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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
IHC HEALTH SERVICES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
36 S STATE STREET NO 2200

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

D Employer identification number
94-2854057

E Telephone number
(801) 442-2000

G Gross receipts $ 13,935,686,919

F Name and address of principal officer
CHARLES W SORENSON JR MD
36 S STATE ST SUITE 2200
SLC, UT 84111

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW INTERMOUNTAINHEALTHCARE ORG

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

L Year of formation 1982

M State of legal domicile UT

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	41,862
6	Total number of volunteers (estimate if necessary)	**6**	4,035
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	144,128,253
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-6,024,419

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	42,627,687	18,726,606
9	Program service revenue (Part VIII, line 2g)	4,698,234,764	5,031,034,971
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,673,863	263,894,132
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,921,932	42,735,018
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,861,458,246	5,356,390,727
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,074,948	44,017,506
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,263,116,241	2,492,531,075
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,152,023		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,929,931,690	2,168,081,465
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,232,122,879	4,704,630,046
19	Revenue less expenses Subtract line 18 from line 12	629,335,367	651,760,681
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	8,427,638,721	8,597,806,340
21	Total liabilities (Part X, line 26)	3,370,287,591	3,478,457,909
22	Net assets or fund balances Subtract line 21 from line 20	5,057,351,130	5,119,348,431

Part II Signature Block

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

Sign Here

Signature of officer

VP FINANCE VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERNST YOUNG US LLP
Preparer's signature: ERNST YOUNG US LL

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 560 MISSION STREET STE 1600
SAN FRANCISCO, CA 94105

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,929,251,302 including grants of $ 44,017,506) (Revenue $ 5,045,832,476)

IHC HEALTH SERVICES, INC ("HEALTH SERVICES") PROVIDED HIGH QUALITY HEALTHCARE THROUGH ITS SYSTEM OF 21 HOSPITALS (2,682 LICENSED BEDS) AND 281 CLINICS LOCATED IN UTAH AND IDAHO IN ADDITION TO THE 136,000 INPATIENT ADMISSIONS, 501,000 EMERGENCY ROOM VISITS AND 3 2 MILLION CLINIC VISITS, HEALTH SERVICES PROVIDED MORE THAN $147 MILLION IN CHARITY CARE (AT COST) THROUGH 245,081 CASES FOR A MORE DETAILED EXPLANATION OF THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS IN 2015, 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 ▶** 3,929,251,302

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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,047		
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	41,862		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ , BR , JA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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 or note to any line 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	16		
	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	13		
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			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		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		No

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, address, and telephone number of the person who possesses the organization's books and records ▶ DENIS SMITH 36 S STATE STREET SUITE 2300 SALT LAKE CITY, UT 84111 (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 or note to any line in this Part VII . . . . . ☐

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

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

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

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								25,602,901	542	7,968,575

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3,443

			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 P O BOX 57117 MURRAY, UT 84157	MEDICAL	37,617,458
ASSOCIATED REGIONAL AND UNIVERSITY PO BOX 27964 SALT LAKE CITY, UT 84127	MEDICAL	18,483,713
ACCRETIVE HEALTH INC 401 N MICHIGAN AVE STE 2700 CHICAGO, IL 60611	REVENUE CYCLE MANAGEMENT	12,941,581
SOUTHWEST EMERGENCY PHYSICIANS LC PO BOX 910053 ST GEORGE, UT 84791	MEDICAL	8,977,517
CENTRAL UTAH CLINIC PC 1055 NORTH 500 WEST PROVO, UT 84604	MEDICAL	7,603,646

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 ▶ 227

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	11,564,621			
	e	Government grants (contributions) 1e	5,658,471			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,503,514			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f ▶	18,726,606			
			Business Code			
Program Service Revenue	2a	PATIENT SERVICE	622110	4,201,865,338	4,179,052,772	22,812,566
	b	LABORATORY	621511	621,288,595	610,560,961	10,727,634
	c	PHARMACY	446110	172,271,488	58,400,385	113,871,103
	d	RENTAL (RELATED)	531120	16,751,433	16,751,433	0
	e	LAUNDRY	812320	7,632,735	5,345,741	2,286,994
	f	All other program service revenue		11,225,382	9,455,422	1,769,960
	g	**Total.** Add lines 2a-2f ▶		5,031,034,971		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		103,739,431		-13,111,568	116,850,999
	4	Income from investment of tax-exempt bond proceeds ▶		-542,199			-542,199
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	6,377,386				
	b	Less rental expenses	3,504,734				
	c	Rental income or (loss)	2,872,652				
	d	Net rental income or (loss) ▶		2,872,652			2,872,652
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	8,731,817,433	4,670,925			
	b	Less cost or other basis and sales expenses	8,565,977,898	9,813,560			
	c	Gain or (loss)	165,839,535	-5,142,635			
	d	Net gain or (loss) ▶		160,696,900		5,771,564	154,925,336
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722514	18,899,652	0		18,899,652
	b	CORP CHARGE REVENUE	624100	14,797,505	14,797,505		
	c	GIFT SHOP/RETAIL	453220	6,165,209	0		6,165,209
	d	All other revenue					
	e	**Total.** Add lines 11a-11d ▶		39,862,366			
	12	**Total revenue.** See Instructions ▶		5,356,390,727	4,894,364,219	144,128,253	299,171,649

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	44,017,506	44,017,506		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,078,023		25,078,023	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,067,643		1,067,643	
7 Other salaries and wages	2,033,329,303	1,733,459,849	297,193,664	2,675,790
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	165,420,564	152,294,666	13,125,898	
9 Other employee benefits	136,595,005	85,006,935	51,237,820	350,250
10 Payroll taxes	131,040,537	109,611,372	21,270,788	158,377
11 Fees for services (non-employees)				
a Management				
b Legal	15,468,704	241,278	15,227,426	
c Accounting	693,592		657,437	36,155
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	15,501,917		15,501,917	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	300,587,611	203,814,375	96,581,414	191,822
12 Advertising and promotion	18,426,123	9,854,752	8,571,371	
13 Office expenses	86,713,429	56,781,843	29,785,361	146,225
14 Information technology	36,766,580	5,179,123	31,481,109	106,348
15 Royalties				
16 Occupancy	157,631,319	89,338,688	68,290,890	1,741
17 Travel	20,879,030	13,995,582	6,831,007	52,441
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,861,820	1,368,921	485,579	7,320
20 Interest	48,345,106	48,345,106		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	258,582,623	216,924,086	41,644,363	14,174
23 Insurance	11,329,125		11,329,125	
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	869,240,415	869,240,415	0	0
b BAD DEBTS	215,251,331	215,251,331	0	0
c NON-MEDICAL SUPPLIES	66,586,137	48,362,754	17,841,333	382,050
d RISK MANAGEMENT	14,621,054	499	14,620,555	0
e All other expenses	29,595,549	26,162,221	3,403,998	29,330
25 **Total functional expenses.** Add lines 1 through 24e	4,704,630,046	3,929,251,302	771,226,721	4,152,023
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 or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	213,142	1	170,249
	2	Savings and temporary cash investments	257,143,616	2	147,688,415
	3	Pledges and grants receivable, net	2,762,250	3	3,094,445
	4	Accounts receivable, net	650,880,085	4	738,790,137
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	945,408	7	1,455,833
	8	Inventories for sale or use	107,168,318	8	116,034,322
	9	Prepaid expenses and deferred charges	40,773,050	9	40,768,931
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 4,482,666,963			
	b	Less accumulated depreciation — 10b: 2,102,093,831	2,268,062,875	10c	2,380,573,132
	11	Investments—publicly traded securities	4,305,865,411	11	4,150,703,975
	12	Investments—other securities See Part IV, line 11	401,857,243	12	586,964,445
	13	Investments—program-related See Part IV, line 11	36,071,859	13	80,588,964
	14	Intangible assets	199,646	14	65,880,246
	15	Other assets See Part IV, line 11	355,695,818	15	285,093,246
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,427,638,721	16	8,597,806,340
Liabilities	17	Accounts payable and accrued expenses	278,831,975	17	316,295,131
	18	Grants payable		18	
	19	Deferred revenue	8,370,821	19	12,327,656
	20	Tax-exempt bond liabilities	1,747,999,420	20	1,715,544,204
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	7,540,156	23	28,379,341
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,327,545,219	25	1,405,911,577
	26	**Total liabilities.** Add lines 17 through 25	3,370,287,591	26	3,478,457,909
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	5,056,967,669	27	5,119,036,089
	28	Temporarily restricted net assets	383,461	28	312,342
	29	Permanently restricted net assets		29	
		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	5,057,351,130	33	5,119,348,431
	34	Total liabilities and net assets/fund balances	8,427,638,721	34	8,597,806,340

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,356,390,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,704,630,046
3	Revenue less expenses Subtract line 2 from line 1	3	651,760,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,057,351,130
5	Net unrealized gains (losses) on investments	5	-330,346,694
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	-259,416,686
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,119,348,431

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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	3 00 6 00	X		X				757	0	0
S NEAL BERUBE TRUSTEE	1 00 1 00	X						1,658	0	0
DOUGLAS C BLACK TRUSTEE	1 00 9 00	X						1,200	106	0
JANE L CARLILE TRUSTEE	1 00 1 00	X						1,734	0	0
CLAYTON M CHRISTENSEN TRUSTEE	1 00 1 00	X						4,384	0	0
SPENCER F ECCLES TRUSTEE	1 00 2 00	X						342	106	0
KAREN W FAIRBANKS TRUSTEE	1 00 1 00	X						2,144	0	0
DANIEL G GOMEZ TRUSTEE	1 00 8 00	X						1,791	330	0
KAREN HALE TRUSTEE	1 00 1 00	X						1,262	0	0
RANDY HORIUCHI TRUSTEE	1 00 1 00	X						1,683	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE D HUEBNER TRUSTEE	1 00 1 00	X						1,799	0	
GAIL MILLER TRUSTEE	1 00 1 00	X						1,121	0	
F ANN MILLNER TRUSTEE	1 00 1 00	X						0	0	
ARNOLD MILSTEIN MD PHD TRUSTEE	1 00 1 00	X						0	0	
BRUCE T REESE TRUSTEE / VICE CHAIR / SEC	3 00 3 00	X		X				918	0	
BRADFORD R RICH TRUSTEE	1 00 1 00	X						2,413	0	
SHAHAB SAEED TRUSTEE	1 00 1 00	X						1,317	0	
CHARLES W SORENSON JR MD TRUSTEE / PRES / CEO	50 00 11 00	X		X				1,955,437	0	804,26
ROBERT W ALLEN VICE PRESIDENT	50 00 0 00			X				561,576	0	286,97
MOODY L CHISHOLM VICE PRESIDENT	50 00 0 00			X				434,495	0	202,46

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			
TODD CRAGHEAD VICE PRESIDENT	50 00 0 00			X				286,337	0	130,98
DAVID L FLOOD VP/CHIEF DEV OFFICER	50 00 3 00			X				551,603	0	263,85
LARRY D HANCOCK VICE PRESIDENT	50 00 3 00			X				3,315,518	0	62,92
COREY B HELLER VICE PRESIDENT	50 00 0 00			X				272,563	0	126,02
KIMBERLY HENRICHSEN VICE PRESIDENT	50 00 0 00			X				497,682	0	273,81
BRENT T JOHNSON VICE PRESIDENT	50 00 0 00			X				356,121	0	92,65
GREGORY M JOHNSON VICE PRESIDENT	50 00 3 00			X				512,152	0	287,70
LAURA S KAISER EXEC VP / COO	50 00 3 00			X				1,458,535	0	755,11
TERRI L KANE VICE PRESIDENT	50 00 0 00			X				875,729	0	385,15
LINDA C LECKMAN MD VICE PRESIDENT	50 00 1 00			X				826,415	0	333,53

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			
JACQUE MILLARD VP / CHIEF INVEST OFCR	50 00 0 00			X				449,172	0	251,34
TIMOTHY T PEHRSON VICE PRESIDENT	50 00 0 00			X				686,771	0	379,62
GREGORY P POULSEN SENIOR VICE PRESIDENT	50 00 3 00			X				823,043	0	662,45
MARC PROBST VICE PRES / CIO	50 00 0 00			X				716,222	0	537,60
MARK A RUNYON VICE PRESIDENT	50 00 0 00			X				388,270	0	157,89
STEVEN R SMOOT VICE PRESIDENT	50 00 0 00			X				689,839	0	285,25
JOSEPH WALSH VICE PRESIDENT	50 00 0 00			X				264,480	0	109,93
ALBERT R ZIMMERLI EVP / CFO / SEC / TREAS	50 00 11 00			X				1,618,383	0	674,80
DANIEL L ZUHLKE SR VICE PRESIDENT	50 00 3 00			X				619,692	0	486,79
CASEY BACHISON MD-SURGERY/ORTHOPEDIC	50 00 0 00					X		1,781,575	0	108,93

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN FOX MD-NEUROSURGERY	50 00 0 00					X		1,697,921	0	119,334
BERKELEY BATE MD-NEUROSURGERY	50 00 0 00					X		1,373,769	0	101,18
TRAVIS HENDRY MD-SURGERY/ORTHOPEDIC	50 00 0 00					X		1,289,044	0	44,49
WILLIAM GOWSKI MD-ORTHOPEDICS	50 00 0 00					X		1,276,034	0	43,46

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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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315029306

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	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-
2					
3					
4					
5					
6					

