERVING THE DIVERSE NEEDS OF THE YOUNG AND OLD, RICH AND POOR, AND THOSE LIVING IN URBAN AND RURAL COMMUNITIES IN THE INTERMOUNTAIN REGION, WITH SENSITIVITY TO CULTURAL DIFFERENCES WE WORK INDEPENDENTLY AND WITH COMMUNITY PARTNERS TO CARE FOR THE UNDERSERVED, AND WE PROVIDE GENERALLY AVAILABLE MEDICAL SERVICES TO ALL RESIDENTS, REGARDLESS OF ABILITY TO PAY OUR VALUES - MUTUAL RESPECT "WE TREAT OTHERS THE WAY WE WANT TO BE TREATED" - ACCOUNTABILITY "WE ACCEPT RESPONSIBILITY FOR OUR ACTIONS, ATTITUDES AND MISTAKES" - TRUST "WE ACT WITH INTEGRITY AND CAN COUNT ON EACH OTHER" - EXCELLENCE "WE DO OUR BEST AT ALL TIMES AND LOOK FOR WAYS TO IMPROVE"

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	INTERMOUNTAIN HEALTH CARE, INC (INTERMOUNTAIN) WAS ORGANIZED IN 1975 TO OWN AND OPERATE T HE 15 HOSPITALS FORMERLY OWNED BY THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS IN 1982 , INTERMOUNTAIN FORMED IHC HEALTH SERVICES, INC (UNDER ITS FORMER NAME IHC HOSPITALS, INC) AS A UTAH NONPROFIT SUBSIDIARY AND TRANSFERRED TO HEALTH SERVICES ITS HEALTHCARE FACILI TIES HEALTH SERVICES CURRENTLY CONSISTS OF THE HOSPITAL DIVISION, COMPRISED OF 22 HOSPITA LS (21 OWNED AND ONE - GARFIELD MEMORIAL - MANAGED BY HEALTH SERVICES) WITH 2,798 LICENSED BEDS IN UTAH AND SOUTHEAST IDAHO, AND THE INTERMOUNTAIN MEDICAL GROUP, WHICH EMPLOYS MORE THAN 960 PRIMARY AND SECONDARY CARE PHYSICIANS IN HOSPITALS AND MORE THAN 300 CLINIC SITE S NINETEEN OF HEALTH SERVICES' HOSPITALS ARE GENERAL ACUTE CARE FACILITIES WHICH PROVIDE INPATIENT AND OUTPATIENT MEDICAL SERVICES BASED ON SPECIFIC NEEDS IN EACH COMMUNITY THREE HOSPITALS PROVIDE SPECIALTY CARE IN THE FOLLOWING AREAS - PRIMARY CHILDREN'S MEDICAL CEN TER - PEDIATRIC CARE - MCKAY-DEE INSTITUTE FOR BEHAVIORAL MEDICINE - PSYCHIATRIC AND BEHAV IORAL HEALTH - THE ORTHOPEDIC SPECIALTY HOSPITAL - ORTHOPEDIC CARE HEALTH SERVICES' CLINIC AL STATISTICS FOR 2012 - ACUTE ADMISSIONS - 140,141 - ACUTE PATIENT DAYS - 519,407 - BIRT HS - 30,873 - INPATIENT SURGERIES - 41,002 - AMBULATORY SURGERIES - 107,587 - EMERGENCY RO OM VISITS - 482,013 - PHYSICIAN CLINIC VISITS - 2,719,766 - HOMECARE PATIENTS SERVED - 76, 403 HEALTH SERVICES' CORE BUSINESS IS MANAGING COMMON CLINICAL PROCESSES OF CARE TO ACHIEV E THE HIGHEST CLINICAL QUALITY, SERVICE QUALITY, AND COST OUTCOMES EACH YEAR, HEALTH SERV ICES SETS GOALS FOR CLINICAL QUALITY IMPROVEMENT IN EIGHT CLINICAL PROGRAMS AND OTHER AREA S PHYSICIANS, NURSES, AND OTHER CLINICAL PROFESSIONALS MEASURE THEIR PROGRESS TOWARD THES E GOALS AND EVALUATE RESULTS THIS LEADS TO THE SYSTEMATIC IMPLEMENTATION OF BEST PRACTICE S - A PROCESS THAT YIELDS BETTER CARE FOR PATIENTS HEALTH SERVICES AND ITS AFFILIATES (CO LLECTIVELY RECOGNIZED AS INTERMOUNTAIN HEALTHCARE) IS RECOGNIZED WORLDWIDE AS AN ORGANIZAT ION FOCUSED ON PROVIDING CARE BASED ON PROVEN RESULTS THE FOLLOWING EIGHT CLINICAL PROGRA MS ARE ORGANIZED AND OPERATED BY HEALTH SERVICES TO DEVELOP AND IMPLEMENT EVIDENCED-BASED BEST PRACTICES IN OUR HOSPITAL AND COMMUNITY-BASED SETTINGS - THE CARDIOVASCULAR CLINICAL PROGRAM INCLUDES THE SPECIALTIES OF CARDIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, AND TH ORACIC SURGERY TEAMS REVIEW AND ESTABLISH BEST PRACTICES FOR PATIENTS WITH HEART DISEASE IN HOSPITALS, EMERGENCY DEPARTMENTS, AND PRIMARY CARE AND SPECIALIST OFFICES CARE PROCESS MODELS HAVE BEEN DEVELOPED FOR HYPERTENSION, ACUTE CORONARY SYNDROME, HEART FAILURE, AND STROKE PREVENTION CARDIOVASCULAR SERVICES WORKED CLOSELY WITH THE IMAGING CLINICAL SERVIC ES TO ESTABLISH GUIDELINES FOR REDUCING RADIATION EXPOSURE TO PATIENTS UNDERGOING CARDIOVA SCULAR IMAGING PROCEDURES - THE WOMEN AND NEWBORNS CLINICAL PROGRAM FOCUSES ATTENTION ON PREGNANCY (INCLUDING HIGH-RISK PREGNANCY), CHILDBIRTH, AND THE NEONATAL PERIOD GUIDELINES ADOPTED FROM NATIONAL SPECIALTY SOCIETIES AND PEER REVIEW STUDIES HAVE BEEN USED TO ESTAB LISH BEST PRACTICE MODELS AND DRIVE CONSISTENCY IN ANTEPARTUM, INTRAPARTUM, POSTPARTUM, AN D NEONATAL PROCESSES - THE PRIMARY CARE CLINICAL PROGRAM ADDRESSES THE NEEDS OF AMBULATOR Y PATIENTS CARED FOR BY FAMILY PRACTITIONERS, INTERNISTS AND PEDIATRICIANS MAJOR EFFORTS HAVE BEEN DIRECTED AT SMOKING CESSATION, CHILDHOOD VACCINATION, TREATMENT OF COMMUNITY-ACQ UIRED PNEUMONIA, AND STANDARDIZING THE CARE OF PATIENTS WITH DIABETES AND ASTHMA - THE ON COLOGY CLINICAL PROGRAM INCLUDES A NETWORK OF CANCER SURGEONS, RADIATION ONCOLOGISTS, MEDI CAL ONCOLOGISTS, PHARMACISTS, NURSES, PATHOLOGISTS AND RADIOLOGISTS, ALONG WITH CANCER REG ISTRY AND CLINICAL TRIAL DEPARTMENTS THAT PROVIDE AND SUPPORT CANCER SERVICES THROUGHOUT H EALTH SERVICES EFFORTS HAVE BEEN MADE TO STANDARDIZE SURGICAL ONCOLOGY, PATHOLOGY, MAMMOG RAPHY, MEDICAL ONCOLOGY, AND RADIATION ONCOLOGY DATA COLLECTION TO IMPROVE THE PROCESS OF CANCER DIAGNOSIS AND TREATMENT THE PROGRAM ADDITIONALLY SUPPORTS A COLLABORATIVE EFFORT B ETWEEN HEALTH SERVICES AND HUNTSMAN CANCER INSTITUTE TO STRENGTHEN CANCER OUTCOMES, RESEAR CH, QUALITY IMPROVEMENT, CLINICAL TRIALS RESEARCH, AND PATIENT EDUCATION - THE PEDIATRIC SPECIALTIES CLINICAL PROGRAM WORKS TO IMPROVE CARE FOR CHILDREN, INCLUDING CARE BY PEDIATR IC SUBSPECIALTY PROVIDERS BEST PRACTICE GUIDELINES HAVE BEEN DEVELOPED FOR TREATMENT OF B RONCHIOLITIS, THE FEBRILE INFANT, TYPE I DIABETES, AND TORTICOLLIS PEDIATRIC TEAMS HAVE A LSO TAKEN STEPS TO PREVENT PEDIATRIC MEDICATION ERRORS, IMPROVE EDUCATION FOR ASTHMA PATIE NTS, AND IMPROVE EARLY RECOGNITION OF SHOCK IN CHILDREN - THE SURGICAL SERVICES CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, ADMINISTRATORS, AND OTHER CARE PROVID ERS IN THE AREAS OF OPERATING ROOMS, SAME DAY SURGERY, POST ANESTHESIA CARE UNITS, ANESTHE SIA, CENTRAL PROCESSING, AND SEDATION SERVICES EA

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	CH TEAM IDENTIFIES AND IMPLEMENTS VERY FOCUSED GOALS OF EVIDENCE-BASED BEST PRACTICES, WHI CH HAVE THE POTENTIAL OF GREATLY AFFECTING PATIENT OUTCOMES SEVERAL INITIATIVES ARE CURRE NTLY IN PROCESS, INCLUDING OUR CARE PROCESS FOR COLON RESECTION PATIENTS, BLOOD UTILIZATIO N PROJECT FOR PACKED RED BLOOD CELLS, AND DEVELOPMENT OF OUR PAIN MANAGEMENT DATA MART - THE INTENSIVE MEDICINE CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, RESPI RATORY THERAPISTS, ADMINISTRATORS, AND OTHER CARE PROVIDERS IN THE AREAS OF EMERGENCY CARE , CRITICAL CARE, TRAUMA CARE, TRANSPORT (AIR AND GROUND AMBULANCE), HOSPITALISTS, STROKE C ARE, AND TELEMEDICINE EACH TEAM IDENTIFIES AND IMPLEMENTS VERY FOCUSED GOALS OF EVIDENCED -BASED BEST PRACTICES, WHICH HAVE THE POTENTIAL OF GREATLY IMPACTING PATIENT OUTCOMES CAR E PROCESS MODELS IN PLACE INCLUDE ACUTE STROKE CARE, TRAUMATIC BRAIN INJURY , AND PNEUMONIA CARE THE TEAM HAS WORKED TO REDUCE VENTILATOR ASSOCIATED PNEUMONIA, CONTROL GLUCOSE LEVE LS IN THE CRITICAL CARE POPULATION, IMPLEMENT RAPID RESPONSE TEAMS IN EACH HOSPITAL, IMPLE MENT THE SEPSIS, VENTILATOR, AND CENTRAL LINE BUNDLES FUTURE INITIATIVES INCLUDE CONTINUE D WORK IN THE DEVELOPMENT AND IMPLEMENTATION OF THE ELECTRONIC MEDICAL RECORD, AND ADVANCI NG TELEMEDICINE - THE BEHAVIORAL HEALTH CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICI ANS, NURSES, BEHAVIORAL THERAPISTS, ADMINISTRATORS, AND OTHER CARE PROVIDERS THE TEAM HAS WORKED TO IMPROVE THERAPEUTIC ALLIANCE SCORES FOR THEIR PATIENTS AND ITS CORRELATION TO C LINICAL OUTCOME MEASUREMENTS IN ADDITION, SCREENING FOR COMMON MEDICAL CONDITIONS IN BEHA VIORAL HEALTH PATIENTS IN BEHAVIORAL HEALTH TREATMENT SETTINGS IS MEASURED CURRENTLY , THE TEAM IS WORKING TO IMPROVE POST DISCHARGE CARE PLANNING FOR PATIENTS ADMITTED TO AN INPAT IENT BEHAVIORAL HEALTH UNIT THE MISSION OF HEALTH SERVICES IS EXCELLENCE IN THE PROVISION OF HEALTHCARE SERVICES TO COMMUNITIES IN THE INTERMOUNTAIN REGION PROVIDING THE HIGHEST QUALITY HEALTHCARE AT THE LOWEST POSSIBLE COST TO OUR PATIENTS AND CUSTOMERS IS ONE OF OUR MOST IMPORTANT CONSIDERATIONS HEALTH SERVICES PROVIDES SERVICES ON THE BASIS OF MEDICAL NEED, WITHOUT REGARD OF ABILITY TO PAY AN UNINSURED, LOW-INCOME PERSON WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE AT ITS HOSPITALS AND CLINICS FOR NO CHARGE OR A REDUCED CHAR GE BASED UPON SUCH PERSON'S ABILITY TO PAY , IF IN THE JUDGMENT OF THE ADMITTING PHYSICIAN THE SERVICES ARE AVAILABLE AT THE HOSPITAL AND CLINICS AND THE PERSON REQUIRES THAT SERVIC E THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WILL CONTINUE TO BE COMMUNICATED THROUGH ALL REASONABLE MEANS HEALTH SERVICES HAS ESTABLISHED A FINANCIAL ASSISTANCE POLIC Y FOR THE UNINSURED AND THE UNDERINSURED, WHICH OFFERS DISCOUNTS UP TO 100 PERCENT OF CHAR GES ON A SLIDING SCALE FINANCIAL ASSISTANCE IS BASED ON BOTH INCOME AS A PERCENTAGE OF TH E FEDERAL POVERTY LEVEL GUIDELINES AND THE CHARGES FOR SERVICES RENDERED HEALTH SERVICES' FINANCIAL ASSISTANCE GUIDELINES INCLUDE PROVISIONS THAT ARE RESPONSIVE TO THOSE PATIENTS SUBJECT TO CATASTROPHIC HEALTHCARE EXPENSES

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	DURING 2012, THROUGH MORE THAN 239,195 CASES, HEALTH SERVICES' FACILITIES AND PHYSICIANS PROVIDED MORE THAN $105 2 MILLION IN FINANCIAL ASSISTANCE (AT COST) TO PEOPLE UNABLE TO PAY THIS AMOUNT DOES NOT INCLUDE BAD DEBTS BAD DEBTS REFER TO CIRCUMSTANCES WHERE A PERSON HAS THE ABILITY TO PAY BUT DOES NOT PAY FOR THE SERVICES RECEIVED AND THE AMOUNT IS NOT OTHERWISE COLLECTED IF AN ACCOUNT HAS BEEN INITIALLY IDENTIFIED AS A BAD DEBT BUT THE PATIENT LATER APPLIES FOR AND IS DETERMINED TO HAVE BEEN ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF TREATMENT, THEN THE BILL IS NO LONGER CONSIDERED A BAD DEBT AND IS CHARGED TO CHARITY CARE HOWEVER, IF IT IS DETERMINED THAT THE PATIENT HAD THE ABILITY TO PAY AT THE TIME OF SERVICE BUT THE ACCOUNT CANNOT BE COLLECTED LATER, OR THE PATIENT DID NOT COMMUNICATE AN INABILITY TO PAY, IT IS CONSIDERED TO BE A BAD DEBT, WHICH IS NOT COLLECTIBLE HEALTH SERVICES GENERALLY INCURS SHORTFALLS BETWEEN ITS ESTABLISHED RATES AND AMOUNTS PAID BY MEDICARE (PRINCIPALLY RELATED TO ELDERLY PATIENTS) HEALTH SERVICES PROVIDES A SIGNIFICANT ARRAY OF ADDITIONAL COMMUNITY SERVICES INCLUDING OWNING AND OPERATING SIX COMMUNITY AND SCHOOL-BASED CLINICS TO HELP MEET THE NEEDS OF UNINSURED AND LOW-INCOME PEOPLE IN NEIGHBORHOODS THAT WOULD OTHERWISE LACK CONVENIENT ACCESS TO HEALTHCARE IN 2012, THESE CLINICS HAD MORE THAN 25,838 PATIENT VISITS MOST PATIENTS PAY ON A SLIDING FEE SCALE ACCORDING TO THEIR HOUSEHOLD INCOMES, AND MANY QUALIFY FOR HEALTH SERVICES' FINANCIAL ASSISTANCE AN AFFILIATED FOUNDATION SUPPORTED BY HEALTH SERVICES AWARDS GRANTS AND OTHER CASH CONTRIBUTIONS TO 12 INDEPENDENTLY OWNED CLINICS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED, LOW-INCOME, AND HOMELESS POPULATIONS THESE CLINICS, LOCATED THROUGHOUT UTAH, HAD MORE THAN 234,979 PATIENT VISITS IN 2012 HEALTH SERVICES PROVIDES COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, INTERN AND RESIDENT TRAINING, AND MEDICAL RESEARCH DURING 2012, THESE COMMUNITY SERVICES AND CONTRIBUTIONS TOTALED MORE THAN $55 3 MILLION SEE SCHEDULE H

Identifier	Return Reference	Explanation
BUSINESS AND/OR FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	CHARLES W SORENSON JR MD / GREGORY P POULSEN - FAMILY RELATIONSHIP ALBERT R ZIMMERLI / DOUGLAS C BLACK / CHRIS M COONS / BRENT T JOHNSON - BUSINESS RELATIONSHIP (BOARD MEMBERS OF A CORPORATE INVESTMENT THAT IS 50% OWNED BY THE FILING ORGANIZATION) SPENCER F ECCLES / DOUGLAS J HAMMER - BUSINESS RELATIONSHIP (TRUSTEE/EMPLOYEE RELATIONSHIP IN AN UNRELATED TAX EXEMPT ORGANIZAION) A SCOTT ANDERSON / THOMAS B MORGAN - BUSINESS RELATIONSHIP (SUPERVISOR/EMPLOYEE RELATIONSHIP IN AN UNRELATED TAXABLE CORPORATION) ALBERT R ZIMMERLI / BRUCE T REESE / CHARLES W SORENSON JR MD / DOUGLAS C BLACK / F ANN MILLNER / KEM C GARDNER / MERRILL GAPPMAYER / TERESA BECK - BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF THE HEALTHCARE CAPTIVE INSURANCE COMPANY, A TAXABLE ORGANIZATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATION'S PARENT) ALBERT R ZIMMERLI / CHARLES W SORENSON JR MD / THOMAS B MORGAN / DOUGLAS C BLACK - BUSINESS RELATIONSHIP (BOARD MEMBERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION) ALBERT R ZIMMERLI / BRUCE T REESE / CHARLES W SORENSON JR MD / A SCOTT ANDERSON / DOUGLAS C BLACK / F ANN MILLNER /GREGORY M JOHNSON / KEM C GARDNER / MERRILL GAPPMAYER / TERESA BECK - BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF IHC AFFILIATED SERVICES, INC, A TAXABLE CORPORATION WITH MINIMAL ACTIVITY THAT IS WHOLLY-OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION)

Identifier	Return Reference	Explanation
ORGANIZATION MEMBER	FORM 990, PART VI, SECTION A, LINES 6-7	THE SOLE MEMBER OF HEALTH SERVICES IS INTERMOUNTAIN HEALTH CARE, INC , A UTAH NONPROFIT CORPORATION PURSUANT TO THE APPROVED BYLAWS, THE MEMBER EXERCISES ALL PROPERTY, VOTING, AND OTHER RIGHTS, INTERESTS AND POWERS CONFERRED UNDER LOCAL STATUTE, INCLUDING THE ELECTION OF HEALTH SERVICES' TRUSTEES

Identifier	Return Reference	Explanation
FORM 990 REVIEW BY GOVERNING BODY	FORM 990, PART VI, SECTION B, LINE 11	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 TO COMMITTEE MEMBERS IN ADVANCE AND DISCUSSED IN DEPTH DURING AN AUDIT COMMITTEE MEETING. PRIOR TO FILING WITH THE IRS, COPIES OF THE FINAL RETURN WERE PROVIDED TO BOARD MEMBERS FOR REVIEW AND WERE DISCUSSED AS PART OF A REGULARLY SCHEDULED BOARD MEETING

Identifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12	EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY THESE INDIVIDUALS HAVE ALSO 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 THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED, PER POLICY, 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 FULL AUDIT AND COMPLIANCE COMMITTEE THE MINUTES FROM THAT REPORT ARE SUBMITTED TO THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
DETERMINATION OF EXECUTIVE COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE (''COMMITTEE''), A SUBSET OF HEALTH SERVICES' GOVERNING BODY, IS RESPONSIBLE FOR THE PROCESS OF ANNUALLY DETERMINING THE TOTAL COMPENSATION PACKAGES (INCLUDING CASH AND NON-CASH BENEFITS) FOR THE FOLLOWING OFFICERS - PRESIDENT / CHIEF EXECUTIVE OFFICER - EXECUTIVE VICE PRESIDENTS, INCLUDING THE CFO - SENIOR VICE PRESIDENTS - CERTAIN CORPORATE AND REGIONAL VICE PRESIDENTS PURSUANT TO HEALTH SERVICES' WRITTEN ''COMPENSATION PHILOSOPHY,'' THE COMMITTEE ANUALLY RETAINS AN INDEPENDENT, EXTERNAL CONSULTING FIRM TO PROVIDE AN ANALYSIS OF COMPARABLE MARKET DATA THE CONSULTANTS REVIEW THE VARIOUS TYPES OF DIRECT COMPENSATION, INCLUDING BASE SALARY, TOTAL CASH, AND ANNUAL AND LONG-TERM INCENTIVES INFORMATION FROM A SELECTED GROUP OF COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS IS USED TO SUPPLEMENT PUBLISHED SURVEY DATA THE CONSULTANTS ALSO CONDUCT AN IN-DEPTH ANALYSIS OF THE ASSOCIATED BENEFITS AND PERQUISITES INFORMATION PROVIDED BY THE EXTERNAL CONSULTANTS IS REVIEWED BY THE COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR EACH INDIVIDUAL LISTED ABOVE DECISIONS BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED THE COMMITTEE PRESENTS ALL OF THE COLLECTED INFORMATION AND THE ASSOCIATED COMPENSATION DECISIONS TO THE ENTIRE BOARD OF TRUSTEES HEALTH SERVICES' PHILOSOPHY IS TO PAY COMPENSATION AT OR AROUND THE 50TH PERCENTILE OF COMPARABLE HEALTHCARE ORGANIZATIONS THE DETERMINATION OF EXECUTIVE COMPENSATION IS ALSO DESIGNED TO MEET THE ''REBUTTABLE PRESUMPTION OF REASONABLENESS'' STANDARD AS OUTLINED IN THE TREASURY REGULATIONS