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

A Check ▶ ☑ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	17,588	17,588
c Total lobbying expenditures (add lines 1a and 1b)	17,588	17,588
d Other exempt purpose expenditures	4,704,612,458	4,725,281,929
e Total exempt purpose expenditures (add lines 1c and 1d)	4,704,630,046	4,725,299,517
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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	21,331	20,406	19,419	17,588	78,744
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-A	THE FOLLOWING ORGANIZATIONS WERE PART OF THE AFFILIATED GROUP AS DEFINED IN THE INSTRUCTIONS FOR PURPOSES OF COMPLETING SCHEDULE C IHC HEALTH SERVICES, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2854057 EXEMPT PURPOSE EXPENDITURES $4,704,630,046 501(H) ELECTION YES INTERMOUNTAIN HEALTH CARE, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 87-0269232 EXEMPT PURPOSE EXPENDITURES $98,924 501(H) ELECTION NO INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2853320 EXEMPT PURPOSE EXPENDITURES $5,000,377 501(H) ELECTION NO INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111 EIN 80-0225150 EXEMPT PURPOSE EXPENDITURES $15,520,519 501(H) ELECTION NO THE HEART AND LUNG RESEARCH FOUNDATION 5121 SOUTH COTTONWOOD DRIVE MURRAY, UT 84157 EIN 87-0617606 EXEMPT PURPOSE EXPENDITURES $49,651 501(H) ELECTION NO
FORM 990, SCHEDULE C, PART II-B	IHC HEALTH SERVICES, INC ALSO INDIRECTLY INCURS LOBBYING EXPENSES THROUGH ASSOCIATION DUES FOR PROFESSIONAL ORGANIZATIONS OF WHICH ITS EMPLOYEES ARE MEMBERS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	188,902,315	199,458,157	195,242,262	96,787,154	101,217,194
b	Contributions	43,191,896	26,121,255	32,779,950	159,810,561	9,533,404
c	Net investment earnings, gains, and losses	-654,103	2,018,991	3,272,859	4,910,350	767,953
d	Grants or scholarships	3,298,412	4,072,489	1,081,964	50,397,499	247,815
e	Other expenditures for facilities and programs	15,800,213	34,622,367	30,691,828	15,857,338	14,479,080
f	Administrative expenses	0	1,232	66,112	10,966	4,502
g	End of year balance	212,341,483	188,902,315	199,458,157	195,242,262	96,787,154

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

- a Board designated or quasi-endowment ▶ 3 330 %
- b Permanent endowment ▶ 15 160 %
- c Temporarily restricted endowment ▶ 81 510 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	18,519,755	269,488,113		288,007,868
b Buildings	24,969,499	1,851,047,247	797,311,252	1,078,705,494
c Leasehold improvements	1,214,280	87,386,724	48,991,299	39,609,705
d Equipment	63,089	1,984,316,105	1,255,791,280	728,587,914
e Other	493,970	245,168,181		245,662,151
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,380,573,132

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY FUNDS	586,964,445	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	586,964,445	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,405,911,577

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
PAYABLE TO THIRD PARTY PAYORS	66,662,483
MINORITY INT IN JT VENTURES	12,534,131
457 PLAN LIABILITY	67,565,231
ASSET RETIREMENT OBLIGATION	3,526,853
INTEREST RATE SWAP LIABILITIES	179,133,724
OTHER LONG TERM LIABILITIES	67,333,777
INVESTMENT PAYABLE	353,180,042
ACCRUED PAYROLL/LEAVE	255,159,531
ACCRUED PENSION LIABILITY	239,219,594
SELF INSURANCE LIABILITIES	125,121,468
DEFERRED TAX LIABILITIES	36,474,743

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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.

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

OMB No 1545-0047

2015

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

3 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
(1) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		481,818,860
(2) EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			INVESTMENTS		66,589,798
(3) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		298,878,397
(4) NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			INVESTMENTS		16,676,076
(5) SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, FRENC			INVESTMENTS		4,108,281
3a Sub-total	0	0			868,071,412
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			868,071,412

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3	AS PART OF A FULLY DIVERSIFIED PORTFOLIO, HEALTH SERVICES INVESTS IN CERTAIN ALTERNATIVE I NVESTMENTS THAT ARE HELD BY ADMINISTRATORS IN FOREIGN JURISDICTIONS WHILE MOST OF THE INV ESTMENTS ARE DOMESTIC, THE STRUCTURE OF THE INVESTMENT AND LOCATION OF THE ADMINISTRATOR R EQUIRE DISCLOSURE ON SCHEDULE F THESE ALTERNATIVE INVESTMENTS ACCOUNT FOR APPROXIMATELY 6 1% OF THE TOTAL INTERNATIONAL INVESTMENT VALUES (BY MARKET VALUE) THE REMAINING 39% REPRE SENTS INTERNATIONAL INVESTMENTS IN EQUITIES AND BONDS IN SEPARATELY MANAGED ACCOUNTS HEAL TH SERVICES USES THESE INTERNATIONAL INVESTMENTS AS AN ADDITIONAL DIVERSIFICATION TOOL TH E INVESTMENTS ARE HELD IN SAFEKEEPING IN THE UNITED STATES BUT ARE REQUIRED TO BE REPORTED BASED UPON THE COUNTRY OF ISSUANCE

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

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 50000 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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)			147,011,423	0	147,011,423	3 270 %
b Medicaid (from Worksheet 3, column a)			532,942,316	552,930,595		0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			679,953,739	552,930,595	147,011,423	3 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,757,507	2,450	3,755,057	0 080 %
f Health professions education (from Worksheet 5)			34,891,541	0	34,891,541	0 770 %
g Subsidized health services (from Worksheet 6)			12,761,749	0	12,761,749	0 280 %
h Research (from Worksheet 7)			15,303,796	8,173,676	7,130,120	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			40,250,770	1,872	40,248,898	0 890 %
j **Total.** Other Benefits			106,965,363	8,177,998	98,787,365	2 180 %
k **Total.** Add lines 7d and 7j			786,919,102	561,108,593	245,798,788	5 450 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			112,398	0	112,398	0 %
7	Community health improvement advocacy						
8	Workforce development			12,945	0	12,945	0 %
9	Other						
10	**Total**			125,343		125,343	

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	215,251,331		
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	30,135,186		
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	578,015,738
6	Enter Medicare allowable costs of care relating to payments on line 5	6	602,094,736
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-24,078,998
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	1 MCKAY DEE SURGICAL CENTER	OUTPATIENT SURGERY	76 800 %		23 200 %
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? **21**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group HOSPITAL REPORTING GROUP A

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) SEE SECTION C			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

HOSPITAL REPORTING GROUP A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url) SEE SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

HOSPITAL REPORTING GROUP A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ 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 individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **281**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
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 MINUMUM CO-PAY EVIDENCE HAS SHOWN THAT PATIENTS WHO PAY SOMETHING, EVEN VERY SMALL AMOUNTS, ARE MORE LIKELY TO FOLLOW THE MEDICAL RECOMMENDATIONS GIVEN TO THEM BY PROVIDERS PATIENTS WHO ARE NOT ABLE TO CONTRIBUTE ANYTHING ARE NOT REQUIRED TO CONTRIBUTE AND WILL STILL RECEIVE CARE A SLIDING SCALE IS USED FOR PATIENTS BETWEEN 150% AND 500% OF FPG TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE, HEALTH SERVICES USES A VARIETY OF FACTORS, INCLUDING INCOME AND ASSET LEVELS, MEDICAL INDIGENCE, INSURANCE STATUS, AND MEDICARE AND MEDICAID ELIGIBILITY HEALTH SERVICES ALSO LIMITS CHARGES WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 35% OF THE INDIVIDUAL'S GROSS ANNUAL HOUSEHOLD INCOME SINCE EACH INDIVIDUAL'S CIRCUMSTANCES VARY, HEALTH SERVICES ALLOWS FOR EXTENUATING CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART I, LINE 7	THE FINANCIAL ASSISTANCE AT COST (LINE 7A) WAS CALCULATED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS THE UNREIMBURSED MEDICAID (LINE 7B) WAS PRINCIPALLY CALCULATED USING THE FILING ORGANIZATION'S INTERNAL COST ACCOUNTING SYSTEM THIS SYSTEM ADDRESSES ALL PATIENT SEGMENTS THE EXPENSES REPORTED FOR COMMUNITY HEALTH IMPROVEMENT (LINE 7E), HEALTH PROFESSIONS EDUCATION (LINE 7F), AND THE CASH AND IN-KIND CONTRIBUTIONS (LINE 7I) INCLUDE ONLY THE DIRECT EXPENSES ASSOCIATED WITH EACH ACTIVITY THE INDIRECT EXPENSES ASSOCIATED WITH THESE ACTIVITIES WERE NOT REPORTED THE SUBSIDIZED HEALTH SERVICES TOTAL (LINE 7G) INCLUDES $8,026,953 FROM 22 RURAL PHYSICIAN CLINICS THE EXPENSES ASSOCIATED WITH RESEARCH (LINE 7H) WERE CALCULATED USING THE SAME METHODOLOGY USED FOR GRANT PROGRESS REPORTING TO THE FEDERAL GOVERNMENT PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25A, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS $215,251,331

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	HEALTH SERVICES' COALITION BUILDING PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES BY NETWORKING WITH OTHER COMMUNITY AGENCIES TO ADDRESS THE HEALTH AND SAFETY ISSUES OF THE COMMUNITY HEALTH SERVICES PARTICIPATES IN STATEWIDE SAFEKIDS COALITIONS TO PROMOTE AWARENESS AND USE OF CHILD SEAT BELTS AND TRAFFIC AND BICYCLE SAFETY, DIABETES-RELATED COALITIONS TO HELP REDUCE THE INCIDENCE OF DIABETES IN CHILDREN AND ADULTS, VARIOUS MENTAL HEALTH/SUICIDE PREVENTION EFFORTS, AND OTHER COALITIONS THAT ADDRESS HEALTHCARE ISSUES IN THE COMMUNITY HEALTH SERVICES EMPLOYEES UTILIZE THEIR CLINICAL EXPERTISE TO COLLABORATE WITH OTHER COMMUNITY AGENCIES AND COUNTY AND STATE HEALTH DEPARTMENTS TO PROVIDE EDUCATION AND OTHER INITIATIVES HEALTH SERVICES ALSO RECRUITS PHYSICIANS TO MEDICALLY UNDERSERVED AREAS 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

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

Form and Line Reference	Explanation
PART III, LINE 3	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 IN SITUATIONS WHERE THE PATIENT FAILS TO RETURN THE APPLICATION AND THE ACCOUNT PROGRESSES THROUGH THE COLLECTION CYCLE TO BAD DEBT, THE ACCOUNT WILL BE WRITTEN OFF AS A BAD DEBT HEALTH SERVICES ALSO UTILIZES DATA SOURCES TO IDENTIFY UNRESPONSIVE INDIVIDUALS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE ACCOUNTS BELONGING TO QUALIFIED INDIVIDUALS ARE ADJUSTED TO CHARITY CARE RATHER THAN BAD DEBTS AT THE END OF THE COLLECTIONS CYCLE 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 $153 MILLION AND $215 MILLION FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2015, RESPECTIVELY PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT OF THE REGISTRATION, BILLING OR COLLECTION PROCESSES

Form and Line Reference	Explanation
PART III, LINE 4	BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE COMPANY'S UNINSURED AND UNDERINSURED PATIENTS ARE UNWILLING TO PAY FOR THE SERVICES PROVIDED ACCORDINGLY, THE COMPANY RECORDS AN ESTIMATED PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE RENDERED MANAGEMENT ESTIMATES THE PROVISION FOR BAD DEBTS BY ASSESSING THE COLLECTABILITY, TIMING AND AMOUNT OF PATIENT SERVICES REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES FOR EACH MAJOR PAYER SOURCE, GENERAL ECONOMIC TRENDS AND OTHER INDICATORS MANAGEMENT ALSO ASSESSES THE ADEQUACY OF ALLOWANCES FOR BAD DEBTS BASED ON HISTORICAL WRITE-OFFS, ACCOUNTS RECEIVABLE AGING AND OTHER FACTORS PART III, LINES 5-7THE MEDICARE ALLOWABLE COSTS ON PART III, LINE 6 ARE BASED ON THE ORGANIZATION'S MEDICARE COST REPORTS, WHICH ARE SIGNIFICANTLY DIFFERENT FROM TOTAL FINANCIAL STATEMENT EXPENSES MEDICARE'S "ALLOWABLE COSTS" EXCLUDE COMMONLY INCURRED BUSINESS EXPENSES SUCH AS INTEREST, RESEARCH, PUBLIC RELATIONS, ETC IN ADDITION, THE AMOUNTS DO NOT FULLY REFLECT THE FILING ORGANIZATION'S PARTICIPATION IN MEDICARE PROGRAMS FOR EXAMPLE, THE FOLLOWING IS A PARTIAL LIST OF ACTIVITIES THAT ARE NOT CURRENTLY INCLUDED IN THE SCHEDULE H CALCULATION - PHYSICIAN SERVICES BILLED BY THE FILING ORGANIZATION - MEDICARE PARTS C AND D (MEDICARE ADVANTAGE AND PRESCRIPTION DRUG COVERAGE)- FEE SCHEDULE SERVICES (E G , OUTPATIENT CLINICAL LABORATORY AND THERAPY SERVICES) - DURABLE MEDICAL EQUIPMENT AND HOME IV THERAPY SERVICES INCLUSION OF ALL EXPENSES ASSOCIATED WITH MEDICARE ACTIVITIES WOULD MAKE A SIGNIFICANT DIFFERENCE IN THE FILING ORGANIZATION'S CALCULATION IF THE ADDITIONAL ACTIVITIES WERE REPORTABLE ON SCHEDULE H, IT IS ESTIMATED THAT THE FILING ORGANIZATION'S MEDICARE SHORTFALL WOULD TOTAL APPROXIMATELY $335 MILLION, A DIFFERENCE OF $311 MILLION FROM THE AMOUNT DISCLOSED ON PART III OF THE SCHEDULE H