Identifier	Return Reference	Explanation
PUBLIC INSPECTION OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STMTS	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 FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE, A SERVICE PROVIDED BY THE MUNICIPAL SECURITIES RULEMAKING BOARD

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9	($235,537,857) - Unrecognized change in funded status of postretirement benefit plans ($145,775) - MISCELLANEOUS CHANGES TO UNRESTRICTED NET ASSETS ($669,720) - BOOK/TAX DIFFERENCE ON THE SALE OF AN LLC INTEREST ($236,353,352) - Total

Identifier	Return Reference	Explanation
CHANGES TO GOVERNING DOCUMENTS	FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING AMENDMENTS WERE MADE TO THE FILING ORGANIZATIONS BYLAWS - THE PRESIDENT MAY APPOINT VICE PRESIDENTS WITHOUT PRIOR BOARD APPROVAL - AN OUTGOING BOARD CHAIR MAY EXCEED TERM AND AGE LIMITS BY BEING ELECTED BY THE MEMBER OF THE ORGANIZATION AS CHAIR EMERITUS FOR A SINGLE, ONE YEAR TERM - BYLAW CHANGES CAN BE MADE AT ANY REGULAR OR SPECIAL MEETING OF THE BOARD

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318007153

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) No
(1) Intermountain Health care Inc 36 South State Suite 2200 Salt Lake City, UT 84111 87-0269232	Holding Co	UT	501(C)(3)	11a TYPE I	NA		No
(2) IHC Management Inc 36 South State Suite 2200 Salt Lake City, UT 84111 94-2860622	Comm Health	UT	501(C)(3)	11b TYPE II	INT HTH CARE		No
(3) IHC Professional Services Inc 36 South State Suite 2200 Salt Lake City, UT 84111 94-2886596	Comm Health	UT	501(C)(3)	11a TYPE I	INT HTH CARE		No
(4) INTERMOUNTAIN COMMUNITY CARE FOUND INC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2853320	Comm Health	UT	501(C)(3)	11a TYPE I	INT HTH CARE		No
(5) SelectHealth Inc 5381 GREEN STREET MURRAY, UT 84123 87-0409820	Comm Health	UT	501(C)(4)	N/A	INT HTH CARE		No
(6) Intermountain Health Care Retiree VEBA 36 South State Suite 2200 Salt Lake City, UT 84111 74-2675605	Retiree Ben	UT	501(C)(9)	N/A	INT HTH CARE		No
(7) INTERMOUTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMM HEALTH	UT	501(C)(3)	LINE 7	IHC HTH SVS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) McKay Dee Surgical Center LLC OGDEN UT EIN 26-0286308 Ogden, UT 84403 26-0286308	Outpt Surgery	UT	IHC HTH SVS	RELATED	4,665,369	2,805,854		No	0	Yes		75 800 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) SelectHealth Benefit Assurance Company 5381 GREEN STREET MURRAY, UT 84123 87-0497549	Insurance	UT	NA	C					No
(2) IHC Affiliated Services INc 36 South State Suite 2300 Salt Lake City, UT 84111 87-0405996	HOSPITAL SVS	UT	NA	C					No
(3) Healthcare Captive Insurance Company 36 South State Suite 2200 Salt Lake City, UT 84111 20-1937561	Insurance	AZ	NA	C					No

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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

(a) Name, address, and EIN 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	Apt Rentals	UT	2,319,915	9,261,322	IHC HTH SVS
IHC Utah Valley LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	MED OFFICES	UT	308,024	2,775,379	IHC HTH SVS
Intermountain Invention Management LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	Health Tech	UT	100,789	0	IHC HTH SVS
5300 South Center LLC 36 South State Suite 2200 Salt Lake City, UT 84111 20-5881911	Office Rental	UT	3,274,198	17,698,549	IHC HTH SVS
5245 College LLC 36 South State Suite 2200 Salt Lake City, UT 84111 26-0806138	Office Rental	UT	1,125,445	17,750,449	IHC HTH SVS
Pediatric Specialty Services LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	Pediatric Ser	UT	0	0	IHC HTH SVS
INTERMOUNTAIN INSIGHTS LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	RESEARCH	UT	0	0	IHC HTH SVS

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MCKAY DEE SURGICAL CENTER LLC	A / J	375,907	FMV
MCKAY DEE SURGICAL CENTER LLC	L	813,417	CONTRACT
MCKAY DEE SURGICAL CENTER LLC	Q	3,138,786	COST
SELECTHEALTH INC	L	544,861,281	COST
SELECTHEALTH INC	M	13,169,189	COST
SELECTHEALTH INC	Q	72,134,057	COST
SELECTHEALTH INC	C	100,000	COST
SELECTHEALTH INC	S	6,000,000	COST
INTERMOUTAIN HEALTHCARE FOUNDATION INC	B	5,501,035	COST
INTERMOUTAIN HEALTHCARE FOUNDATION INC	C	4,703,795	COST

CONSOLIDATED FINANCIAL STATEMENTS

IHC Health Services, Inc
Years Ended December 31, 2012 and 2011
with Independent Auditors' Report

KPMG LLP
Suite 1500
15 W South Temple
Salt Lake City, UT 84101

Independent Auditors' Report

Audit and Compliance Committee
IHC Health Services, Inc

We have audited the accompanying consolidated financial statements of IHC Health Services, Inc , which comprise the consolidated balance sheets as of December 31, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of IHC Health Services, Inc as of December 31, 2012 and 2011, and the results of its operations and its cash flows for the years then ended, in accordance with U S generally accepted accounting principles

KPMG LLP

Salt Lake City, Utah
March 12, 2013

KPMG LLP is a Delaware limited liability partnership
the U S member firm of KPMG International Cooperative
(KPMG International) a Swiss entity

IHC Health Services, Inc.
Consolidated Balance Sheets
(In Millions)

	December 31 2012	2011
Assets		
Current assets		
Cash and equivalents	$ 426 7	$ 175 4
Assets limited as to use	510 4	450 3
Accounts receivable, less allowances for bad debts of $181 2 in 2012 and $162 9 in 2011	537 8	491 9
Inventory	94 8	92 1
Other current assets	178 0	85 5
Total current assets	1,747 7	1,295 2
Assets limited as to use	3,054 1	2,256 3
Property and equipment, net	2,025 9	1,997 1
Other assets	123 4	209 5
Total assets	$ 6,951 1	$ 5,758 1
Liabilities and net assets		
Current liabilities		
Accounts payable	$ 173 6	$ 128 6
Compensation and related liabilities	228 5	221 0
Due to brokers for securities purchased	178 2	54 4
Other current liabilities	176 0	172 1
Securities held for affiliate	71 6	—
Current portion of long-term debt	25 0	14 2
Long-term debt subject to short-term remarketing arrangements	438 8	450 3
Total current liabilities	1,291 7	1,040 6
Self-insurance liabilities	133 6	132 2
Pension liability	470 9	324 1
Long-term debt	1,100 7	865 7
Other liabilities	246 0	171 6
Net assets		
Unrestricted	3,555 2	3,105 0
Temporarily restricted	134 9	100 9
Permanently restricted	18 1	18 0
	3,708 2	3,223 9
Total liabilities and net assets	$ 6,951 1	$ 5,758 1

See accompanying notes to consolidated financial statements.

IHC Health Services, Inc.
Consolidated Statements of Operations and Changes in Net Assets
(In Millions)

	Year Ended December 31	
	2012	**2011**
Revenues		
Patient services	$ 4,053 6	$ 3,856 5
Provision for bad debts	(206 8)	(193 0)
Net patient services	3,846 8	3,663 5
Other	208 7	192 7
Total revenues	4,055 5	3,856 2
Expenses		
Employee compensation and benefits	2,051 2	1,933 6
Supplies	807 1	767 3
Other operating expenses	519 1	469 1
	3,377 4	3,170 0
Earnings before interest, depreciation and amortization	678 1	686 2
Depreciation and amortization	232 6	215 2
Interest	49 0	48 8
	281 6	264 0
Net operating income	396 5	422 2
Investment income	192 1	18 6
Other-than-temporary impairment losses	—	(27 4)
Excess of revenues over expenses	$ 588 6	$ 413 4

(continued)

See accompanying notes to consolidated financial statements.

IHC Health Services, Inc.
Consolidated Statements of Operations and Changes in Net Assets (continued)
(In Millions)

	Year Ended December 31	
	2012	**2011**
Unrestricted net assets		
Excess of revenues over expenses	$ 588 6	$ 413 4
Change in net unrealized investment gains on other-than-trading securities	100 9	(94 3)
Net assets released from restrictions for the purchase of property and equipment	2 5	6 0
Net change in fair value of cash flow hedges	(6 6)	(60 8)
Unrecognized changes in funded status of postretirement benefit plans	(242 4)	(260 8)
Other	7 2	3 5
Increase in unrestricted net assets	450 2	7 0
Temporarily restricted net assets		
Contributions	129 1	—
Net assets released from restrictions	(3 6)	(12 1)
Increase (decrease) in interest in affiliated foundations	(96 4)	9 8
Investment income	2 2	—
Other	2 7	1 1
Increase (decrease) in temporarily restricted net assets	34 0	(1 2)
Permanently restricted net assets		
Contributions	18 1	—
Increase (decrease) in interest in affiliated foundations	(18 0)	0 5
Increase in permanently restricted net assets	0 1	0 5
Increase in net assets	484 3	6 3
Net assets at beginning of year	3,223 9	3,217 6
Net assets at end of year	$ 3,708 2	$ 3,223 9

See accompanying notes to consolidated financial statements.