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

Form and Line Reference	Explanation
PART III, LINE 9B	HEALTH SERVICES RECOGNIZES ITS RESPONSIBILITY TO MANAGE THE COST OF HEALTHCARE BY ASKING THOSE WHO CAN PAY TO DO SO AND IS COMMITTED TO ASSISTING PATIENTS BY PROVIDING VARIOUS OPTIONS FOR RESOLVING THEIR FINANCIAL OBLIGATION, INCLUDING DISCOUNTS FOR THE UNINSURED, PAYMENT PLANS, AND REDUCED OR WAIVED RESPONSIBILITY THROUGH FINANCIAL ASSISTANCE HEALTH SERVICES ALSO ASSISTS PATIENTS WHO ARE POTENTIALLY ELIGIBLE FOR GOVERNMENT ASSISTANCE PROGRAMS TO APPLY FOR SUCH ASSISTANCE DELINQUENT ACCOUNTS MAY BE REFERRED TO EXTERNAL COLLECTION AGENCIES ONLY AFTER REASONABLE ATTEMPTS ARE MADE TO CONTACT THE RESPONSIBLE PARTY AND NO ARRANGEMENT HAS BEEN MADE TO PAY THE ACCOUNT BALANCE SUCH AGENCIES ARE EXPECTED TO TREAT PATIENTS WITH THE SAME RESPECT AND DIGNITY THAT HEALTH SERVICES AFFORDS ALL ITS PATIENTS FOR EXAMPLE, CONTACTS BY THE AGENCIES WILL INCLUDE FINANCIAL ASSISTANCE OPTIONS FOR PATIENTS UNABLE TO PAY AGENCIES 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

Form and Line Reference	Explanation
PART VI, LINE 3	BY POLICY, HEALTH SERVICES PROVIDES HEALTHCARE SERVICES TO RESIDENTS IN THE COMMUNITY ON THE BASIS OF MEDICAL NEED WITHOUT REGARD TO RACE, RELIGION, GENDER, AGE, OR ABILITY TO PAY AN UNINSURED, LOW-INCOME PERSON WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE FOR NO CHARGE OR A REDUCED CHARGE BASED UPON SUCH PERSON'S ABILITY TO PAY, IF IN THE JUDGMENT OF THE ADMITTING PHYSICIAN THE SERVICES ARE MEDICALLY NECESSARY AND GENERALLY AVAILABLE AT THE HOSPITALS AND CLINICS AND THE PERSON REQUIRES THAT SERVICE 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 HOSPITALS AND CLINICS THE BROCHURES DESCRIBE THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY ELIGIBILITY COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION BEFORE, DURING AND AFTER THE TIME OF SERVICE THE PROCESS OFTEN BEGINS WITH THE PATIENT'S PRE-REGISTRATION PRIOR TO SERVICE HEALTH SERVICES PARTICIPATES IN AN OUTREACH PROGRAM OFFERED BY THE UTAH DEPARTMENT OF WORKFORCE SERVICES THAT ALLOWS HOSPITALS TO PLACE STATE ASSISTANCE ELIGIBILITY REPRESENTATIVES AT PARTICIPATING HOSPITALS THESE REPRESENTATIVES MEET WITH PATIENTS AND THEIR FAMILIES AND ASSIST IN QUALIFYING THOSE ELIGIBLE FOR VARIOUS PROGRAMS SUCH AS MEDICAID, CHIP, DISABILITY, OR OTHER GOVERNMENT ASSISTANCE PROGRAMS HEALTH SERVICES CONTRIBUTES TO THE SALARIES OF THESE REPRESENTATIVES IN ORDER TO PARTICIPATE IN THIS OUTREACH PROGRAM SIGNS ARE POSTED AT PUBLIC REGISTRATION AREAS, IN PRIVATE REGISTRATION ROOMS AND IN PATIENT CARE AREAS IN BOTH ENGLISH AND SPANISH, WHICH STATE THE FOLLOWING "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY IF YOU DON'T HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT [HEALTH SERVICES'] FINANCIAL ASSISTANCE PROGRAM FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS " BILLING ENVELOPES ALSO INCLUDE A STATEMENT ON THE BACK THAT STATES IN BOTH ENGLISH AND SPANISH "NEED HELP IN PAYING YOUR BILL? CONTACT THIS FACILITY, OR FOR GENERAL QUESTIONS, CALL OUR FINANCIAL ASSISTANCE HOTLINE " A TOLL-FREE NUMBER IS INCLUDED

Form and Line Reference	Explanation
PART VI, LINE 4	HEALTH SERVICES OPERATES 21 HOSPITALS AND 281 CLINICS THROUGHOUT UTAH AND SOUTHERN IDAHO THE HOSPITALS AND CLINICS VARY IN SIZE AND SERVICES BASED ON THE INDIVIDUAL NEEDS OF EACH COMMUNITY RANGING FROM URBAN SETTINGS TO RURAL AREAS IN UTAH AND SOUTHERN IDAHO FIVE HOSPITALS ARE CRITICAL ACCESS HOSPITALS CASSIA REGIONAL HOSPITAL IN BURLEY, IDAHO, DELTA COMMUNITY HOSPITAL IN DELTA, UTAH, FILLMORE COMMUNITY HOSPITAL IN FILLMORE, UTAH, HEBER VALLEY HOSPITAL IN HEBER, UTAH, AND SANPETE VALLEY HOSPITAL IN MOUNT PLEASANT, UTAH BASED ON 2015 ESTIMATES, HEALTH SERVICES SERVES A POPULATION OF APPROXIMATELY 3 MILLION PEOPLE, 2 MILLION OF WHICH LIVE ALONG THE WASATCH FRONT ENCOMPASSING THE OGDEN TO PROVO METROPOLITAN AREA THE AREA REPRESENTS A RELATIVELY YOUNGER POPULATION THAN THE NATIONAL AVERAGE (31% OF THE POPULATION IS UNDER 18 YEARS OLD WHILE ONLY 10% IS 65 YEARS AND OLDER) EDUCATION LEVELS ARE SLIGHTLY HIGHER THAN THE NATIONAL AVERAGE (90% OF THE POPULATION ARE HIGH SCHOOL GRADUATES AND 30% HAVE A BACHELOR'S DEGREE OR HIGHER) THE 2014 MEDIAN HOUSEHOLD INCOME FOR THE AREA WAS APPROXIMATELY $59,846 IN 2014 ABOUT 12% OF THE POPULATION LIVED AT OR BELOW THE FEDERAL POVERTY LEVEL, ABOUT 11% OF THE POPULATION WAS ENROLLED IN MEDICAID (60% OF WHICH WERE CHILDREN, 0-18), 10% WAS ENROLLED IN MEDICARE, 39% WAS ENROLLED IN EMPLOYER-SPONSORED HEALTH INSURANCE, 27% HAD COMMERCIAL HEALTH PLANS, AND ABOUT 13% OF THE POPULATION DID NOT HAVE HEALTH INSURANCE AS OF JULY 2015, THREE OF UTAH'S 29 COUNTIES WERE DESIGNATED AS FULL COUNTY MEDICALLY UNDERSERVED POPULATIONS NINE 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 47 HOSPITALS IN THE SERVICE AREA

Form and Line Reference	Explanation
PART VI, LINE 5	HEALTH SERVICES PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PARTICIPATION IN VARIOUS COALITIONS AND SERVICES THAT ADDRESS DOCUMENTED HEALTH NEEDS TO IMPROVE HEALTH THE MAJORITY OF HEALTH SERVICES' GOVERNING BODY IS COMPRISED OF PEOPLE WHO RESIDE IN ITS SERVICE AREA, REPRESENTING BROAD COMMUNITY PERSPECTIVES HEALTH SERVICES DIRECTLY OPERATES FIVE CLINICS AND HAS PROVIDED CONTRIBUTIONS TO FOUNDATIONS THAT HELP FINANCIALLY SUPPORT 32 INDEPENDENTLY OWNED COMMUNITY CLINICS SERVING AS A SAFETY NET FOR LOW-INCOME PEOPLE IN MEDICALLY UNDERSERVED COMMUNITIES SUCH SUPPORT INCREASES ACCESS TO HEALTHCARE SERVICES BY PROVIDING ONGOING CONSULTATIONS TO IMPROVE OPERATIONS AND BY MAKING GRANTS AND CASH AND IN-KIND CONTRIBUTIONS HEALTH SERVICES EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS IN THE COMMUNITIES SERVED AS AN ORGANIZATION EXEMPT UNDER IRS 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 FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT ACTIVITIES THAT IMPROVE THE HEALTH OF THE PEOPLE IN COMMUNITIES SERVED

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

Form and Line Reference	Explanation
PART VI, LINE 7	HEALTH SERVICES FILES COMMUNITY BENEFIT REPORTS (OR "CHARITY PLANS") WITH EACH COUNTY IN UTAH WHERE HOSPITALS ARE LOCATED AS REQUIRED BY THE UTAH NONPROFIT HOSPITAL AND NURSING HOME PROPERTY TAX EXEMPTION STANDARDS HEALTH SERVICES HAS ONE HOSPITAL IN IDAHO, CASSIA REGIONAL MEDICAL CENTER IDAHO CURRENTLY DOES NOT HAVE STATE NONPROFIT HOSPITAL COMMUNITY BENEFIT REPORTING REQUIREMENTS

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?
21

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	INTERMOUNTAIN MEDICAL CENTER 5121 SOUTH COTTONWOOD STREET MURRAY,UT 84157 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-188	X	X		X		X	X			A
2	UTAH VALLEY HOSPITAL 1034 NORTH 500 WEST PROVO,UT 84604 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-210	X	X		X		X	X			A
3	PRIMARY CHILDREN'S HOSPITAL 100 NORTH MARIO CAPECCHI DRIVE SALT LAKE CITY,UT 84113 HTTP //INTERMOUNTAINHEALTHCARE ORG 2014-HOSP-439	X	X	X	X		X	X			A
4	DIXIE REGIONAL MEDICAL CENTER 1380 EAST MEDICAL CENTER DRIVE ST GEORGE,UT 84790 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-178	X	X				X	X			A
5	MCKAY-DEE HOSPITAL 4401 HARRISON BOULEVARD OGDEN,UT 84403 HTTP //INTERMOUNTAINHEALTHCARE ORG 2012-HOSP-191	X	X		X		X	X			A
6	LDS HOSPITAL 8TH AVENUE AND C STREET SALT LAKE CITY,UT 84143 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-174	X	X		X		X	X			A
7	LOGAN REGIONAL HOSPITAL 500 EAST 1400 NORTH LOGAN,UT 84341 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-190	X	X					X			A
8	AMERICAN FORK HOSPITAL 170 NORTH 1100 EAST AMERICAN FORK,UT 84003 HTTP //INTERMOUNTAINHEALTHCARE ORG 2014-HOSP-164	X	X					X			A
9	RIVERTON HOSPITAL 3741 WEST 12600 SOUTH RIVERTON,UT 84065 HTTP //INTERMOUNTAINHEALTHCARE ORG 2012-HOSP-92024	X	X				X	X			A
10	ALTA VIEW HOSPITAL 9660 SOUTH 1300 EAST SANDY,UT 84094 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-162	X	X					X			A

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
21

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
11	THE ORTHOPEDIC SPECIALTY HOSPITAL 5848 SOUTH FASHION BOULEVARD MURRAY,UT 84107 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-394	X									A
12	PARK CITY HOSPITAL 900 ROUND VALLEY DRIVE PARK CITY,UT 84060 HTTP //INTERMOUNTAINHEALTHCARE ORG 2012-HOSP-90903	X	X					X			A
13	CEDAR CITY HOSPITAL 1303 NORTH MAIN STREET CEDAR CITY,UT 84720 HTTP //INTERMOUNTAINHEALTHCARE ORG 2012-HOSP-211	X	X					X			A
14	CASSIA REGIONAL HOSPITAL 1501 HILAND AVENUE BURLEY,ID 83318 HTTP //INTERMOUNTAINHEALTHCARE ORG 20	X	X			X		X			A
15	OREM COMMUNITY HOSPITAL 331 NORTH 400 WEST OREM,UT 84057 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-269	X	X					X			A
16	SEVIER VALLEY HOSPITAL 100 NORTH MAIN RICHFIELD,UT 84701 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-205	X	X					X			A
17	HEBER VALLEY HOSPITAL 1485 SOUTH HIGHWAY 40 HEBER CITY,UT 84032 HTTP //INTERMOUNTAINHEALTHCARE ORG 2014-HOSP-213	X	X			X		X			A
18	BEAR RIVER VALLEY HOSPITAL 440 WEST 600 NORTH TREMONTON,UT 84337 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-166	X	X					X			A
19	SANPETE VALLEY HOSPITAL 1100 SOUTH MEDICAL DRIVE MOUNT PLEASANT,UT 84647 HTTP //INTERMOUNTAINHEALTHCARE ORG 2012-HOSP-204	X	X			X		X			A
20	DELTA COMMUNITY HOSPITAL 126 WHITE SAGE AVENUE DELTA,UT 84624 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-25384	X	X			X		X			A

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
21

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
21	FILLMORE COMMUNITY HOSPITAL 674 SOUTH HIGHWAY 99 FILLMORE,UT 84631 HTTP //INTERMOUNTAINHEALTHCARE ORG 2013-HOSP-25387	X	X			X		X			A