IHC Health Services, Inc.
Consolidated Statements of Cash Flows
(In Millions)

	Year Ended December 31	
	2012	**2011**
Operating activities		
Cash received from patient services	$ 3,808 6	$ 3,626 4
Other receipts from operations	309 3	189 7
Interest and dividends received	48 8	43 7
Cash paid for employee compensation and benefits	(2,161 2)	(2,110 0)
Cash paid for supplies and other operating expenses	(1,297 5)	(1,203 6)
Interest paid	(45 0)	(47 6)
Net cash provided by operating activities	663 0	498 6
Investing activities		
Purchases of property and equipment	(261 4)	(181 8)
Assets limited as to use		
Net decrease (increase) in cash investments	279 7	(242 8)
Purchases of investments	(1,095 3)	(726 4)
Sales and maturities of investments	517 4	679 1
Net purchases of trading securities	(168 6)	(6 7)
Change in collateral posted for interest rate swaps	45 5	(107 0)
Net cash used in investing activities	(682 7)	(585 6)
Financing activities		
Proceeds from issuance of debt	450 0	63 5
Repayment of debt	(214 7)	(76 7)
Restricted contributions	25 4	—
Other	10 3	5 9
Net cash provided by (used in) financing activities	271 0	(7 3)
Net increase (decrease) in cash and equivalents	251 3	(94 3)
Cash and equivalents at beginning of year	175 4	269 7
Cash and equivalents at end of year	$ 426 7	$ 175 4

(continued)

See accompanying notes to consolidated financial statements.

IHC Health Services, Inc.
Consolidated Statements of Cash Flows (continued)
(In Millions)

	Year Ended December 31	
	2012	**2011**
Reconciliation of increase in net assets to net cash provided by operating activities		
Increase in net assets	$ 484 3	$ 6 3
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Investment losses (gains), net	(266 2)	108 3
Net change in fair value of interest rate swaps	29 9	99 2
Contributions in excess of postretirement benefit plans expense	(108 7)	(209 3)
Unrecognized changes in funded status of postretirement benefit plans	242 4	260 8
Restricted contributions	(25 4)	—
Decrease in interest in affiliated foundations	114 4	1 8
Depreciation and amortization	232 6	215 2
Net changes in current assets and liabilities		
Accounts receivable	(45 9)	(53 9)
Inventory	(2 7)	(2 4)
Other current assets	(22 0)	(5 8)
Accounts payable	45 0	25 3
Compensation and related liabilities	7 5	29 2
Other current liabilities	3 9	25 0
Increase in self-insurance liabilities	1 4	6 7
Increase (decrease) in other liabilities	(1 0)	8 2
Other	(26 5)	(16 0)
Net cash provided by operating activities	$ 663 0	$ 498 6

See accompanying notes to consolidated financial statements.

1. Organization

The mission of IHC Health Services, Inc (the Company) is "excellence in the provision of healthcare services to communities in the Intermountain region" The Company is a Utah not-for-profit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Internal Revenue Code Intermountain Health Care, Inc (Intermountain) is the sole corporate member of the Company The Company owns and manages hospitals, clinics and other healthcare-related operations, principally in Utah

2. Significant Accounting Policies

Principles of Consolidation
All significant intercompany accounts and transactions have been eliminated in consolidation The preparation of consolidated financial statements in conformity with U S generally accepted accounting principles requires certain estimates that affect the reported amounts of assets, liabilities, revenues and expenses Due to uncertainties inherent in the estimation processes, there is at least a reasonable possibility that actual results may differ materially from these estimates in the near term

Charity Care
The Company is dedicated to the principle that generally available and medically necessary healthcare services should be accessible to all residents of the communities it serves, without regard to race, religion, gender, national origin, physical or mental disability, veteran status or ability to pay Decisions about medical necessity and the appropriate course of treatment are made by a physician or other licensed medical practitioner The Company has established a financial assistance policy for both the uninsured and the underinsured The Company offers discounts of up to 100% of charges on a sliding scale, which is based on income as a percentage of the Federal Poverty Level guidelines, available liquid assets and charges for services rendered The Company's financial assistance guidelines also have provisions that are responsive to those patients subject to catastrophic healthcare expenses Charity care services are not reported as revenue because payment is not anticipated Charity care represents only one component of community benefit provided by the Company

Cash and Equivalents
Cash and equivalents consist of deposits with banks and highly liquid investments in interest-bearing securities with original maturity dates of three months or less at the date of purchase

2. Significant Accounting Policies (continued)

Assets Limited as to Use

Assets limited as to use consist of investments that are classified as trading or other than trading based on management's intent and ability to hold each investment Other-than-trading investments that experience declines in value are regularly evaluated for other-than-temporary impairment Impairment losses for declines in the value of other-than-trading investments below cost are evaluated based upon relevant facts and circumstances for each investment Impairment losses are recognized in other-than-temporary impairment losses in the consolidated statements of operations and changes in net assets when deemed to be other than temporary

The Company accounts for its investments on a trade-date basis Investment sales and purchases initiated prior to the consolidated balance sheet date and formally settled subsequent to the consolidated balance sheet date result in amounts due from and to brokers Amounts due from brokers for securities sold were $78 8 and $8 3 at December 31, 2012 and 2011, respectively, and are included in other current assets in the consolidated balance sheets Amounts due to brokers for securities purchased were $178 2 and $54 4 at December 31, 2012 and 2011, respectively Changes in these assets and liabilities represent noncash investing activities excluded from the consolidated statements of cash flows

Concentrations of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of accounts receivable Medicare and Medicaid accounts represent 31% and 29% of net accounts receivable at December 31, 2012 and 2011, respectively Accounts receivable from SelectHealth, Inc (SelectHealth), an affiliate of the Company, represent 16% and 17% of net accounts receivable at December 31, 2012 and 2011, respectively Management does not believe there are any other significant concentrations of credit risk at December 31, 2012 or 2011

Inventory

Inventory is carried at the lower of cost, determined on the average-cost method, or fair value

Property and Equipment

Property and equipment are stated on the basis of cost Expenditures that increase values or extend useful lives are capitalized, and routine maintenance and repairs are charged to expense in the period incurred Depreciation is computed using the straight-line method over the estimated useful lives of the assets Depreciation begins in the month of acquisition or when constructed assets are ready for their intended use Useful lives are generally assigned as listed in the American Hospital Association publication *Estimated Useful Lives of Depreciable Hospital Assets*

2. Significant Accounting Policies (continued)

Interest During Construction
Interest capitalized on borrowed funds expended for construction is a component of the cost of property additions to be allocated to future periods through depreciation Capitalization of interest ceases when the property addition is ready for its intended use

Temporarily Restricted Net Assets
Temporarily restricted net assets represent funds restricted by donors for specific purposes or for a period of time When specific donor restrictions are satisfied, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other revenues or net assets released from restrictions for the purchase of property and equipment

Pledges receivable that are to be unrestricted as to use are classified as temporarily restricted net assets as they carry an implied time restriction until they have been collected by the Company When received, these pledges are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as other revenues

Permanently Restricted Net Assets
Permanently restricted net assets represent assets restricted to investment in perpetuity, the income from which is expendable for specific healthcare programs and services

Patient Services Revenues and Provision for Bad Debts
Patient services revenues are derived from services provided by the Company to patients The Company receives payments directly from patients or on behalf of patients from the federal government under the Medicare program, state governments under their Medicaid programs, certain private insurance companies and various managed care programs The Company recognizes patient services revenues associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered in the period the related services are rendered Patient services revenues are adjusted in future periods as final settlements and reconciliations with third-party payers are determined

For uninsured patients that do not qualify for charity care, the Company recognizes patient services revenues for services provided on a discounted basis from its established rates, as provided by policy Based on historical experience, a significant portion of the Company's uninsured and underinsured patients will be unwilling to pay for the services provided Accordingly, the Company records an estimated provision for bad debts in the period services are rendered to uninsured and underinsured patients

2. Significant Accounting Policies (continued)

Patient Services Revenues and Provision for Bad Debts (continued)
Management estimates the provision for bad debts by assessing the collectibility, timing and amount of patient services revenues by considering historical collection rates, general economic trends and other indicators for each major payer source Management also assesses the adequacy of allowances for bad debts based on historical write-offs, accounts receivable aging and other factors for each major payer

Other Revenues
Other revenues include retail pharmacy sales, lab services to unaffiliated healthcare providers, medical office rentals, cafeteria sales, contributions from donors and other miscellaneous revenues

Excess of Revenues over Expenses
Excess of revenues over expenses includes the Company's operating and certain investing activities Changes in unrestricted net assets not included in excess of revenues over expenses include the following change in net unrealized investment gains on other-than-trading securities, net assets released from restrictions for the purchase of property and equipment, net change in fair value of cash flow hedges, unrecognized changes in funded status of postretirement benefit plans, and other

Fair Value of Financial Instruments
Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date The estimated fair value of certain financial instruments is reflected in the consolidated balance sheets The carrying amounts of cash and equivalents, accounts receivable, accounts payable and medical claims payable approximate fair value due to the short-term nature of these instruments Assets limited as to use and interest rate swap agreements related to the Company's long-term debt are carried at fair value The fair value disclosed for long-term debt is based on independent pricing models or other model-based valuation techniques using rates currently available for debt with similar terms and remaining maturities

2. Significant Accounting Policies (continued)

Interest Rate Swap Agreements

The accounting for changes in the fair value of interest rate swap agreements related to the Company's long-term debt depends on whether the interest rate swaps have been designated and qualify as part of a hedging relationship The Company formally assesses, both at the inception of the hedging relationship and on an ongoing basis, whether the derivatives that are used in hedging relationships are highly effective in offsetting changes in the cash flows of hedged transactions For interest rate swaps designated as cash flow hedges, the effective portion of changes in the fair value of cash flow hedges is recognized as a change in unrestricted net assets excluded from excess of revenues over expenses in the consolidated statements of operations and changes in net assets and is subsequently recognized in interest expense when the hedged transaction affects earnings The ineffective portion of changes in the fair value of cash flow hedges is recognized in investment income in the consolidated statements of operations and changes in net assets For interest rate swap agreements not designated as hedges, changes in fair value are recognized in investment income and settlement transactions are recognized in interest expense

Pension and Other Postretirement Plans

The Company records amounts related to Intermountain's pension and other postretirement plans based on estimates that incorporate various actuarial and other assumptions, including discount rates, mortality, rates of return, compensation increases and turnover rates Management reviews the assumptions on an annual basis and modifies them based on current rates and trends, as appropriate The effect of modifications to the assumptions is recorded as a change in unrestricted net assets excluded from excess of revenues over expenses and amortized to pension cost and other postretirement benefit over future periods using the corridor method Management believes that the assumptions utilized in recording its obligations under its plans are reasonable based on the experience of the plans and market conditions

New and Pending Accounting Pronouncements

Effective January 1, 2012, the Company adopted the provisions included in Accounting Standards Codification Subtopic 954-605, *Health Care Entities – Revenue Recognition* These new provisions require healthcare entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient services revenues from an operating expense to a deduction from patient services revenues Additionally, healthcare entities are required to provide enhanced disclosures about their policies for recognizing revenue and assessing bad debts as well as qualitative and quantitative information about significant changes in the allowance for doubtful accounts The provisions of this Subtopic were applied retrospectively The retrospective application of this Subtopic decreased reported amounts for total operating revenues and expenses by $193 0 for the year ended December 31, 2011

2. Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications were made to the 2011 consolidated financial statements and accompanying notes to conform to the 2012 presentation These changes had no impact on excess of revenues over expenses or net assets

3. Charity Care and Community Benefit

The cost of charity care provided by the Company was $119 2 and $128 4 in 2012 and 2011, respectively The cost to provide charity care for patients who qualify under the Company's financial assistance policy was determined by multiplying the charges incurred at established rates for services rendered by the Company's cost-to-charge ratio In addition to charity care, the Company also provides significant financial support to improve the health of individuals in the communities it serves

A summary of the cost to provide charity care and estimated costs of community services provided by the Company is as follows

	Year Ended December 31	
	2012	2011
Cost of charity care	$ 119 2	$ 128 4
Other community benefit services and contributions	55 5	56 4
Volunteer services	3 3	3 3
	$ 178 0	$ 188 1

The Company also incurs shortfalls between its established rates and amounts paid by the Medicare (principally related to elderly patients) and Medicaid (principally related to indigent patients) programs These shortfalls are not included in charity care

The charity care amounts included in the preceding table are separate and distinct from the provision for bad debts, 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 the Company to obtain documentation from those responsible for payment that would substantiate the patient's qualification for charity consideration The provision for bad debts is reflected in the consolidated statements of operations and changes in net assets and was $206 8 and $193 0 for the years ended December 31, 2012 and 2011, respectively

3. Charity Care and Community Benefit (continued)

The Company provides additional community benefit activities and services, including community health assessment events for low-income and uninsured people with referrals for follow-up care when appropriate, health education, public service programs, community and school-based health clinics, intern and resident training, health professions education and medical research Community benefit activities address documented health needs in communities served by the Company's hospitals and clinics

The Company committed to provide $15 0 to support research activities at the nonprofit Huntsman Cancer Institute As of December 31, 2012, the Company had paid $9 0 of this commitment and is scheduled to pay $3 0 annually over the next two years

The Company owns and manages six community and school-based health clinics to meet the needs of uninsured, low-income and homeless patients in neighborhoods where there are no other healthcare providers The Company also provides financial support to 12 independently owned and operated community clinics in Utah that serve the underserved The Company is also committed to providing healthcare to rural communities The Company operates nine hospitals in rural communities

The Company provides a number of services that are not self-supporting for which net patient services revenues are less than the costs required to provide the services Such negative margin services benefit uninsured and low-income people as well as the broader community, but are not expected to be financially self-supporting One example is mental health services for which the Company is the only provider of services in many of the communities in which it operates

The communities the Company serves also benefit from services provided by volunteers, trustees and medical staff that might otherwise require the use of compensated employees and trustees Volunteer services are not reported as operating expenses because no payment is made

4. Fair Value Measurements

The methods used to determine the fair values of assets and liabilities reflect market participant objectives and are based on the application of a fair value hierarchy that prioritizes observable market inputs over unobservable inputs The hierarchy is based on the reliability of inputs as follows

- Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets The Company does not adjust the quoted price for Level 1 financial instruments

- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques Valuation for certain investments is based on the net asset value (NAV) or its equivalent provided by fund administrators

- Level 3 – Certain types of securities are classified as Level 3 financial instruments within the fair value hierarchy because these assets and liabilities trade infrequently and, therefore, have little or no price transparency

4. Fair Value Measurements (continued)

The Company's financial instruments recorded at fair value have been categorized based upon this fair value hierarchy The following fair value hierarchy table presents information about the Company's financial instruments measured at fair value as of December 31, 2012

	Level 1	Level 2	Level 3	Fair Value
Assets				
Assets limited as to use				
Cash investments	$ 50 2	$ 2 2	$ –	$ 52 4
Fixed-income securities				
U S government	–	163 7	–	163 7
U S and state government agencies	3 6	167 7	–	171 3
Corporate	15 5	283 3	5 2	304 0
Asset-backed	–	6 3	4 0	10 3
Mortgage-backed				
Residential	–	203 9	–	203 9
Commercial	–	44 3	1 2	45 5
Foreign government	–	14 5	–	14 5
Global/international debt funds	–	206 1	–	206 1
Equity securities				
Small/mid-cap domestic	76 4	–	–	76 4
Large-cap domestic	495 6	–	–	495 6
Global/international	311 5	–	–	311 5
Emerging markets	91 9	–	–	91 9
Energy fund	70 1	–	–	70 1
Common/collective trust funds				
Small/mid-cap domestic	–	54 6	–	54 6
Global/international	–	244 2	–	244 2
Asset allocation funds	19 7	145 4	–	165 1
Alternative investments				
Absolute return and hedge funds	–	457 2	–	457 2
Private equity, private debt, real estate and natural resource funds	–	–	306 8	306 8
Commodities fund	–	119 1	–	119 1
Investment derivatives	–	0 3	–	0 3
Total assets limited as to use	1,134 5	2,112 8	317 2	3,564 5
Cash equivalents	310 6	–	–	310 6
Collateral posted for interest rate swaps	3 1	75 3	–	78 4
	$ 1,448 2	$ 2,188 1	$ 317 2	$ 3,953 5
Liabilities				
Interest rate swaps	$ –	$ –	$ 223 2	$ 223 2

4. Fair Value Measurements (continued)

The following fair value hierarchy table presents information about the Company's financial instruments measured at fair value as of December 31, 2011

	Level 1	Level 2	Level 3	Fair Value
Assets				
Assets limited as to use				
Cash investments	$ 331 8	$ 0 3	$ –	$ 332 1
Fixed-income securities				
U S government	–	64 4	–	64 4
U S and state government agencies	8 4	57 0	–	65 4
Corporate	13 0	156 0	3 9	172 9
Asset-backed	–	6 3	5 6	11 9
Mortgage-backed				
Residential	15 2	143 8	–	159 0
Commercial	–	27 0	–	27 0
Foreign government	–	9 5	–	9 5
Global/international debt funds	2 2	52 0	–	54 2
Equity securities				
Small/mid-cap domestic	76 3	–	–	76 3
Large-cap domestic	536 4	–	–	536 4
Global/international	333 0	–	–	333 0
Emerging markets	76 7	–	–	76 7
Energy fund	56 1	–	–	56 1
Common/collective trust funds				
Small/mid-cap domestic	–	76 6	–	76 6
Global/international	–	123 4	–	123 4
Asset allocation fund	–	76 7	–	76 7
Alternative investments				
Absolute return and hedge funds	–	244 2	–	244 2
Private equity, private debt, real estate and natural resource funds	–	–	167 9	167 9
Commodities fund	–	42 9	–	42 9
Total assets limited as to use	1,449 1	1,080 1	177 4	2,706 6
Cash equivalents	107 5	–	–	107 5
Collateral posted for interest rate swaps	43 7	80 2	–	123 9
	$ 1,600 3	$ 1,160 3	$ 177 4	$ 2,938 0
Liabilities				
Interest rate swaps	$ –	$ –	$ 193 3	$ 193 3

4. Fair Value Measurements (continued)

There were no transfers of financial instruments between Level 1 and Level 2 classifications during 2012 or 2011 Changes of Level 3 financial instruments are as follows

	Year Ended December 31	
	2012	**2011**
Assets		
Balance at beginning of year	$ 177 4	$ 89 4
Net realized gains	6 6	3 1
Net unrealized gains	12 2	10 5
Purchases	149 9	92 4
Sales	(28 0)	(17 4)
Transfers out	(0 9)	(0 6)
Balance at end of year	$ 317 2	$ 177 4
Liabilities		
Balance at beginning of year	$ 193 3	$ 94 1
Net unrealized losses	29 9	99 2
Balance at end of year	$ 223 2	$ 193 3

The Company uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value The practical expedient used by the Company is the NAV per share or its equivalent Valuations provided by fund administrators consider variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information Management reviews the valuations and assumptions provided by fund administrators for reasonableness and believes that the carrying amounts of these financial instruments are reasonable estimates of fair value

Private equity, private debt, real estate and natural resource funds are valued using an NAV equivalent, which approximates fair value The transaction price is initially used as the best estimate of fair value Accordingly, when a private equity, private debt, real estate or natural resource fund administrator provides a valuation, it is adjusted so that the value at inception equals the transaction price The initial valuation is adjusted when changes to inputs and assumptions are corroborated by evidence, such as transactions of similar securities, completed or pending third-party transactions in the underlying security or comparable entities, offerings in the capital markets, and changes in financial results, data or cash flows For positions that are not traded in active markets or are subject to notice provisions, valuations are adjusted to reflect such provisions, and such adjustments are generally based on available market evidence

4. Fair Value Measurements (continued)

The following table presents information for investments where the NAV or its equivalent was used as a practical expedient to measure fair value as of December 31

	2012 Fair Value	2011 Fair Value	Redemption Frequency	Redemption Notice Period
Common/collective trust funds	$ 298 8	$ 200 0	Daily, monthly	1 - 30 days
Absolute return and hedge funds	454 5	239 8	Monthly, quarterly, annually	2 - 95 days
Global/international debt funds	206 1	52 0	Daily, monthly	1 - 15 days
Commodities fund	119 1	42 9	Monthly	5 - 30 days
Asset allocation funds	145 4	76 7	Monthly	5 days
Private equity, private debt, real estate and natural resource funds	306 8	167 9	Event-driven	–

Common/collective trust funds include investments that are operated by a trust company that handles a pooled group of trust accounts Common/collective trust funds combine the assets of various institutional investors to create a larger, well-diversified portfolio The objectives of a common/collective trust fund are to provide lower costs to investors through economies of scale available by combining assets of multiple investors and to offer daily liquidity and better diversification Each investor owns a participating interest that is calculated in shares and represents the investor's portion of the holdings of the fund

Absolute return and hedge funds include investments with varying strategies Absolute return funds are investments in hedge funds that utilize strategies designed to generate consistent long-term capital appreciation with low volatility and little correlation with equity and bond markets Hedge funds utilize both long and short investing strategies in U S and foreign securities

Global/international debt funds seek to provide growth and income primarily through investing in a portfolio of bonds and other fixed and floating rate securities issued by governments, government agencies, and multinational and corporate issuers in global/international developed and emerging markets

4. Fair Value Measurements (continued)

The commodities fund seeks to provide protection against inflation primarily through investments of commodity-linked derivative instruments

Asset allocation funds use dynamic strategies to balance risk exposures by creating portfolios that are intended to perform well in all economic environments and generate real returns with better diversification and lower volatility than either stock or bond investments

Private equity, private debt, real estate and natural resource funds can only be liquidated on an infrequent basis, the timing of which cannot be determined In addition, the Company has minimal ability to influence the operating decisions affecting these investments The fair values of these funds have been estimated using the most current information available, which is as of September 30 or later, adjusted for cash flows and other known events impacting fair value since the valuation date The Company has committed up to $430 8 for investment in these funds through 2017, of which $260 0 had been funded as of December 31, 2012