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - MEMORIAL CLINIC 2000 S 900 E SALT LAKE CITY,UT 841053208	CLINIC
1	2 - BOUNTIFUL CLINIC 390 N MAIN ST BOUNTIFUL,UT 840106046	CLINIC
2	3 - AVENUES SPECIALTY CLINIC 324 10TH AVE STE 100 SALT LAKE CITY,UT 841032870	CLINIC
3	4 - INT HEART INSTITUTE-CARDIOLOGY 5169 S COTTONWOOD ST STE 520 MURRAY,UT 841075701	CLINIC
4	5 - ORTHOPEDIC SPECIALTY GROUP - TOSH 5848 S FASHION BLVD STE 120 MURRAY,UT 841076121	CLINIC
5	6 - MCKAY DEE RHEUMATOLOGY 4403 HARRISON BLVD STE 3650 OGDEN,UT 844033288	CLINIC
6	7 - LOGAN REGIONAL ORTHOPEDICS 1350 N 500 E LOGAN,UT 843412400	CLINIC
7	8 - INT NEUROSCIENCES INSTITUTE 5171 S COTTONWOOD ST STE 810 MURRAY,UT 841075705	CLINIC
8	9 - SALT LAKE CLINIC RADIOLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
9	10 - INT HEART RHYTHM 5169 S COTTONWOOD ST STE 510 MURRAY,UT 841075701	CLINIC
10	11 - SOUTHERN UT NEUROSCIENCES INSTITUTE 652 S MEDICAL CENTER DR STE 420 ST GEORGE,UT 847907049	CLINIC
11	12 - ALTA VIEW SPECIALTY CLINIC 9450 S 1300 E SANDY,UT 840945555	CLINIC
12	13 - INTERMOUNTAIN OBSTETRICS & GYN 5063 S COTTONWOOD ST STE 120 MURRAY,UT 841076772	CLINIC
13	14 - SOUTHRIDGE CLINIC 3723 W 12600 S STE 270 RIVERTON,UT 840657296	CLINIC
14	15 - LAYTON CLINIC 2075 UNIVERSITY PARK BLVD LAYTON,UT 840411611	CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
16	16 - BUDGE CLINIC OBSTETRICS & GYNECOLOGY 1400 N 500 E LOGAN,UT 843412455	CLINIC
1	17 - CALTON-HARRISON ORTHOPEDIC & SPORTS MEDI 4403 HARRISON BLVD STE 2400 OGDEN,UT 844033297	CLINIC
2	18 - MCKAY DEE CARDIOLOGY 2400 N WASHINGTON BLVD OGDEN,UT 844033284	CLINIC
3	19 - NORTH OGDEN CLINIC 2400 N WASHINGTON BLVD NORTH OGDEN,UT 844147233	CLINIC
4	20 - SOUTHWEST ORTHO & SPORTS MED 652 S MEDICAL CENTER DR STE 120 ST GEORGE,UT 847907017	CLINIC
5	21 - INT HEART CARDIOTHORACIC SURGERY 5169 S COTTONWOOD ST STE 600 MURRAY,UT 841076771	CLINIC
6	22 - SANDY CLINIC 9500 S 1300 E SANDY,UT 840943763	CLINIC
7	23 - SALT LAKE CLINIC-FAMILY INTERNAL MEDICIN 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
8	24 - SOUTHRIDGE PEDIATRICS 3723 W 12600 S STE 450 RIVERTON,UT 840657296	CLINIC
9	25 - BUDGE CLINIC MEDICAL SPECIALISTS 1350 N 500 E LOGAN,UT 843412400	CLINIC
10	26 - BUDGE CLINIC PEDIATRICS 1350 N 500 E LOGAN,UT 843412400	CLINIC
11	27 - SOUTHWEST CARDIOLOGY-ST GEORGE 1380 E MEDICAL CENTER DR STE 1500 ST GEORGE,UT 847902128	CLINIC
12	28 - LEGACY OBGYN 1159 E 200 N STE 250 AMERICAN FORK,UT 840032028	CLINIC
13	29 - REDROCK PEDIATRICS 1380 E MEDICAL CENTER DR STE 3100 ST GEORGE,UT 847902135	CLINIC
14	30 - INTERMOUNTAIN SURGICAL SPECIALISTS 5169 S COTTONWOOD ST STE 410 MURRAY,UT 841076769	CLINIC

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

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

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

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

	Name and address	Type of Facility (describe)
31	31 - CALTON-HARRISON ORTHOPEDIC & SPORTS MEDI 4403 HARRISON BLVD STE 2455 OGDEN,UT 844033297	CLINIC
1	32 - NORTHERN UTAH SURGEONS 4403 HARRISON BLVD STE 1635 OGDEN,UT 844033272	CLINIC
2	33 - AVENUES PSYCHIATRY & COUNSELING 324 10TH AVE STE 178 SALT LAKE CITY,UT 841032885	CLINIC
3	34 - AVENUES WOMENS CENTER 370 9TH AVE STE 205 SALT LAKE CITY,UT 841033184	CLINIC
4	35 - TAYLORSVILLE INSTACARE 3845 W 4700 S TAYLORSVILLE,UT 841293454	CLINIC
5	36 - WASATCH OBGYN 4403 HARRISON BLVD STE 4815 OGDEN,UT 844033333	CLINIC
6	37 - MCKAY DEE DERMATOLOGY & PLASTIC SURGERY 4403 HARRISON BLVD STE 3680 OGDEN,UT 844033289	CLINIC
7	38 - HOLLADAY PEDIATRICS 6272 S HIGHLAND DR MURRAY,UT 841212126	CLINIC
8	39 - TAYLORSVILLE CLINIC 3845 W 4700 S TAYLORSVILLE,UT 841293454	CLINIC
9	40 - CEDAR CITY CLINIC 1303 N MAIN ST STE 3C CEDAR CITY,UT 847209746	CLINIC
10	41 - RIVER ROAD FAMILY MEDICINE 577 S RIVER RD ST GEORGE,UT 847902097	CLINIC
11	42 - SALT LAKE CLINIC-INFUSION 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
12	43 - CENTRAL OREM CLINIC 505 W 400 N OREM,UT 840571950	CLINIC
13	44 - CARDIOVASCULAR & THORACIC SURGERY 1380 E MEDICAL CENTER DR STE 2600 ST GEORGE,UT 847902134	CLINIC
14	45 - UTAH VALLEY ORTHOPAEDICS - PROVO 1157 N 300 W STE 201 PROVO,UT 846046124	CLINIC

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

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

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

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

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	Name and address	Type of Facility (describe)
46	46 - OREM OBGYN 505 W 400 N OREM,UT 840571950	CLINIC
1	47 - UNION PARK PSYCHIATRY & COUNSELING 1225 E FORT UNION BLVD STE 215 COTTONWOOD HEIGHTS,UT 840471882	CLINIC
2	48 - RIVER ROAD INTERNAL MEDICINE 577 S RIVER RD ST GEORGE,UT 847902097	CLINIC
3	49 - MOUNTAIN VIEW PEDIATRICS 9720 S 1300 E STE 100 SANDY,UT 840943743	CLINIC
4	50 - NORTH OGDEN INSTACARE 2400 N WASHINGTON BLVD NORTH OGDEN,UT 844147233	CLINIC
5	51 - LOGAN INSTACARE 412 N 200 E LOGAN,UT 843214038	CLINIC
6	52 - ORTHOPEDIC SPECIALTY GROUP - LDS 324 10TH AVE STE 100 SALT LAKE CITY,UT 841032870	CLINIC
7	53 - BUDGE CLINIC INTERNAL MEDICINE 1350 N 500 E LOGAN,UT 843412400	CLINIC
8	54 - AMERICAN FORK DERMATOLOGY 98 N 1100 E STE 301 AMERICAN FORK,UT 840032947	CLINIC
9	55 - UTAH VALLEY VASCULAR SURGERY 1055 N 300 W STE 205 PROVO,UT 846045044	CLINIC
10	56 - INTERMOUNTAIN UROLOGICAL INSTITUTE 5171 S COTTONWOOD ST STE 720 MURRAY,UT 841075705	CLINIC
11	57 - HEBER VALLEY CLINIC 1473 S HIGHWAY 40 STE E HEBER CITY,UT 840323522	CLINIC
12	58 - NORTHERN UTAH PEDIATRICS 4403 HARRISON BLVD STE 4875 OGDEN,UT 844033335	CLINIC
13	59 - HOLLADAY INSTACARE 6272 S HIGHLAND DR MURRAY,UT 841212126	CLINIC
14	60 - MEMORIAL INSTACARE 2000 S 900 E SALT LAKE CITY,UT 841053208	CLINIC

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

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

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

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

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	Name and address	Type of Facility (describe)
61	61 - BOUNTIFUL INSTACARE 390 N MAIN ST BOUNTIFUL,UT 840106046	CLINIC
1	62 - SANDY INSTACARE 9493 S 700 E SANDY,UT 840703459	CLINIC
2	63 - BUDGE CLINIC DERMATOLOGY 1350 N 500 E LOGAN,UT 843412400	CLINIC
3	64 - UTAH VALLEY PSYCHIATRY & COUNSELING 1157 N 300 W PROVO,UT 846046124	CLINIC
4	65 - MCKAY DEE EAR NOSE & THROAT 4403 HARRISON BLVD STE 2645 OGDEN,UT 844033278	CLINIC
5	66 - SALT LAKE CLINIC-PHYSICAL MEDICINE 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
6	67 - ROSE CANYON CLINIC 5541 W 13400 S RIVERTON,UT 840965640	CLINIC
7	68 - SALT LAKE CLINIC-DERMATOLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
8	69 - MURRAY INSTACARE 196 E WINCHESTER ST MURRAY,UT 841077211	CLINIC
9	70 - SEVIER VALLEY CLINIC 1000 N MAIN ST STE A RICHFIELD,UT 847012069	CLINIC
10	71 - INTERNAL MEDICINE ASSOCIATES 9844 S 1300 E STE 200 SANDY,UT 840944689	CLINIC
11	72 - ZION ORTHOPAEDICS & SPORTS MEDICINE 652 S MEDICAL CENTER DR STE 400 ST GEORGE,UT 847907017	CLINIC
12	73 - BUDGE CLINIC SURGICAL SPECIALISTS 1350 N 500 E LOGAN,UT 843412400	CLINIC
13	74 - SOUTH OGDEN CLINIC 975 CHAMBERS ST SOUTH OGDEN,UT 844034591	CLINIC
14	75 - WEST JORDAN INSTACARE 2655 W 9000 S WEST JORDAN,UT 840888542	CLINIC

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

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

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

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

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	Name and address	Type of Facility (describe)
76	76 - SOUTHRIDGE INSTACARE 3723 W 12600 S STE 150 RIVERTON,UT 840657296	CLINIC
1	77 - NORTH OREM INSTACARE 1975 N STATE ST OREM,UT 840572028	CLINIC
2	78 - HURRICANE VALLEY CLINIC 75 N 2260 W HURRICANE,UT 847372034	CLINIC
3	79 - TAYLORSVILLE ALLERGY AND DERMATOLOGY 3845 W 4700 S TAYLORSVILLE,UT 841293454	CLINIC
4	80 - SUNSET FAMILY PRACTICE 1739 W SUNSET BLVD ST GEORGE,UT 847707141	CLINIC
5	81 - BUDGE CLINIC GI 1350 N 500 E LOGAN,UT 843412400	CLINIC
6	82 - SALT LAKE CLINIC-PEDIATRICS 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
7	83 - HEREFORDSHIRE CLINIC 1915 W 5950 S ROY,UT 840671454	CLINIC
8	84 - HOLLADAY ALLERGY AND DERMATOLOGY 6272 S HIGHLAND DR MURRAY,UT 841212126	CLINIC
9	85 - HILLCREST PEDIATRICS 5063 S COTTONWOOD ST STE 160 MURRAY,UT 841076773	CLINIC
10	86 - OGDEN CARDIOVASCULAR ASSOCIATES 4403 HARRISON BLVD STE 3835 OGDEN,UT 844033331	CLINIC
11	87 - RIVER ROAD INSTACARE 577 S RIVER RD ST GEORGE,UT 847902097	CLINIC
12	88 - BEAR RIVER CLINIC 935 N 1000 W TREMONTON,UT 843379356	CLINIC
13	89 - WEST JORDAN CLINIC 2655 W 9000 S WEST JORDAN,UT 840888542	CLINIC
14	90 - LAYTON INSTACARE 2075 UNIVERSITY PARK BLVD LAYTON,UT 840411611	CLINIC

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

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

	Name and address	Type of Facility (describe)
91	91 - WOMENS HEALTH SPECIALISTS 346 E 600 S ST GEORGE,UT 847703949	CLINIC
1	92 - UTAH VALLEY WOMENS CENTER 1157 N 300 W STE 301 PROVO,UT 846046124	CLINIC
2	93 - SOUTHRIDGE OB-GYN 3723 W 12600 S STE 360 RIVERTON,UT 840657296	CLINIC
3	94 - SALT LAKE INSTACARE 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
4	95 - UTAH VALLEY HEART & LUNG SURG ASSOC 1134 N 500 W STE 100 PROVO,UT 846046101	CLINIC
5	96 - ORTHOPEDIC SPEC GROUP-ALTA VIEW 9450 S 1300 E STE 120 SANDY,UT 840945559	CLINIC
6	97 - HEREFORDSHIRE INSTACARE 1915 W 5950 S ROY,UT 840671454	CLINIC
7	98 - SEVIER VALLEY SPECIALTY CLINIC 1000 N MAIN ST STE B RICHFIELD,UT 847012069	CLINIC
8	99 - ORTHOPEDIC SPEC GROUP-RIVERTON 3723 W 12600 S STE 460 RIVERTON,UT 840657295	CLINIC
9	100 - SARATOGA SPRINGS INSTACARE 354 W STATE RD 73 SARATOGA SPRINGS,UT 840432901	CLINIC
10	101 - HOLLADAY CLINIC 6272 S HIGHLAND DR MURRAY,UT 841212126	CLINIC
11	102 - MCKAY DEE INTERNAL MEDICINE 4403 HARRISON BLVD STE 3875 OGDEN,UT 844033332	CLINIC
12	103 - LOGAN CLINIC 412 N 200 E LOGAN,UT 843214038	CLINIC
13	104 - PARK CITY SPECIALTY 900 ROUND VALLEY DR STE 200 PARK CITY,UT 840607532	CLINIC
14	105 - SOUTH SANDY CLINIC 955 E 11400 S SANDY,UT 840946946	CLINIC

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

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	Name and address	Type of Facility (describe)
106	106 - NORTH CANYON FAMILY PRACTICE 3200 N CANYON RD STE D PROVO,UT 846044678	CLINIC
1	107 - SALT LAKE CLINIC EAR NOSE & THROAT 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
2	108 - PARK CITY BONANZA INSTACARE 1665 BONANZA DR PARK CITY,UT 840605127	CLINIC
3	109 - INTERMOUNTAIN NURSE MIDWIVES 5121 S COTTONWOOD ST STE 170 MURRAY,UT 841075701	CLINIC
4	110 - MCKAY DEE HEART RHYTHM SPECIALISTS 4403 HARRISON BLVD STE 3450 OGDEN,UT 844033282	CLINIC
5	111 - SOUTH CACHE VALLEY CLINIC 190 S HIGHWAY 165 PROVIDENCE,UT 843329512	CLINIC
6	112 - TAYLORSVILLE KIDSCARE 3845 W 4700 S TAYLORSVILLE,UT 841293454	CLINIC
7	113 - SOUTHWEST UROLOGY 1380 E MEDICAL CENTER DR STE 2100 ST GEORGE,UT 847902129	CLINIC
8	114 - SOUTHERN UTAH SURGICAL ASSOCIATES 166 W 1325 N STE 350 CEDAR CITY,UT 847207796	CLINIC
9	115 - PARK CITY SPECIALTY EAST 750 ROUND VALLEY DR STE 101 PARK CITY,UT 840600000	CLINIC
10	116 - SALT LAKE CLINIC-ALLERGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
11	117 - SUMMIT ORTHOPEDICS 4403 HARRISON BLVD STE 2600 OGDEN,UT 844033277	CLINIC
12	118 - SOUTH JORDAN CLINIC 11444 S REDWOOD RD SOUTH JORDAN,UT 840957803	CLINIC
13	119 - PARK CITY CLINIC-ROUND VALLEY 750 ROUND VALLEY DR PARK CITY,UT 840607548	CLINIC
14	120 - SOUTH OGDEN INSTACARE 975 CHAMBERS ST SOUTH OGDEN,UT 844034591	CLINIC

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

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	Name and address	Type of Facility (describe)
121	121 - SALT LAKE CLINIC-OPHTHALMOLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
1	122 - NORTH VALLEY PEDIATRICS 98 N 1100 E STE 201 AMERICAN FORK,UT 840032941	CLINIC
2	123 - DRAPER INSTACARE 12473 S MINUTEMAN DR DRAPER,UT 840207870	CLINIC
3	124 - COTTONWOOD FAMILY PRACTICE 5872 S 900 E STE 100 MURRAY,UT 841211677	CLINIC
4	125 - MEDICAL TOWER FAMILY PRACTICE 5770 S 250 E STE 170 MURRAY,UT 841078107	CLINIC
5	126 - SANDY OBGYN 9600 S 1300 E STE 308 SANDY,UT 840943764	CLINIC
6	127 - SARATOGA SPRINGS FAMILY PRACTICE 354 W STATE RD 73 SARATOGA SPRINGS,UT 840432901	CLINIC
7	128 - SPRINGVILLE INSTACARE 762 W 400 S SPRINGVILLE,UT 846633096	CLINIC
8	129 - UTAH VALLEY SPORTS MEDICINE 1157 N 300 W STE 201 PROVO,UT 846046124	CLINIC
9	130 - UTAH VALLEY EAR NOSE & THROAT 98 N 1100 E STE 203 AMERICAN FORK,UT 840032941	CLINIC
10	131 - AMERICAN FORK INSTACARE 98 N 1100 E STE 101 AMERICAN FORK,UT 840032940	CLINIC
11	132 - AMERICAN FORK SURGICAL ASSOCIATES 98 N 1100 E STE 202 AMERICAN FORK,UT 840032941	CLINIC
12	133 - KAYSVILLE CREEKSIDE CLINIC 435 N MAIN ST KAYSVILLE,UT 840371194	CLINIC
13	134 - ROCK CANYON PEDIATRIC SPECIALISTS 1134 N 500 W STE 101 PROVO,UT 846045569	CLINIC
14	135 - BUDGE CLINIC GENERAL SURGERY 1350 N 500 E LOGAN,UT 843412400	CLINIC

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

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	Name and address	Type of Facility (describe)
136	136 - SOUTHERN UTAH ORTHO SPORTS MED 166 W 1325 N STE 150 CEDAR CITY,UT 847217797	CLINIC
1	137 - TOOELE INSTACARE 777 N MAIN ST TOOELE,UT 840741611	CLINIC
2	138 - MT PLEASANT CLINIC 1100 S MEDICAL DR MT PLEASANT,UT 846472222	CLINIC
3	139 - ALTA VIEW PLASTIC SURGERY SPECIALISTS 9450 S 1300 E SANDY,UT 840945555	CLINIC
4	140 - COTTONWOOD INTERNAL MEDICINE 5770 S 250 E STE 335 MURRAY,UT 841078111	CLINIC
5	141 - PROVO INSTACARE 1134 N 500 W STE 102 PROVO,UT 846045569	CLINIC
6	142 - SALT LAKE CLINIC-ORTHOPEDICS 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
7	143 - SOUTHWEST REGIONAL CANCER CLINIC 544 S 400 E ST GEORGE,UT 847703705	CLINIC
8	144 - SOUTHERN UTAH PLASTIC SURGERY & DERMATOL 652 S MEDICAL CENTER DR STE 300 ST GEORGE,UT 847907266	CLINIC
9	145 - SOUTHRIDGE KIDSCARE 3723 W 12600 S STE 150 RIVERTON,UT 840657296	CLINIC
10	146 - SALT LAKE CLINIC-OBGYN 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
11	147 - CACHE VALLEY HEART CLINIC 1300 N 500 E STE 320 LOGAN,UT 843412462	CLINIC
12	148 - SUNSET INSTACARE 1739 W SUNSET BLVD ST GEORGE,UT 847707141	CLINIC
13	149 - NORTH CACHE VALLEY CLINIC 4088 N HIGHWAY 91 HYDE PARK,UT 843184108	CLINIC
14	150 - BOUNTIFUL KIDSCARE 390 N MAIN ST BOUNTIFUL,UT 840106046	CLINIC

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	Name and address	Type of Facility (describe)
151	151 - UTAH VALLEY ORTHOPAEDICS-N VALLEY 98 N 1100 E STE 103 AMERICAN FORK,UT 840032940	CLINIC
1	152 - ORTHOPEDIC SPECIALTY GROUP - MED CTR 5169 S COTTONWOOD ST STE 430 MURRAY,UT 841076774	CLINIC
2	153 - FILLMORE CLINIC 700 S HIGHWAY 99 STE 3 FILLMORE,UT 846315137	CLINIC
3	154 - KAYSVILLE CREEKSIDE INSTACARE 435 N MAIN ST KAYSVILLE,UT 840371194	CLINIC
4	155 - SALT LAKE CLINIC-SURGICAL SPECIALISTS 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
5	156 - NORTH CACHE VALLEY INSTACARE 4088 N HIGHWAY 91 HYDE PARK,UT 843184108	CLINIC
6	157 - CEDAR CITY INSTACARE 962 SAGE DR CEDAR CITY,UT 847201885	CLINIC
7	158 - NORTH OREM CLINIC 1975 N STATE ST OREM,UT 840572028	CLINIC
8	159 - DRAPER CLINIC 12473 S MINUTEMAN DR DRAPER,UT 840207870	CLINIC
9	160 - REDROCK DIGESTIVE HEALTH 652 S MEDICAL CENTER DR STE 330 ST GEORGE,UT 847907017	CLINIC
10	161 - OGDEN WORKMED 1355 W HINCKLEY DRIVE OGDEN,UT 844010000	CLINIC
11	162 - VALLEY VIEW FAMILY MEDICINE 1333 N MAIN ST CEDAR CITY,UT 847219314	CLINIC
12	163 - SPORTS MEDICINE SPEC-BOUNTIFUL 280 N MAIN ST BOUNTIFUL,UT 840106136	CLINIC
13	164 - HIGHLAND CLINIC 10968 N ALPINE HWY HIGHLAND,UT 840038874	CLINIC
14	165 - EPHRAIM CLINIC 525 N MAIN ST EPHRAIM,UT 846271155	CLINIC

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	Name and address	Type of Facility (describe)
166	166 - MCKAY DEE FOOT & ANKLE 4403 HARRISON BLVD STE 2835 OGDEN,UT 844033327	CLINIC
1	167 - AMERICAN FORK PULMONARY CLINIC 98 N 1100 E STE 302 AMERICAN FORK,UT 840032947	CLINIC
2	168 - SYRACUSE CLINIC 745 S 2000 W SYRACUSE,UT 840759621	CLINIC
3	169 - KEARNS CLINIC 4946 W 6200 S KEARNS,UT 841186703	CLINIC
4	170 - SOUTHWEST NEUROLOGY ASSOCIATES 652 S MEDICAL CENTER DR STE 320 ST GEORGE,UT 847907266	CLINIC
5	171 - COTTONWOOD ENDOCRINE & DIABETES CTR 5770 S 250 E STE 310 MURRAY,UT 841078110	CLINIC
6	172 - INTERMOUNTAIN PLASTIC SURGERY CENTER 5169 S COTTONWOOD ST STE 410 MURRAY,UT 841076769	CLINIC
7	173 - MCKAY DEE GASTROENTEROLOGY CLINIC 4403 HARRISON BLVD STE 2600 OGDEN,UT 844033277	CLINIC
8	174 - MCKAY DEE ENDOCRINE & DIABETES 4403 HARRISON BLVD STE 3630 OGDEN,UT 844033287	CLINIC
9	175 - SALT LAKE WORKMED CLINIC 1685 W 2200 S SALT LAKE CITY,UT 841191456	CLINIC
10	176 - SPRINGVILLE CLINIC 762 W 400 S SPRINGVILLE,UT 846633096	CLINIC
11	177 - SYRACUSE INSTACARE 745 S 2000 W SYRACUSE,UT 840759621	CLINIC
12	178 - HURRICANE VALLEY INSTACARE 75 N 2260 W HURRICANE,UT 847372034	CLINIC
13	179 - MOUNTAIN FAMILY HEALTH 2720 HOMESTEAD ROAD STE 100 PARK CITY,UT 840984882	CLINIC
14	180 - TAYLORSVILLE PT CLINIC 3845 W 4700 S TAYLORSVILLE,UT 841293454	CLINIC

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	Name and address	Type of Facility (describe)
181	181 - OREM WORKMED CLINIC 830 N 980 W OREM,UT 840577709	CLINIC
1	182 - SALT LAKE CLINIC-ENDOCRINOLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
2	183 - SALT LAKE CLINIC-SPINE PROGRAM 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
3	184 - NORTH TEMPLE URGENT CARE CLINIC 54 N 800 W SALT LAKE CITY,UT 841163326	CLINIC
4	185 - UTAH VALLEY SPORTS MEDICINE - NORTH VALL 98 N 1100 E STE 103 AMERICAN FORK,UT 840032940	CLINIC
5	186 - VALLEY VIEW HEART CLINIC 1303 N MAIN ST STE H CEDAR CITY,UT 847209746	CLINIC
6	187 - INTERMOUNTAIN SURGICAL ONCOLOGY 5169 S COTTONWOOD ST STE 440 MURRAY,UT 841076774	CLINIC
7	188 - UTAH VALLEY PULMONARY CLINIC 1055 N 300 W STE 500 PROVO,UT 846043312	CLINIC
8	189 - SL CLINIC PHYSICAL THERAPY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
9	190 - SALT LAKE CLINIC-UROLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
10	191 - WEST JORDAN PT - REHAB SERVICES 2655 W 9000 S WEST JORDAN,UT 840888542	CLINIC
11	192 - HOLLADAY PEDIATRICS NORTH 2160 E 4500 S SALT LAKE CITY,UT 841174011	CLINIC
12	193 - SALT LAKE CLINIC-RHEUMATOLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
13	194 - MEMORIAL KIDSCARE 2000 S 900 E SALT LAKE CITY,UT 841053208	CLINIC
14	195 - WEST JORDAN KIDSCARE 2655 W 9000 S WEST JORDAN,UT 840888542	CLINIC

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	Name and address	Type of Facility (describe)
196	196 - SALT LAKE CLINIC-CARDIOLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
1	197 - ISOM PLASTIC SURGERY 1350 N 500 E STE 310 LOGAN,UT 843412400	CLINIC
2	198 - SOUTHWEST RHEUMATOLOGY ASSOCIATES 577 S RIVER RD ST GEORGE,UT 847902097	CLINIC
3	199 - PAYSON INSTACARE 854 TURF FARM RD STE 1 PAYSON,UT 846515733	CLINIC
4	200 - MANTI FAMILY CLINIC 159 N MAIN ST MANTI,UT 846421257	CLINIC
5	201 - MOUNTAIN VIEW KIDSCARE 9720 S 1300 E STE 100 SANDY,UT 840943743	CLINIC
6	202 - BOUNTIFUL CLINIC PT 280 N MAIN ST BOUNTIFUL,UT 84010	CLINIC
7	203 - UTAH VALLEY EAR NOSE & THROAT 1157 N 300 W STE 301 PROVO,UT 846046124	CLINIC
8	204 - MEMORIAL CLINIC PT 2000 SOUTH 900 EAST SALT LAKE CITY,UT 841053208	CLINIC
9	205 - MCKAY DEE NEUROLOGY 4403 HARRISON BLVD STE 3855 OGDEN,UT 844033349	CLINIC
10	206 - MCKAY DEE HEART FAILURE 4403 HARRISON BLVD STE 3430 OGDEN,UT 844033343	CLINIC
11	207 - SALT LAKE CLINIC-NEUROLOGY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
12	208 - PHYSICAL MEDICINE & REHAB CLINIC 1055 N 300 W STE 410 PROVO,UT 846043354	CLINIC
13	209 - HOLLADAY PHYSICAL THERAPY 6272 S HIGHLAND DR 203 MURRAY,UT 841211677	CLINIC
14	210 - AVENUES CLINIC PT 324 10TH AVE STE 100 SALT LAKE CITY,UT 841032827	CLINIC