The Company has entered into interest rate swap agreements related to its long-term debt to manage its exposure to fluctuations in interest rates These interest rate swap agreements are recorded at fair value and are reported in other liabilities in the consolidated balance sheets The valuation of these agreements is determined using accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each interest rate swap This analysis reflects the contractual terms of the interest rate swaps, including the period to maturity or call, and uses observable market-based inputs, including interest rate curves and implied volatilities In addition, the Company has incorporated its own nonperformance risk and the counterparties' nonperformance risks in the fair value measurements Although the majority of the inputs used to value the Company's interest rate swap agreements fall within Level 2 of the fair value hierarchy, other inputs, such as estimates of current credit spreads to evaluate the likelihood of default by the Company or its counterparties, are Level 3 inputs Therefore, these interest rate swap liabilities have been categorized as Level 3 financial instruments

Collateral posted for interest rate swap agreements consists of cash investments and U S government securities, which are categorized as Level 1 and Level 2 financial instruments, respectively

The Company offsets the fair values of various investment derivative instruments when executed with the same counterparty under a master netting arrangement The Company invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its futures and forward currency purchase and sale contracts whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled

4. Fair Value Measurements (continued)

The following table presents gross investment derivative assets and liabilities reported on a net basis included in assets limited as to use in the consolidated balance sheets

	December 31	
	2012	**2011**
Derivative assets		
Futures contracts	$ 52 6	$ 389 9
Forward currency and other contracts	89 7	54 5
	142 3	444 4
Derivative liabilities		
Futures contracts	(52 6)	(389 9)
Forward currency and other contracts	(89 4)	(54 5)
	(142 0)	(444 4)
Net investment derivative assets	$ 0 3	$ –

Investment derivative instruments, reported in assets limited as to use and included in pension plan assets, are recorded at fair value Level 1 investment derivatives include futures contracts Level 2 investment derivatives include forward currency and other contracts

5. Assets Limited as to Use

Assets limited as to use consist of internally and externally designated investments as follows

	December 31	
	2012	**2011**
Internally designated	$ 3,120 1	$ 2,646 2
Bond funds held in trust	244 1	60 4
Donor-restricted funds	128 7	–
Securities held for affiliate	71 6	–
	$ 3,564 5	$ 2,706 6

Assets limited as to use classified as current include internally designated investments and securities held for affiliate Management has designated certain current investments for the repayment of long-term debt subject to short-term remarketing arrangements should such repayment become necessary

5. Assets Limited as to Use (continued)

Assets limited as to use classified as noncurrent include internally designated investments, bond funds held in trust and donor-restricted funds Management has designated noncurrent investments for the acquisition of property and equipment, repayment of long-term debt, and the payment of professional and general liability and workers' compensation self-insurance claims Bond funds held in trust include amounts held by a trustee in accordance with bond trust indentures The use of these funds is primarily restricted to reimbursing the Company for the costs of certain capital projects Donor-restricted investments include amounts held by Intermountain Healthcare Foundation, Inc that will be used for various programs, services or local community needs (see Note 8)

A summary of other-than-trading securities as of December 31, 2012 is as follows

	Cost or Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Cash investments	$ 14 3	$ –	$ –	$ 14 3
Fixed-income securities				
U S and state government agencies	139 6	–	–	139 6
Corporate	114 8	–	(0 3)	114 5
Asset-backed	4 0	–	–	4 0
Global/international debt funds	193 0	13 1	–	206 1
Equity securities				
Large-cap domestic	162 6	53 5	–	216 1
Global/international	73 3	24 2	–	97 5
Emerging markets	78 6	11 5	–	90 1
Common/collective trust funds				
Small/mid-cap domestic	37 0	17 6	–	54 6
Global/international	180 5	34 0	–	214 5
Asset allocation fund	120 0	25 4	–	145 4
Alternative investments				
Absolute return and hedge funds	426 8	29 2	(1 5)	454 5
Private equity, private debt, real estate and natural resource funds	250 7	22 5	(3 5)	269 7
Commodities fund	125 0	0 2	(6 1)	119 1
	$ 1,920 2	$ 231 2	$ (11 4)	$ 2,140 0

5. Assets Limited as to Use (continued)

A summary of other-than-trading securities as of December 31, 2011 is as follows

	Cost or Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
Cash investments	$ 315 7	$ –	$ –	$ 315 7
Fixed-income securities				
U S government	0 9	–	–	0 9
U S and state government agencies	39 1	0 1	(0 1)	39 1
Corporate	65 9	1 6	(0 7)	66 8
Asset-backed	5 5	0 1	–	5 6
Mortgage-backed – residential	15 3	–	(0 1)	15 2
Global/international debt funds	56 3	0 8	(5 1)	52 0
Equity securities				
Large-cap domestic	229 3	41 0	–	270 3
Global/international	112 3	18 5	–	130 8
Emerging markets	75 5	–	–	75 5
Common/collective trust funds				
Small/mid-cap domestic	54 8	21 8	–	76 6
Global/international	105 2	18 2	–	123 4
Asset allocation fund	70 0	6 7	–	76 7
Alternative investments				
Absolute return and hedge funds	228 8	16 6	(5 6)	239 8
Private equity, private debt, real estate and natural resource funds	125 7	10 3	(3 1)	132 9
Commodities fund	50 0	–	(7 1)	42 9
	$ 1,550 3	$ 135 7	$ (21 8)	$ 1,664 2

A summary of other-than-trading securities that were in continuous unrealized loss positions but were deemed to be temporarily impaired is as follows

	December 31	
	2012	2011
Fair value		
Less than twelve months	$ 208 1	$ 245 1
Twelve months or more	89 2	28 8
	$ 297 3	$ 273 9
Gross unrealized losses		
Less than twelve months	$ 1 7	$ 18 9
Twelve months or more	9 7	2 9
	$ 11 4	$ 21 8

5. Assets Limited as to Use (continued)

Gross unrealized losses shown in the preceding table are considered temporary based on the Company's specific criteria for evaluating these losses Impairment of other-than-trading securities is evaluated considering numerous factors, including the length of time and extent to which the fair value has been less than cost, the financial condition and near-term prospects of the issuer of the security, and the Company's intent and ability to hold other-than-trading securities for a period of time sufficient to allow for the anticipated recovery to the cost basis

For debt securities whose fair values have declined below amortized cost, the Company also evaluates the expected cash flows and the likelihood of receiving all contractual principal and interest payments For debt securities that are deemed not to be credit impaired, the Company assesses whether it intends or would be required to sell the security before the expected recovery of the amortized cost basis

If the loss incurred by equity securities or the credit component of the loss incurred by debt securities is determined to be other than temporary based upon the Company's evaluations it is reclassified from a change in unrestricted net assets excluded from excess of revenues over expenses to other-than-temporary impairment losses in the consolidated statements of operations and changes in net assets The Company did not recognize any other-than-temporary impairment losses in 2012 and recognized $27 4 in 2011

6. Investment Income

A summary of investment income is as follows

	Year Ended December 31	
	2012	**2011**
Net realized gains on other-than-trading securities	$ 83 6	$ 46 6
Net realized gains on trading securities	24 4	45 4
Net recognized gains (losses) on trading securities	57 3	(78 6)
Interest and dividend income	50 1	43 6
Net change in fair value of interest rate swap agreements	(23 3)	(38 4)
	$ 192 1	$ 18 6

Net recognized gains (losses) on trading securities represent unrealized gains and losses included in excess of revenues over expenses Unrealized gains and losses from other-than-trading securities are recognized as changes in unrestricted net assets excluded from excess of revenues over expenses in the consolidated statements of operations and changes in net assets

7. Property and Equipment

A summary of property and equipment is as follows

	December 31	
	2012	**2011**
Buildings and improvements	$ 2,201 4	$ 2,178 6
Equipment	1,044 2	1,035 7
	3,245 6	3,214 3
Less accumulated depreciation	(1,686 7)	(1,616 7)
	1,558 9	1,597 6
Land	269 2	264 9
Construction in progress	197 8	134 6
	$ 2,025 9	$ 1,997 1

The estimated useful life for buildings and improvements is 10 to 40 years and for equipment is 3 to 15 years As of December 31, 2012, the Company has remaining contractual obligations of $52 1 for various construction and information systems projects

8. Other Assets

A summary of other noncurrent assets is as follows

	December 31	
	2012	**2011**
Interest in affiliated foundations	$ 1 5	$ 115 9
Prepaid postretirement benefit	74 3	64 4
Investment in related party	27 8	18 1
Pledges receivable	8 5	–
Other	11 3	11 1
	$ 123 4	$ 209 5

8. Other Assets (continued)

During 2011 and a portion of 2012, the Company received support for its owned Utah hospitals and home care services from 14 noncontrolled affiliated foundations The Company's interest in the net assets of these foundations was reported in the Company's consolidated balance sheet as of December 31, 2011 in other assets with corresponding amounts in temporarily and permanently restricted net assets In March 2012, one of these foundations changed its name to Intermountain Healthcare Foundation, Inc (Foundation) and the Company became its sole corporate member Later in 2012 the remaining 13 foundations contributed all of their assets totaling $146 7 to the Foundation The Foundation also assumed liabilities from the foundations totaling $4 6, resulting in net contributions of $142 1 being recognized by the Foundation as a result of these transactions The net contributions were included in temporarily and permanently restricted net assets upon receipt

9. Other Current Liabilities

A summary of other current liabilities is as follows

	December 31	
	2012	**2011**
Estimated Medicare and Medicaid settlements	$ 80 1	$ 73 9
Accrued expenses	44 0	49 2
Self-insurance liabilities, current portion	38 8	39 0
Other	13 1	10 0
	$ 176 0	$ 172 1

Estimated Medicare and Medicaid settlements represent estimated cost report and other third-party settlements Laws and regulations governing Medicare and Medicaid change frequently, are complex, and are subject to interpretation Administrative procedures for both Medicare and Medicaid preclude final settlement until the related cost reports have been audited by the sponsoring agency and settled As a result, there is a reasonable possibility that these estimates will change as new information becomes available, and the amount of the change could be material

10. Line of Credit

The Company has a syndicated line of credit of $100 0 with four financial institutions, each providing $25 0 of this line As of December 31, 2012 and 2011, there were no amounts outstanding on the line of credit, which expires in December 2013

11. Self-insurance Liabilities

Self-insurance liabilities include professional and general liability, workers' compensation, and directors and officers' liability coverage through self-insurance programs and commercial excess liability insurance Total undiscounted self-insurance liabilities, including current and noncurrent liabilities, were $172 4 and $171 2 at December 31, 2012 and 2011, respectively The Company actuarially determined the liabilities for the professional liability and workers' compensation programs for its share of estimated losses