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

	Name and address	Type of Facility (describe)
211	211 - MURRAY WORKMED CLINIC 201 E 5900 S STE 100 MURRAY,UT 841075429	CLINIC
1	212 - BEAR RIVER SPECIALISTS 935 N 1000 W TREMONTON,UT 843379356	CLINIC
2	213 - MORONI CLINIC 51 E MAIN ST MORONI,UT 846460810	CLINIC
3	214 - SALT LAKE CLINIC-PODIATRY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
4	215 - SPRINGVILLE WORKMED CLINIC 385 S 400 E SPRINGVILLE,UT 846631955	CLINIC
5	216 - LOGAN WORKMED CLINIC 412 N 200 E LOGAN,UT 843214038	CLINIC
6	217 - ST GEORGE WORKMED CLINIC 385 N 3050 E ST GEORGE,UT 847909003	CLINIC
7	218 - LAYTON ORTHOPEDICS 2075 UNIVERSITY PARK BLVD LAYTON,UT 840411611	CLINIC
8	219 - HEBER VALLEY SPECIALTY CLINIC 380 E 1500 S STE 202 HEBER CITY,UT 840323942	CLINIC
9	220 - SALT LAKE WORKMED PT 1685 W 2200 S SALT LAKE CITY,UT 841191456	CLINIC
10	221 - INT PSYCHIATRY & COUNSELING 320 E 600 S ST GEORGE,UT 847703949	CLINIC
11	222 - CENTRAL EAR NOSE & THROAT 5169 S COTTONWOOD ST STE 640 MURRAY,UT 841076771	CLINIC
12	223 - LIVE WELL CENTER-SALT LAKE CITY 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
13	224 - DIXIE INPATIENT PSYCHIATRY 544 S 400 E ST GEORGE,UT 847703705	CLINIC
14	225 - LAYTON WORKMED CLINIC 2075 UNIVERSITY PARK BLVD LAYTON,UT 840411611	CLINIC

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	Name and address	Type of Facility (describe)
226	226 - DIXIE HIGH RISK OB 544 S 400 E ST GEORGE,UT 847703705	CLINIC
1	227 - DRAPER PHYSICAL THERAPY 12473 S MINUTEMAN DR DRAPER,UT 840207870	CLINIC
2	228 - NORTHERN UTAH KIDSCARE 4403 HARRISON BLVD STE 4875 OGDEN,UT 844033335	CLINIC
3	229 - SNOWBIRD CLINIC HIGHWAY 210 LITTLE COTTONWOOD CYN SNOWBIRD,UT 840920000	CLINIC
4	230 - WHITE SAGE FAMILY MEDICINE 130 WHITE SAGE AVE DELTA,UT 846248928	CLINIC
5	231 - ROSE CANYON PHYSICAL THERAPY 5541 W 13400 S RIVERTON,UT 840965640	CLINIC
6	232 - CANYON VIEW FAMILY PRACTICE 15 E 400 N PAROWAN,UT 847610000	CLINIC
7	233 - AMERICAN FORK PHYSICAL MED & REHAB 98 N 1100 E STE 103 AMERICAN FORK,UT 840032940	CLINIC
8	234 - SOUTH SEVIER CLINIC 539 S MAIN ST MONROE,UT 847544623	CLINIC
9	235 - BUDGE CLINIC RADIOLOGY 1350 N 500 E LOGAN,UT 843412400	CLINIC
10	236 - AMERICAN FORK INTERNAL MEDICINE 98 N 1100 E STE 302 AMERICAN FORK,UT 840032947	CLINIC
11	237 - ALTA VIEW UROLOGICAL ASSOCIATES 9720 S 1300 E STE E230 SANDY,UT 840943771	CLINIC
12	238 - US SYNTHETIC CLINIC 1260 S 1600 W OREM,UT 840584931	CLINIC
13	239 - MCKAY-DEE ORTHO & SPORTS MEDICINE 4401 HARRISON BLVD STE 2600 OGDEN,UT 844033195	CLINIC
14	240 - UTAH VALLEY NEUROLOGICAL 3685 N 100 E PROVO,UT 846044594	CLINIC

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	Name and address	Type of Facility (describe)
241	241 - ALTA VIEW NURSE MIDWIVES 9600 S 1300 E STE 310 SANDY,UT 840943766	CLINIC
1	242 - WASATCH GYN 2075 N UNIVERSITY PARK BLVD LAYTON,UT 840411611	CLINIC
2	243 - COMPREHENSIVE CARE MURRAY 5171 S COTTONWOOD ST STE 350 MURRAY,UT 841075704	CLINIC
3	244 - IM FLASH TECHNOLOGY CLINIC 1550 E 3400 N LEHI,UT 840439692	CLINIC
4	245 - DIXIE ACUTE REHAB 544 S 400 E ST GEORGE,UT 847703705	CLINIC
5	246 - NORTH SEVIER MEDICAL CLINIC 530 N 250 W SALINA,UT 846545514	CLINIC
6	247 - LAYTON KIDSCARE 2075 UNIVERSITY PARK BLVD LAYTON,UT 840411611	CLINIC
7	248 - ST GEORGE PULMONARY CLINIC 1380 E MEDICAL CENTER DR STE 2200 ST GEORGE,UT 847902130	CLINIC
8	249 - CEDAR CITY WORKMED CLINIC 962 SAGE DR CEDAR CITY,UT 847201885	CLINIC
9	250 - LOGAN PSYCHIATRY 1350 N 500 E LOGAN,UT 843412400	CLINIC
10	251 - INTERMOUNTAIN PSYCH & COUNSELING 5169 S COTTONWOOD ST STE 400 MURRAY,UT 841076769	CLINIC
11	252 - PARK CITY CLINIC-CANYONS 4000 CANYONS RESORT DR PARK CITY,UT 840986546	CLINIC
12	253 - MCKAY DEE INFECTIOUS DISEASE 4403 HARRISON BLVD STE 3630 OGDEN,UT 844033287	CLINIC
13	254 - INTERMOUNTAIN LIFETIME CLINIC FREEPORT CENTER BLDG D-12 CLEARFIELD,UT 840160010	CLINIC
14	255 - PAYSON CLINIC 854 TURF FARM RD STE 1 PAYSON,UT 846515733	CLINIC

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	Name and address	Type of Facility (describe)
256	256 - LINCOLN SCHOOL CLINIC 1090 ROBERTA ST SALT LAKE CITY,UT 841114624	CLINIC
1	257 - PROVO NEUROLOGICAL CLINIC-UVRMC 1055 N 300 W STE 501 PROVO,UT 846043312	CLINIC
2	258 - PARK CITY ALLERGY CLINIC 750 ROUND VALLEY DR STE 101A PARK CITY,UT 840607549	CLINIC
3	259 - SALT LAKE CLINIC-MHI 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
4	260 - INT TRAUMA GENERAL SURGERY 5169 S COTTONWOOD ST STE 400 MURRAY,UT 841076769	CLINIC
5	261 - DIXON CLINIC 750 W 200 N PROVO,UT 846012606	CLINIC
6	262 - ROSE PARK ELEMENTARY CLINIC 1105 W 1000 N SALT LAKE CITY,UT 841162135	CLINIC
7	263 - SALT LAKE CLINIC - ANTICOAGULATION 389 S 900 E SALT LAKE CITY,UT 841022310	CLINIC
8	264 - SOUTH JORDAN WORKMED CLINIC 1067 W SOUTH JORDAN PARKWAY STE 500 SOUTH JORDAN,UT 840958809	CLINIC
9	265 - DIXIE INFECTIOUS DISEASE CLINIC 1380 E MEDICAL CENTER DR STE 2300 ST GEORGE,UT 847902131	CLINIC
10	266 - SO JORDAN CLINIC PT 11444 S REDWOOD RD SOUTH JORDAN,UT 84095	CLINIC
11	267 - INTERMOUNTAIN EMPLOYEE CLINIC 5171 S COTTONWOOD ST STE 130 MURRAY,UT 841075731	CLINIC
12	268 - MCKAY DEE PALLIATIVE CARE 4403 HARRISON BLVD STE 3630 OGDEN,UT 844033287	CLINIC
13	269 - SALT LAKE COUNTY HEALTHMED 2001 S STATE ST STE S2-500 SALT LAKE CITY,UT 841903100	CLINIC
14	270 - PARK CITY SLEEP DISORDERS CLINIC 750 ROUND VALLEY DR STE 101A PARK CITY,UT 840607549	CLINIC

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

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

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

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

_____

	Name and address	Type of Facility (describe)
271	271 - SNOWBASIN CLINIC 3925 E SNOWBASIN DR HUNTSVILLE,UT 843170000	CLINIC
1	272 - UTAH VALLEY PALLIATIVE CARE CLINIC 1034 W 500 N PROVO,UT 846012537	CLINIC
2	273 - AMERICAN FORK SPECIALTY 98 N 1100 E STE 402 AMERICAN FORK,UT 840032951	CLINIC
3	274 - THE NEIGHBORHOOD CLINIC 1388 S NAVAJO ST SALT LAKE CITY,UT 841043444	CLINIC
4	275 - INTERMOUNTAIN PULMONOLOGY CLINIC 5169 COTTONWOOD ST STE 640 MURRAY,UT 841076766	CLINIC
5	276 - BOUNTIFUL WORKMED CLINIC 390 N MAIN ST BOUNTIFUL,UT 840106046	CLINIC
6	277 - INTERMOUNTAIN HC FLU SHOT CLINIC 776 N TERMINAL DR SALT LAKE CITY,UT 841227003	CLINIC
7	278 - AVENUES NEUROSURGERY 370 9TH AVE STE 111 SALT LAKE CITY,UT 841033180	CLINIC
8	279 - UTAH VALLEY ORTHOPAEDICS - OREM 163 NORTH 400 WEST 1A OREM,UT 840571909	CLINIC
9	280 - HYDE PARK PHYSICAL THERAPY 4088 N HIGHWAY 91 HYDE PARK,UT 843184125	CLINIC
10	281 - PROVIDENCE PHYSICAL THERAPY 190 S HIGHWAY 165 PROVIDENCE,UT 843329512	CLINIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315029306

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 81

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

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ABILITY FOUND CORPORATION 2324 S CONSTITUTION BLVD WEST VALLEY CITY,UT 84119	87-0504354	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION 855 EAST 4800 SOUTH STE 100 SALT LAKE CITY,UT 84107	13-3039601	501(C)(3)	40,000				SUPPORT COMMUNITY HEALTH
AMERICAN CANCER SOCIETY INC 941 E 3300 S SALT LAKE CITY,UT 84106	13-1788491	501(C)(3)	31,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION INC 4424 S 700 E STE 100 SALT LAKE CITY,UT 84107	13-1623888	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
AMERICAN LUNG ASSOCIATION OF THE SOUTHWEST INC 1930 S 1100 E SALT LAKE CITY,UT 84106	86-0111676	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
ASSOCIATION FOR UTAH COMMUNITY HEALTH 860 E 4500 S STE 206 SALT LAKE CITY,UT 84107	87-0430946	501(C)(3)	1,250,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF GREATER SALT LAKE 669 SOUTH 200 EAST STE 100 SALT LAKE CITY,UT 84111	87-0278627	501(C)(3)	25,000				SUPPORT CHILDREN'S HEALTH
BRAIN INJURY ASSOCIATION OF UTAH INC 5280 S COMMERCE DRIVE MURRAY,UT 84107	87-0435214	501(C)(3)	20,000				SUPPORT COMMUNITY HEALTH
CANYON CREEK WOMENS CRISIS CENTER PO BOX 2081 CEDAR CITY,UT 84721	87-0540825	501(C)(3)	50,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTER FOR WOMEN AND CHILDREN IN CRISIS INC 1433 E 840 N OREM,UT 84097	87-0405229	501(C)(3)	40,000				SUPPORT COMMUNITY HEALTH
CENTRAL UTAH COUNSELING CENTER 390 WEST 100 NORTH EPHRAIM,UT 84627	87-0502481	GOV	210,000				SUPPORT COMMUNITY HEALTH
CHILDREN'S CENTER 350 S 400 E SALT LAKE CITY,UT 84111	87-6114073	501(C)(3)	10,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALT LAKE COMMUNITY ACTION PROGRAM 1307 WEST 900 SOUTH SALT LAKE CITY,UT 84104	87-0269683	501(C)(3)	35,000				SUPPORT COMMUNITY HEALTH
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA,MD 20814	13-1930701	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
DAVIS BEHAVIORAL HEALTH INC 934 S MAIN STREET LAYTON,UT 84041	87-0430116	501(C)(3)	1,500,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIXIE STATE UNIVERSITY 225 SOUTH 700 EAST ST GEORGE,UT 84770	87-6000488	GOV	15,000				PROMOTE COMMUNITY HEALTH
DOVE CENTER INC 1240 E 100 S BLDG 22 STE 221 ST GEORGE,UT 84790	87-0529095	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
EASTER SEALS - GOODWILL NORTHERN ROCKY MOUNTAIN INC 350 S 400 E SALT LAKE CITY,UT 84111	81-0232125	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ENVISION UTAH 254 SOUTH 600 EAST STE 201 SALT LAKE CITY,UT 84112	87-0462205	501(C)(3)	5,000				SUPPORT COMMUNITY HEALTH
FAMILY COUNSELING CENTER 5250 COMMERCE DR 250 MURRAY,UT 84107	87-0212455	501(C)(3)	6,000				PROMOTE COMMUNITY HEALTH
FAMILY INSTITUTE OF NORTHERN UTAH 190 EAST CENTER LOGAN,UT 84321	87-0576153	501(C)(3)	90,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SUPPORT CENTER 1760 W 4805 S TAYLORSVILLE,UT 84129	87-0359719	501(C)(3)	20,000				PROMOTE COMMUNITY HEALTH
FAMILY SUPPORT CENTER OF WASHINGTON COUNTY UTAH INC 310 WEST 200 NORTH ST GEORGE,UT 84770	26-2827156	501(C)(3)	10,000				PROMOTE COMMUNITY HEALTH
FOREVER YOUNG FOUNDATION FOR CHILDREN C/O 550 WEST 500 SOUTH BOUNTIFUL,UT 84010	87-0509354	501(C)(3)	10,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOURTH STREET CLINIC 409 W 4TH S SALT LAKE CITY,UT 84101	87-0678393	501(C)(3)	70,000				SUPPORT COMMUNITY CLINIC
HOLY CROSS MINISTRIES 860 E 4500 S STE 204 SALT LAKE CITY,UT 84107	87-0359324	501(C)(3)	15,000				PROMOTE COMMUNITY HEALTH
HOPE4UTAH 5455 N RIVER RUN DRIVE PROVO,UT 84604	90-0969731	501(C)(3)	120,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOUSE OF HOPE 857 E 200 S SALT LAKE CITY,UT 84102	87-0255206	501(C)(3)	25,000				PROMOTE COMMUNITY HEALTH
HUNTSMAN CANCER FOUNDATION 2000 CIR OF HOPE DR SALT LAKE CITY,UT 84112	87-0541293	501(C)(3)	9,000,000				PROMOTE COMMUNITY HEALTH
INTERMOUNTAIN COMMUNITY CARE FOUNDATION 36 S STATE STREET STE 2200 SALT LAKE CITY,UT 84111	94-2853320	501(C)(3)	5,000,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 5121 SOUTH COTTONWOOD ST MURRAY,UT 84107	80-0225150	501(C)(3)	3,613,349				SUPPORT COMMUNITY HEALTH
FOUNDATION FOR THE PROVO-JORDAN RIVER PARKWAY 872 S WOODRUFF WAY SALT LAKE CITY,UT 84108	94-2674996	501(C)(3)	50,000				PROMOTE COMMUNITY HEALTH
JUNIOR ACHIEVEMENT OF UTAH 515 E 100 S STE 200 SALT LAKE CITY,UT 84102	87-0225875	501(C)(3)	10,000				SUPPORT ELEMENTARY EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JDRF INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK,NY 10004	23-1907729	501(C)(3)	25,000				PROMOTE COMMUNITY HEALTH
MIDTOWN COMMUNITY HEALTH CENTER INC 2240 ADAMS AVE OGDEN,UT 84401	87-0540039	501(C)(3)	65,000				PROMOTE COMMUNITY HEALTH
MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON,AZ 85718	79-7575339	501(C)(3)	10,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL ABILITY CENTER PO BOX 682799 PARK CITY,UT 84068	94-3025807	501(C)(3)	175,000				SUPPORT COMMUNITY HEALTH
NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 5TH S SALT LAKE CITY,UT 84104	87-0212462	501(C)(3)	10,000				PROMOTE COMMUNITY HEALTH
THE DR DALE B HULL FOUNDATION FOR NEUROLOGICAL REHABILITATION INC 90 W ALBION VILLAGE WAY SANDY,UT 84070	20-0291769	501(C)(3)	255,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PEACE HOUSE INC 1960 SIDEWINDER DR SUITE 208 PARK CITY,UT 84060	87-0500067	501(C)(3)	25,000				PROMOTE COMMUNITY HEALTH
PEOPLE HELPING PEOPLE INC 205 N 400 W SALT LAKE CITY,UT 84103	84-1373515	501(C)(3)	10,000				PROMOTE COMMUNITY HEALTH
PEOPLE'S HEALTH CLINIC INC 650 ROUND VALLEY DRIVE PARK CITY,UT 84068	87-0638042	501(C)(3)	200,000				PROMOTE COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREVENT CHILD ABUSE UTAH 2955 HARRISON BLVD OGDEN,UT 84403	74-2434274	501(C)(3)	10,000				SUPPORT CHILDREN'S HEALTH
RACE SWAMI 2571 S 2700 E SALT LAKE CITY,UT 84109	27-4648408	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA INC 935 E SOUTH TEMPLE SALT LAKE CITY,UT 84102	74-2386043	501(C)(3)	22,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFE KIDS UTAH 288 N 1460 W SALT LAKE CITY,UT 84116	02-0798812	501(C)(3)	120,000				SUPPORT CHILDREN'S HEALTH
SALT LAKE AREA CHAMBER OF COMMERCE 175 E 400 S STE 600 SALT LAKE CITY,UT 84111	87-0121901	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH
THE COMMUNITY FOUNDATION OF UTAH 423 WEST 800 SOUTH SUITE A101 SALT LAKE CITY,UT 84101	74-3211770	501(C)(3)	1,000,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEALANTS FOR SMILES 5373 GREEN ST STE 400 SALT LAKE CITY,UT 84123	20-8857514	501(C)(3)	25,000				SUPPORT COMMUNITY HEALTH
SOUTHERN UTAH UNIVERSITY FOUNDATION 351 W UNIVERSITY BLVD CEDAR CITY,UT 84720	87-0564444	501(C)(3)	100,000				SUPPORT COMMUNITY HEALTH
SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 NORTH 100 EAST SUITE 102 ST GEORGE,UT 84770	35-2163112	501(C)(3)	295,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANNES CENTER INC 269 W 3300 S OGDEN,UT 84401	87-0368808	501(C)(3)	25,000				SUPPORT COMMUNITY HEALTH
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD,CA 94305	94-1156365	501(C)(3)	1,250,000				HEALTH RESEARCH
STEM EDUCATION SOLUTIONS INC 1193 E BELL CASTLE CIR SANDY,UT 84094	47-5441582	501(C)(3)	200,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SWATC FOUNDATION 510 W 800 SOUTH CEDAR CITY,UT 84720	46-1233025	501(C)(3)	25,000				SUPPORT COMMUNITY HEALTH
THANKSGIVING POINT INSTITUTE INC 3003 THANKSGIVING WAY LEHI,UT 84043	84-1416158	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
THE ROAD HOME 210 RIO GRANDE STREET SALT LAKE CITY,UT 84101	87-0212465	501(C)(3)	15,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TREMONTON CITY CORPORATION 102 S TREMONT ST TREMONTON,UT 84337	05-0830520	GOV	50,000				SUPPORT COMMUNITY HEALTH
TURN COMMUNITY SERVICES INC 423 W 800 S SALT LAKE CITY,UT 84110	87-0303448	501(C)(3)	60,000				SUPPORT COMMUNITY HEALTH
UHA UTAH HOSPITALS AND HEALTH SYSTEMS ASSOCIATION 2180 S 1300 E STE 440 SALT LAKE CITY,UT 84106	87-6119772	501(C)(3)	70,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF SALT LAKE 257 E 200 S STE 300 SALT LAKE CITY,UT 84111	87-0227091	501(C)(3)	632,178				SUPPORT COMMUNITY HEALTH
UNIVERSITY OF UTAH 301 WALKER WAY SALT LAKE CITY,UT 84106	87-6000525	GOV	15,061,072				HEALTH EDUCATION
ANTI-BULLYING COALITION 9150 S 150 E ROOM 580 SANDY,UT 84070	80-0945601	501(C)(3)	50,000				SUPPORT CHILDREN'S HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH CLEAN AIR PARTNERSHIP UCAIR INC 165 NORTH 1950 WEST SALT LAKE CITY,UT 84116	46-1224589	501(C)(3)	25,000				SUPPORT COMMUNITY HEALTH
UTAH FAMILIES FOUNDATION 1110 E EAGLEWOOD DR STE 4 N SALT LAKE CITY,UT 84054	87-0509416	501(C)(3)	20,000				SUPPORT LOW INCOME
UTAH FILM CENTER 122 SOUTH MAIN STREET SALT LAKE CITY,UT 84101	75-3077559	501(C)(3)	30,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY,UT 84119	87-0212453	501(C)(3)	10,000	32,500			SUPPORT COMMUNITY HEALTH
UTAH FOUNDATION 10 W BROADWAY SUITE 307 SALT LAKE CITY,UT 84101	87-1099245	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
UTAH HEALTH POLICY PROJECT 1832 W RESEARCH WAY 60 SALT LAKE CITY,UT 84119	87-0684606	501(C)(3)	12,500				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH LEAGUE OF CITIES & TOWNS 50 SOUTH 600 EAST SUITE 150 SALT LAKE CITY,UT 84102		GOV	900,000				SUPPORT COMMUNITY HEALTH
UTAH NONPROFITS ASSOCIATION INC 231 E 400 S STE 345 SALT LAKE CITY,UT 84111	87-0481455	501(C)(3)	18,100				SUPPORT LOCAL NONPROFITS
UTAH STATE UNIVERSITY FOUNDATION 1490 OLD MAIN HILL LOGAN,UT 84322	87-6000528	501(C)(3)	125,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTAH VALLEY UNIVERSITY FOUNDATION INC 800 W UNIVERSITY PKWY STE MS111 OREM,UT 84058	87-0036944	501(C)(3)	20,000				HEALTH EDUCATION
UTAH YOUTH VILLAGE 5800 S HIGHLAND DR SALT LAKE CITY,UT 84121	87-0301014	501(C)(3)	10,000				SUPPORT CHILDREN'S HEALTH
VOLUNTEER CARE CLINIC 148 N 100 W PROVO,UT 84601	20-1567171	501(C)(3)	16,000				SUPPORT COMMUNITY HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASATCH COMMUNITY GARDENS 824 E 400 W SUITE 127 SALT LAKE CITY,UT 84101	74-2550359	501(C)(3)	17,500				PROMOTE COMMUNITY HEALTH
WASHINGTON CITY 111 N 100 E WASHINGTON,UT 84780		GOV	68,000				SUPPORT COMMUNITY HEALTH
WESTMINSTER COLLEGE 1840 S 1300 E SALT LAKE CITY,UT 84105	87-0212470	501(C)(3)	135,000				HEALTH EDUCATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMENS LEADERSHIP INSTITUTE OF UTAH 175 E UNIVERSITY BLVD STE 600 SALT LAKE CITY,UT 84111	47-2963429	501(C)(3)	25,000				SUPPORT COMMUNITY HEALTH
WORLD PEACE PARENTS PO BOX 71501 COTTONWOOD,UT 84171	02-2343798	501(C)(3)	10,000				SUPPORT COMMUNITY HEALTH
YMCA OF NORHTERN UTAH 3098 HIGHLAND DR STE 440 SALT LAKE CITY,UT 84106	87-0212472	501(C)(3)	20,000				HEALTHY LIFESTYLE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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 directors, trustees, officers, including 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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 - PURSUANT TO COMPANY POLICY, MOODY CHISHOLM RECEIVED REIMBURSEMENT FOR TEMPORARY HOUSING EXPENSES THE REIMBURSED EXPENSES WERE REPORTED AS TAXABLE TO THE INDIVIDUAL ON FORM W-2
PART I, LINE 3	HEALTH SERVICES IS NATIONALLY RECOGNIZED FOR PROVIDING QUALITY MEDICAL CARE THAT RANKS AMONG THE HIGHEST IN THE NATION WITH CHARGES THAT ARE AMONG THE LOWEST IN THE NATION HEALTH SERVICES' POLICY IS TO COMPENSATE ITS EMPLOYEES, INCLUDING SENIOR MANAGEMENT, AT MARKET COMPETITIVE RATES THE COMPENSATION COMMITTEE OF THE BOARD RETAINS OUTSIDE CONSULTANTS TO PROVIDE OBJECTIVE DATA ON COMPENSATION LEVELS AND PRACTICES THE COMMITTEE ANNUALLY ANALYZES THIS DATA AND MAKES COMPENSATION DECISIONS, WHICH ARE REVIEWED BY THE FULL BOARD OF TRUSTEES THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL PERFORMANCE TO ACHIEVE A TOP-TIER INTEGRATED HEALTHCARE DELIVERY SYSTEM COMPENSATION LEVELS FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS AUDIT A PORTION OF THE COMPENSATION REPORTED ON THIS FORM REFLECTS DEFERRED AMOUNTS THAT ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE THE REPORTABLE COMPENSATION ON SCHEDULE J INCLUDES CERTAIN AMOUNTS THAT HAVE BEEN OR WILL BE REPORTED TWICE, BOTH IN THE YEAR ACCRUED AND AGAIN IN THE YEAR PAID
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING 2015 - LARRY HANCOCK $912,767 THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2015 - CHARLES W SORENSON JR MD $241,675 - ALBERT R ZIMMERLI $124,856 - LARRY D HANCOCK $1,800,000 - TERRI L KANE $194,582 THE FILING ORGANIZATION OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO EMPLOYEES DESIGNATED BY THE BOARD THE AMOUNTS IN THE PLAN ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE PHYSICIANS AND CERTAIN MANAGEMENT LEVEL EMPLOYEES WHOSE COMPENSATION EXCEEDS A MINIMUM THRESHOLD MAY ALSO PARTICIPATE IN THE FILING ORGANIZATION'S 457(F) PLAN
PART I, LINE 6	CERTAIN PHYSICIAN CONTRACTS PROVIDE FOR ANY EXCESS OF COLLECTED REVENUE OVER ANNUAL EXPENSES TO BE PAID TO THE PHYSICIAN ON A PHYSICIAN PRACTICE BASIS