12. Long-term Debt

The Company's long-term debt is summarized as follows

	Annual Interest Rates	December 31 2012	December 31 2011
Long-term debt			
Revenue bond issues			
2000, due through 2035	Variable[1]	$ 125 0	$ 125 0
2002B and 2002C, due through 2035	Variable[1]	119 0	119 0
2003, due through 2036	Variable[1]	308 0	308 0
2005, due through 2037	Variable[1]	238 0	242 0
2007, due through 2039	4 90%	–	200 0
2009, due through 2041	5 00%	250 0	250 0
2011, due through 2019	4 00% to 5 00%	49 8	59 6
2012A, due through 2039	4 375%	200 0	–
2012, due through 2043	2 75% to 5 00%	221 4	–
Other notes payable	6 02% to 8 00%	22 8	23 7
Net unamortized premiums		30 5	2 9
		1,564 5	1,330 2
Less current portion of long-term debt		(25 0)	(14 2)
Less long-term debt subject to short-term remarketing arrangements		(438 8)	(450 3)
Total long-term debt		$ 1,100 7	$ 865 7

[1] Variable rates at December 31, 2012 were 0 08% to 0 15%

The fair value of debt, categorized as Level 2 of the fair value hierarchy, was $1,636 8 and $1,372 2 at December 31, 2012 and 2011, respectively

12. Long-term Debt (continued)

The Company has certain interest rate swap agreements that effectively convert a portion of variable-rate debt to a fixed-rate basis As of December 31, 2012, principal balances of $719 3 from this variable-rate debt have a weighted average synthetic fixed rate of 3 44%

In October 2012, the Company issued $221 4 of Series 2012 Hospital Revenue Bonds at a premium of $28 6 through Utah County, Utah Proceeds from these bonds are being used to reimburse the costs of constructing and equipping certain of the Company's healthcare facilities

In May 2012, the Company issued $200 0 of Series 2012A Hospital Revenue Refunding Bonds through the City of Riverton, Utah The Company used proceeds from these bonds to refund $200 0 of Series 2007 Private Placement Bonds that were due on May 15, 2039

In March 2011, the Company issued $59 6 of Series 2011 Hospital Revenue Bonds at a premium of $3 9 through Salt Lake County, Utah The Company used proceeds from these bonds as well as internal funds to refund $61 0 of Series 2001B Hospital Revenue Bonds that were callable on May 15, 2011

Variable-rate revenue bonds, while subject to long-term amortization periods, may be put to the Company or to contracted liquidity providers by virtue of executed standby bond purchase agreements at the option of the bondholders in the event of a failed bond remarketing To the extent that bondholders may, under the terms of the debt, put their bonds and the repayment terms under the related liquidity facility could be due within one year, the principal amount of such bonds has been classified as a current liability in the consolidated balance sheets Management has taken steps to provide various sources of liquidity in the event the bonds fail to remarket, including identifying alternate sources of financing and maintaining internally designated assets as a source of self-liquidity

Revenue bond issues are payable to municipalities and have been issued under a master trust indenture The master trust indenture and other loan agreements contain certain financial covenants including maintaining a maximum annual debt service coverage ratio of at least 1 25 and an unrestricted cash and investments to debt ratio of 0 65

12. Long-term Debt (continued)

Principal maturities of long-term debt for the next five years and thereafter, considering long-term debt subject to short-term remarketing arrangements is due according to the long-term amortization schedules, are as follows

2013	$ 25 0
2014	28 7
2015	30 4
2016	32 2
2017	33 8
Thereafter	1,414 4
	$ 1,564 5

13. Interest Rate Swap Agreements

The Company has certain interest rate swap agreements that reduce the impact of interest rate changes on future interest expense Interest payments for 100%, or $238 0, of the outstanding balance of the Series 2005 Bonds were designated as hedged forecasted transactions as of December 31, 2012 Interest payments for 96%, or $294 2, of the outstanding balance of the Series 2003 Bonds were designated as hedged forecasted transactions as of December 31, 2012 Accumulated net losses from cash flow hedges that have not been recognized in excess of revenues over expenses were $127 6 and $121 0 at December 31, 2012 and 2011, respectively

The Company has International Swap Dealers Association (ISDA) Master Agreements with three counterparties Under the provisions of two ISDA agreements, as amended, the Company is required to deposit collateral with the counterparty when the net liability position to the Company of all interest rate swap agreements held with the respective counterparty exceeds $75 0 exclusive of any fair value adjustments to the liability positions for nonperformance risk At December 31, 2012 and 2011, the Company posted collateral of $78 4 and $123 9, respectively, under the provisions of one of these ISDA agreements The provisions of the remaining ISDA agreement do not require collateral deposits

Under master netting provisions of the ISDA agreement with one of the counterparties, the Company is permitted to settle with the counterparty on a net basis Due to the right of offset under these master netting provisions, the Company offsets the fair values of certain interest rate swap agreements and the related collateral deposited with the counterparty in other liabilities in the consolidated balance sheets

13. Interest Rate Swap Agreements (continued)

The following table presents information on the fair value of interest rate swaps

	Balance Sheet Location	December 31 2012	2011
Interest rate swaps designated as cash flow hedges	Other liabilities	$ 127 6	$ 124 7
Interest rate swaps not designated as hedges	Other liabilities	95 6	68 6
Collateral posted for interest rate swaps	Other liabilities	(78 4)	(123 9)
		$ 144 8	$ 69 4

The following table presents information on the effect of interest rate swap agreements on the consolidated statements of operations and changes in net assets

Interest Rate Swaps Designated as Cash Flow Hedges	Statement of Operations and Changes in Net Assets Location	Year Ended December 31 2012	2011
Realized losses	Interest expense	$ 18 1	$ 18 3
Unrealized losses (gains) – ineffective portion	Investment income	(3 7)	0 8
Unrealized losses – effective portion	Net change in fair value of cash flow hedges	6 6	60 8
Interest Rate Swaps Not Designated as Cash Flow Hedges			
Realized losses	Interest expense	3 9	3 5
Unrealized losses	Investment income	27 0	37 6

14. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

	December 31	
	2012	2011
Healthcare programs and services	$ 102 1	$ 80 5
Buildings and equipment	18 1	15 7
Research	14 7	4 7
	$ 134 9	$ 100 9

15. Litigation and Other Matters

The healthcare industry is generally subject to numerous laws, ordinances and regulations enacted or issued by federal, state and local governments Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time Nationally, government activity has continued with respect to investigations and allegations concerning possible violations of laws and regulations within the healthcare industry, which could result in the imposition of significant fines and penalties, and significant repayments of amounts received for patient services previously billed The Company is subject to similar regulatory reviews

Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the normal course of business After consultation with legal counsel, management believes that all asserted and known unasserted claims will be resolved without material adverse effect on the Company's financial condition

15. Litigation and Other Matters (continued)

In conjunction with a routine internal review of compensation arrangements with physicians in 2008, it was discovered that certain agreements with nonemployed physicians at certain facilities of the Company were noncompliant with the Stark Law Based on this discovery, management authorized a comprehensive review of physician-related contracts and leases that were active in 2007 or 2008 including agreements at any facility The subsequent review identified arrangements that were not compliant with the Stark Law The comprehensive review did not identify any evidence that would indicate that any improper care was provided The Company has also instituted additional measures designed to prevent future occurrences of noncompliance throughout the organization Working with outside legal counsel, the Company voluntarily brought these identified noncompliant arrangements to the attention of the United States Attorney for the District of Utah and the United States Department of Justice The Company anticipates that it will resolve these issues with the government The government has within its discretion a number of different types of penalties and remedies for Stark Law violations (including, among others, civil monetary penalties, overpayment liability, and exclusion from government healthcare programs) After further discussions between the Company and the government during 2012, management believes any loss resulting from the resolution of these issues with the government would not be material to the accompanying financial statements and would not have a material adverse effect on the Company's financial condition

16. Patient Services Revenues

Payments received under the Medicare, Medicaid and other programs are generally based on predetermined rates or the allowable cost of services Overall, Medicare and Medicaid payments are less than the Company's established rates and corresponding contractual adjustments are recognized in the period services are rendered Changes in estimated Medicare and Medicaid settlements for prior years were not significant in 2012 and 2011

Patient services revenues, net of contractual adjustments and discounts, by major payer source are as follows

	Year Ended December 31	
	2012	**2011**
Medicare	$ 874 7	$ 835 2
Medicaid	505 4	474 7
SelectHealth	541 8	556 0
Commercial insurance and other	1,918 2	1,755 0
Self-pay	213 5	235 6
	$ 4,053 6	$ 3,856 5

16. Patient Services Revenues (continued)

As a result of federal healthcare reform legislation, substantial changes are anticipated in the U S healthcare system The legislation includes numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, payments to healthcare providers, and the legal obligations of health insurers, providers and employers These provisions are scheduled to take effect at specified times over the next several years

17. Operating Expenses

A summary of the Company's operating expenses is as follows

	Year Ended December 31	
	2012	**2011**
Health services	$ 3,088 7	$ 2,935 4
Support services	570 3	498 6
	$ 3,659 0	$ 3,434 0

The Company provides inpatient, outpatient and ambulatory, and community-based health services to individuals within the various geographic areas supported by the Company's operations Support services include information systems, revenue cycle, supply chain, accounting, budgeting, decision support, risk management, public relations, human resources, legal, internal audit and other functions

18. Employee Retirement and Other Postretirement Plans

Intermountain sponsors a 401(k) defined contribution plan for all employees Employee contributions are matched up to a maximum of 4% of each participant's eligible compensation The Company contributed $45 2 and $43 3 to the 401(k) plan in 2012 and 2011, respectively

Intermountain also sponsors a noncontributory defined benefit pension plan that covers substantially all employees Employees who are at least 21 years of age and have a minimum of one year of qualifying service are eligible to participate in the pension plan

18. Employee Retirement and Other Postretirement Plans (continued)

Intermountain also sponsors a contributory health and welfare postretirement benefit plan that offers medical benefits to eligible employees who have at least 10 years of qualified service and have attained age 55 while in service with Intermountain The health and welfare plan also offers dental and group term life insurance benefits to plan participants

A summary of changes in the benefit obligations, fair values of plan assets, and the pension liability and other postretirement benefit is as follows

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2012	2011	2012	2011
Change in benefit obligation				
Benefit obligation at beginning of year	$ 1,904 5	$ 1,690 4	$ 55 7	$ 50 5
Service cost	88 5	85 1	1 4	1 3
Interest cost	92 7	90 4	2 7	2 7
Participant contributions	—	—	4 3	5 5
Benefits paid	(77 9)	(74 2)	(6 6)	(7 2)
Actuarial loss	331 6	112 8	2 1	2 9
Benefit obligation at end of year	2,339 4	1,904 5	59 6	55 7
Change in fair value of plan assets				
Fair value of plan assets at beginning of year	1,580 4	1,412 8	120 1	122 4
Actual return on plan assets, net of expenses	177 8	(33 2)	16 1	(0 6)
Employer contributions	188 2	275 0	—	—
Participant contributions	—	—	4 3	5 5
Benefits paid	(77 9)	(74 2)	(6 6)	(7 2)
Fair value of plan assets at end of year	1,868 5	1,580 4	133 9	120 1
Net benefit (liability)	$ (470 9)	$ (324 1)	$ 74 3	$ 64 4

18. Employee Retirement and Other Postretirement Plans (continued)

The accumulated benefit obligation of the pension plan was $2,286 1 and $1,873 6 at December 31, 2012 and 2011, respectively

Amounts included in unrestricted net assets that will be recognized in pension cost and other postretirement benefit in future periods are as follows

	Pension Plan		Health and Welfare Plan	
	December 31		December 31	
	2012	2011	2012	2011
Unrecognized net actuarial gain (loss)	$ (1,064 4)	$ (837 5)	$ 21 8	$ 17 3
Unrecognized net prior service credit	171 5	191 5	—	—
Amounts in unrestricted net assets	$ (892 9)	$ (646 0)	$ 21 8	$ 17 3

Changes in unrestricted net assets excluded from excess of revenues over expenses are as follows

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2012	2011	2012	2011
Amortized during the year				
Net actuarial loss (gain)	$ 43 4	$ 29 1	$ (0 8)	$ (1 5)
Net prior service credit	(20 0)	(19 9)	—	—
Occurring during the year				
Net actuarial gain (loss)	(270 3)	(255 6)	5 3	(12 9)
Increase (decrease) in unrestricted net assets	$ (246 9)	$ (246 4)	$ 4 5	$ (14 4)

Assumptions used to determine the benefit obligations are as follows

	Pension Plan		Health and Welfare Plan	
	December 31		December 31	
	2012	2011	2012	2011
Discount rate	4 00%	5 00%	4 00%	5 00%
Rate of compensation increase	3 50	3 50	—	—

18. Employee Retirement and Other Postretirement Plans (continued)

A summary of pension cost and other postretirement benefit is as follows

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2012	2011	2012	2011
Service cost	$ 88 5	$ 85 1	$ 1 4	$ 1 3
Interest cost	92 7	90 4	2 7	2 7
Expected return on plan assets	(116 4)	(109 6)	(8 7)	(9 4)
Amortization of actuarial loss (gain)	43 4	29 1	(0 8)	(1 5)
Amortization of prior service credit	(20 0)	(19 9)	—	—
Cost (benefit)	$ 88 2	$ 75 1	$ (5 4)	$ (6 9)

Amounts in unrestricted net assets expected to be recognized as components of net periodic pension cost and other postretirement benefit in 2013 include a net actuarial loss of $71 8 and a net prior service credit of $19 9

Assumptions used to determine pension cost and other postretirement benefit are as follows

	Pension Plan		Health and Welfare Plan	
	Year Ended December 31		Year Ended December 31	
	2012	2011	2012	2011
Discount rate	5 00%	5 50%	5 00%	5 50%
Expected return on plan assets	7 00	7 50	7 00	7 50
Rate of compensation increase	3 50	4 25	—	—

The overall rate of return on assets assumption is based on historical returns, adhering to the asset allocations set forth in the investment policies of the pension and health and welfare plans The expected return on plan assets is 7 0% for determining pension cost and other postretirement benefit for the year ending December 31, 2013

Intermountain has frozen certain other postretirement benefits it provides, therefore, the effect of future healthcare cost trend rates is not significant to total service and interest cost or to the benefit obligation

18. Employee Retirement and Other Postretirement Plans (continued)

Methods for determining the fair values of securities held by the pension plan are consistent with those described in Note 4 The following fair value hierarchy table presents information about the pension plan's financial instruments measured at fair value as of December 31, 2012

	Level 1	Level 2	Level 3	Fair Value
Assets				
Cash equivalents	$ 113 9	$ 2 1	$ –	$ 116 0
Collateral under securities lending agreement	–	2 1	–	2 1
Fixed-income securities				
U S government	–	115 9	–	115 9
U S and state government agencies	2 8	20 4	–	23 2
Corporate	1 0	102 9	2 7	106 6
Asset-backed	–	10 6	–	10 6
Mortgage-backed				
Residential	–	142 3	–	142 3
Commercial	–	37 0	–	37 0
Foreign government	–	22 2	–	22 2
Global/international debt funds	–	111 4	–	111 4
Equity securities				
Small/mid-cap domestic	162 6	–	–	162 6
Large-cap domestic	299 5	–	–	299 5
Global/international	171 9	–	–	171 9
Energy fund	35 9	–	–	35 9
Common/collective trust funds –				
Global/international markets	–	136 7	–	136 7
Asset allocation funds	–	83 6	–	83 6
Alternative investments				
Absolute return and hedge funds	–	173 7	–	173 7
Private equity, private debt, real estate and natural resource funds	–	–	165 7	165 7
Commodities fund	–	59 6	–	59 6
Investment derivatives	–	0 6	–	0 6
Liabilities				
Collateral under securities lending agreement	2 2	–	–	2 2

18. Employee Retirement and Other Postretirement Plans (continued)

The following fair value hierarchy table presents information about the pension plan's financial instruments measured at fair value as of December 31, 2011

	Level 1	Level 2	Level 3	Fair Value
Assets				
Cash equivalents	$ 233 6	$ –	$ –	$ 233 6
Collateral under securities lending agreement	–	6 3	–	6 3
Fixed-income securities				
U S government	–	46 3	–	46 3
U S and state government agencies	18 0	17 5	–	35 5
Corporate	0 3	77 0	6 1	83 4
Asset-backed	–	11 5	–	11 5
Mortgage-backed				
Residential	–	142 0	–	142 0
Commercial	–	22 7	–	22 7
Foreign government	–	8 3	–	8 3
Global/international debt funds	6 6	26 1	–	32 7
Equity securities				
Small/mid-cap domestic	154 9	–	–	154 9
Large-cap domestic	334 7	–	–	334 7
Global/international	111 9	–	–	111 9
Energy fund	33 1	–	–	33 1
Common/collective trust funds –				
Global/international	–	57 1	–	57 1
Asset allocation fund	–	81 8	–	81 8
Alternative investments				
Absolute return and hedge funds	–	119 6	–	119 6
Private equity, private debt, real estate and natural resource funds	–	–	83 2	83 2
Commodities fund	–	17 1	–	17 1
Liabilities				
Collateral under securities lending agreement	6 5	–	–	6 5
Investment derivatives	–	0 3	–	0 3

18. Employee Retirement and Other Postretirement Plans (continued)

There were no transfers of the pension plan's financial instruments between Level 1 and Level 2 classifications during 2012 or 2011 The changes in the pension plan's Level 3 classification measured at fair value are as follows

	Year Ended December 31	
	2012	2011
Balance at beginning of year	$ 89 3	$ 40 5
Net realized gains	4 7	1 9
Net unrealized gains	8 1	1 1
Purchases	86 3	53 6
Sales	(16 5)	(6 4)
Transfers out	(3 5)	(1 4)
Balance at end of year	$ 168 4	$ 89 3

The pension plan offsets the fair values of various investment derivative instruments when executed with the same counterparty under a master netting arrangement The pension plan invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its futures and forward currency purchase and sale contracts whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled

The following table presents gross investment derivative assets and liabilities reported on a net basis in pension plan investments

	December 31	
	2012	2011
Derivative assets		
Futures contracts	$ 56 2	$ 443 7
Forward currency and other contracts	91 8	57 8
	148 0	501 5
Derivative liabilities		
Futures contracts	(56 2)	(443 7)
Forward currency and other contracts	(91 2)	(58 1)
	(147 4)	(501 8)
Net investment derivative assets (liabilities)	$ 0 6	$ (0 3)

18. Employee Retirement and Other Postretirement Plans (continued)

Methods for determining the fair values of securities held by the health and welfare plan are consistent with those described in Note 4 The following fair value hierarchy table presents information about the health and welfare plan's financial instruments measured at fair value as of December 31, 2012

	Level 1	Level 2	Level 3	Fair Value
Assets				
Cash equivalents	$ 3 8	$ –	$ –	$ 3 8
Collateral under securities lending agreement	–	0 4	–	0 4
Small/mid-cap domestic equity securities	30 6	–	–	30 6
Large-cap domestic equity securities	41 2	–	–	41 2
Global/international equity securities	6 6	–	–	6 6
Registered investment company funds	37 8	–	–	37 8
Common/collective trust funds	–	13 9	–	13 9
Liabilities				
Collateral under securities lending agreement	0 4	–	–	0 4

The following fair value hierarchy table presents information about the health and welfare plan's financial instruments measured at fair value as of December 31, 2011

	Level 1	Level 2	Level 3	Fair Value
Assets				
Cash equivalents	$ 3 0	$ –	$ –	$ 3 0
Collateral under securities lending agreement	–	0 4	–	0 4
Small/mid-cap domestic equity securities	30 9	–	–	30 9
Large-cap domestic equity securities	40 1	–	–	40 1
Global/international equity securities	7 2	–	–	7 2
Registered investment company funds	34 8	–	–	34 8
Common/collective trust funds	–	3 1	–	3 1
Liabilities				
Collateral under securities lending agreement	0 4	–	–	0 4

There were no transfers of the health and welfare plan's financial instruments between Level 1, Level 2 or Level 3 classifications during 2012 or 2011

18. Employee Retirement and Other Postretirement Plans (continued)

The primary investment objective of the plans is to maximize long-term investment returns recognizing the need to preserve capital, to provide retirement income, and to provide health and welfare benefits to plan participants and beneficiaries Assets are strategically allocated within asset classes and across investment styles to enhance investment returns and reduce risk A long-term time horizon is used for evaluating total fund investment performance

Intermountain has not yet determined the amount it will contribute to the pension plan in 2013 Intermountain will not contribute to the health and welfare plan in 2013 due to the overfunded status of the plan

Benefit payments are expected to be paid as follows

	Pension Plan	Health and Welfare Plan
2013	$ 118 2	$ 5 0
2014	123 8	4 5
2015	132 4	4 7
2016	140 3	4 9
2017	145 8	5 0
2018 – 2022	807 3	24 6

19. Related Parties

The Company provided healthcare services to patients enrolled in insurance plans of SelectHealth of $541 8 and $556 0 in 2012 and 2011, respectively The Company provided certain employee benefits, professional and general liability insurance, and management and facility services to SelectHealth of $20 6 and $18 4 in 2012 and 2011, respectively The Company also self-insures health insurance benefits for its employees and has contracted with SelectHealth to be the third-party administrator and to provide other business services The Company's administration fees and other operating expenses to SelectHealth were $14 1 and $11 2 in 2012 and 2011, respectively

19. Related Parties (continued)

The Company holds an ownership interest in a group purchasing organization, Amerinet, Inc (Amerinet) The Company's 50% ownership interest in Amerinet is accounted for using the equity method The Company recognized earnings of $17 4 and $13 3 in 2012 and 2011, respectively, from Amerinet for group purchasing arrangements, which are included in excess of revenues over expenses in the consolidated statements of operations and changes in net assets

Due to the related nature of these entities, the amounts recognized may have been different if similar activities had been undertaken with unrelated parties

20. Subsequent Events

The Company evaluated subsequent events through March 12, 2013, the date the consolidated financial statements were issued, and determined that no additional disclosures were necessary