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHARLES W SORENSON JR 1 MD TRUSTEE / PRES / CEO	(I)	1,013,075	655,106	287,256	763,362	40,901	2,759,700	824,897
	(II)	0	0	0	0	- 0	- 0	0
1 ROBERT W ALLEN VICE PRESIDENT	(I)	338,847	178,086	44,643	262,369	24,603	848,548	153,272
	(II)	0	0	0	0	- 0	- 0	0
2 MOODY L CHISHOLM VICE PRESIDENT	(I)	391,236	0	43,259	187,222	15,247	636,964	0
	(II)	0	0	0	0	- 0	- 0	0
3 TODD CRAGHEAD VICE PRESIDENT	(I)	217,458	67,221	1,658	110,659	20,326	417,322	53,971
	(II)	0	0	0	0	- 0	- 0	0
4 DAVID L FLOOD VP/CHIEF DEV OFFICER	(I)	353,896	158,288	39,419	239,590	24,262	815,455	134,532
	(II)	0	0	0	0	- 0	- 0	0
5 LARRY D HANCOCK VICE PRESIDENT	(I)	210,580	304,888	2,800,050	51,337	11,590	3,378,445	2,069,212
	(II)	0	0	0	0	- 0	- 0	0
6 COREY B HELLER VICE PRESIDENT	(I)	206,284	0	66,279	111,285	14,742	398,590	0
	(II)	0	0	0	0	- 0	- 0	0
7 KIMBERLY HENRICHSEN VICE PRESIDENT	(I)	306,219	149,577	41,886	249,448	24,365	771,495	135,255
	(II)	0	0	0	0	- 0	- 0	0
8 BRENT T JOHNSON VICE PRESIDENT	(I)	146,424	151,751	57,946	80,261	12,397	448,779	131,919
	(II)	0	0	0	0	- 0	- 0	0
9 GREGORY M JOHNSON VICE PRESIDENT	(I)	317,672	158,768	35,712	263,151	24,553	799,856	138,250
	(II)	0	0	0	0	- 0	- 0	0
10 LAURA S KAISER EXEC VP / COO	(I)	871,686	561,157	25,692	743,487	11,626	2,213,648	499,578
	(II)	0	0	0	0	- 0	- 0	0
11 TERRI L KANE VICE PRESIDENT	(I)	428,361	213,209	234,159	360,880	24,270	1,260,879	354,767
	(II)	0	0	0	0	- 0	- 0	0
12 LINDA C LECKMAN MD VICE PRESIDENT	(I)	533,648	264,006	28,761	315,659	17,872	1,159,946	229,052
	(II)	0	0	0	0	- 0	- 0	0
13 JACQUE MILLARD VP / CHIEF INVEST OFCR	(I)	278,531	140,197	30,444	228,217	23,123	700,512	122,270
	(II)	0	0	0	0	- 0	- 0	0
14 TIMOTHY T PEHRSON VICE PRESIDENT	(I)	443,759	221,186	21,826	353,073	26,555	1,066,399	200,728
	(II)	0	0	0	0	- 0	- 0	0
15 GREGORY P POULSEN SENIOR VICE PRESIDENT	(I)	465,439	308,931	48,673	635,762	26,696	1,485,501	275,072
	(II)	0	0	0	0	- 0	- 0	0
16 MARC PROBST VICE PRES / CIO	(I)	459,257	230,042	26,923	511,522	26,086	1,253,830	200,454
	(II)	0	0	0	0	- 0	- 0	0
17 MARK A RUNYON VICE PRESIDENT	(I)	309,807	40,000	38,463	141,846	16,051	546,167	0
	(II)	0	0	0	0	- 0	- 0	0
18 STEVEN R SMOOT VICE PRESIDENT	(I)	430,334	219,979	39,526	258,577	26,678	975,094	187,543
	(II)	0	0	0	0	- 0	- 0	0
19 JOSEPH WALSH VICE PRESIDENT	(I)	197,116	47,781	19,583	99,672	10,258	374,410	47,781
	(II)	0	0	0	0	- 0	- 0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ALBERT R ZIMMERLI EVP / CFO / SEC / TREAS	(I)	863,743	561,160	193,480	641,995	32,807	2,293,185	624,437
	(II)	0	0	0	0	0	0	0
1 DANIEL L ZUHLKE SR VICE PRESIDENT	(I)	394,607	199,004	26,081	462,400	24,390	1,106,482	175,414
	(II)	0	0	0	0	0	0	0
2 CASEY BACHISON MD-SURGERY/ORTHOPEDIC	(I)	1,637,549	142,697	1,329	88,066	20,867	1,890,508	0
	(II)	0	0	0	0	0	0	0
3 BENJAMIN FOX MD-NEUROSURGERY	(I)	1,527,071	143,936	26,914	96,297	23,037	1,817,255	0
	(II)	0	0	0	0	0	0	0
4 BERKELEY BATE MD-NEUROSURGERY	(I)	1,259,555	66,237	47,977	78,332	22,853	1,474,954	0
	(II)	0	0	0	0	0	0	0
5 TRAVIS HENDRY MD-SURGERY/ORTHOPEDIC	(I)	1,203,011	48,164	37,869	21,124	23,367	1,333,535	47,664
	(II)	0	0	0	0	0	0	0
6 WILLIAM GOWSKI MD-ORTHOPEDICS	(I)	1,204,152	52,553	19,329	22,695	20,765	1,319,494	52,053
	(II)	0	0	0	0	0	0	0

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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.

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

OMB No 1545-0047

2015

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		47,100,000	25,000,000	30,500,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	314,823,712	273,598,644	253,629,646	63,362,310
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds			1,597,895	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,561,803	1,339,946		50,000
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	313,261,909	272,258,698	252,031,751	
11	Other spent proceeds				63,312,310
12	Other unspent proceeds				
13	Year of substantial completion	2007	2007	2014	2004

		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 ▶		0 100 %		0 100 %		0 100 %		
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 ▶		0 100 %		0 100 %		0 %		
6	Total of lines 4 and 5		0 200 %		0 200 %		0 100 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

Return Reference	Explanation
FORM 990, SCH K, PART II, LINE 11, PART III, COL D & PART IV, LINE 2C COL D	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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 3, COLUMN C	$80,000,000 OF THE TOTAL ISSUE PRICE ($250,004,177) WAS ISSUED AS VARIABLE RATE BONDS THE REMAINDER WAS ISSUED AS FIXED RATE BONDS

Return Reference	Explanation
FORM 990, SCHEDULE K, PART IV, LINE 4E, COLUMN A	ONE QUALIFIED HEDGE CONSISTING OF $106,380,000 NOTIONAL WITH AN ORIGINAL MATURITY DATE OF 8/1/2026 WAS NOVATED FROM JP MORGAN TO WELLS FARGO ON DECEMBER 1, 2014 THE SWAP WAS RESTRUCTURED WITH WELLS FARGO AND IS NO LONGER CONSIDERED A QUALIFIED HEDGE WITH RESPECT TO THE SERIES 2003 BONDS AT THAT TIME, THREE OTHER QUALIFIED HEDGES (IN CONNECTION WITH THE SERIES 2003 BONDS) TOTALING $187,800,000 IN NOTIONAL, REMAINED WITH JP MORGAN, MAINTAINING FINAL MATURITY DATES THROUGH 2/1/2033

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

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

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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.

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

OMB No 1545-0047

2015

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
C	UTAH COUNTY UTAH	87-6000312	917393AY6	08-07-2014	250,004,117	BLDG CONSTRUCTION & EQUIPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	200,000,000	250,681,736	250,444,559	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		679,959	440,442	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		250,001,777	134,249,605	
11	Other spent proceeds	200,000,000			
12	Other unspent proceeds			115,264,056	
13	Year of substantial completion	2009	2015		

		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		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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 ▶		0 100 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		
6	Total of lines 4 and 5		0 100 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV **Arbitrage** *(Continued)*

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

Part V **Procedures To Undertake Corrective Action**

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

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

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

OMB No 1545-0047

2015

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), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total		▶ $										

Part III Grants or Assistance Benefiting 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
(1) JEFFREY L ANDERSON	TRUSTEE FAMILY	202,921	WAGES		No
(2) JEFFREY T CRAGHEAD	OFFICER FAMILY	87,232	WAGES		No
(3) ALEXA COOPER	TRUSTEE FAMILY	11,763	WAGES		No
(4) GRANT L ZIMMERLI	OFFICER FAMILY	22,892	WAGES		No
(5) KRISTINA HOLLISTER	OFFICER FAMILY	20,863	WAGES		No
(6) HOLLY H YOUNG	OFFICER FAMILY	43,548	WAGES		No
(7) JACOB L HENRICHSEN	OFFICER FAMILY	14,798	WAGES		No
(8) GRAHAM H BURDETT	OFFICER FAMILY	108,671	WAGES		No
(9) ZACHARY L REESE	TRUSTEE FAMILY	163,262	WAGES		No
(10) RICHARD B STEVENSON	OFFICER FAMILY	145,314	WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INTERMOUNTAIN HEALTH CARE, INC (INTERMOUNTAIN) WAS ORGANIZED IN 1975 TO OWN AND OPERATE THE 15 HOSPITALS FORMERLY OWNED BY THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS IN 1982, INTERMOUNTAIN FORMED IHC HEALTH SERVICES, INC (FORMERLY IHC HOSPITALS, INC) AS A UTAH NONPROFIT SUBSIDIARY AND TRANSFERRED TO HEALTH SERVICES ITS HEALTHCARE FACILITIES HEALTH SERVICES CURRENTLY CONSISTS OF THE HOSPITAL DIVISION, COMPRISED OF 21 HOSPITALS WITH 2,682 LICENSED BEDS IN UTAH AND SOUTHERN IDAHO, AND THE INTERMOUNTAIN MEDICAL GROUP, WHICH EMPLOYS MORE THAN 1,500 PRIMARY AND SECONDARY CARE PHYSICIANS IN HOSPITALS AND 281 CLINIC SITES TWENTY OF HEALTH SERVICES' HOSPITALS ARE GENERAL ACUTE CARE FACILITIES WHICH PROVIDE INPATIENT AND OUTPATIENT MEDICAL SERVICES BASED ON SPECIFIC NEEDS IN EACH COMMUNITY TWO HOSPITALS PROVIDE SPECIALTY CARE IN THE FOLLOWING AREAS - PRIMARY CHILDREN'S HOSPITAL - PEDIATRIC CARE - THE ORTHOPEDIC SPECIALTY HOSPITAL - ORTHOPEDIC CARE HEALTH SERVICES' CLINICAL STATISTICS FOR 2015 - ACUTE ADMISSIONS - 136,546 - INSTACARE VISITS - 626,688 - BIRTHS - 30,955 - INPATIENT SURGERIES - 39,598 - OUTPATIENT SURGERIES - 117,125 - EMERGENCY ROOM VISITS - 501,838 - PHYSICIAN CLINIC VISITS - 3,244,990 - HOMECARE PATIENTS SERVED - 101,205 HEALTH SERVICES' CORE BUSINESS IS MANAGING COMMON CLINICAL PROCESSES OF CARE TO ACHIEVE THE HIGHEST CLINICAL QUALITY, SERVICE QUALITY, AND COST OUTCOMES EACH YEAR, HEALTH SERVICES SETS GOALS FOR CLINICAL QUALITY IMPROVEMENT IN TEN CLINICAL PROGRAMS AND OTHER AREAS PHYSICIANS, NURSES, AND OTHER CLINICAL PROFESSIONALS MEASURE THEIR PROGRESS TOWARD THESE GOALS AND EVALUATE RESULTS THIS LEADS TO THE SYSTEMATIC IMPLEMENTATION OF BEST PRACTICES - A PROCESS THAT YIELDS BETTER CARE FOR PATIENTS HEALTH SERVICES AND ITS AFFILIATES (COLLECTIVELY RECOGNIZED AS INTERMOUNTAIN HEALTHCARE) IS RECOGNIZED WORLDWIDE AS AN ORGANIZATION FOCUSED ON PROVIDING CARE BASED ON PROVEN RESULTS THE FOLLOWING TEN CLINICAL PROGRAMS ARE ORGANIZED AND OPERATED BY HEALTH SERVICES TO DEVELOP AND IMPLEMENT EVIDENCED-BASED BEST PRACTICES IN OUR HOSPITAL AND COMMUNITY-BASED SETTINGS THE BEHAVIORAL HEALTH CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, BEHAVIORAL THERAPISTS, ADMINISTRATORS, AND OTHER CARE PROVIDERS THESE TEAMS WORK TO IMPROVE THERAPEUTIC ALLIANCE SCORES FOR THEIR PATIENTS WITH THE UNDERSTANDING OF THE POSITIVE CORRELATION TO CLINICAL OUTCOME MEASUREMENTS THEY SCREEN FOR COMMON MEDICAL CONDITIONS IN PATIENTS IN THE BEHAVIORAL HEALTH TREATMENT SETTINGS CURRENTLY, THE TEAMS ARE WORKING TO IMPROVE POST DISCHARGE CARE PLANNING FOR PATIENTS ADMITTED TO INPATIENT BEHAVIORAL HEALTH FACILITIES THE TEAMS HAVE WORKED TO EXPAND MENTAL HEALTH INTEGRATION INTO ALL PRIMARY CARE CLINICS AND TELEPSYCHIATRY INTO RURAL FACILITIES CARE PROCESS MODELS ARE IN PLACE FOR THE MANAGEMENT OF DEPRESSION, BIPOLAR DISORDER, EATING DISORDERS, ATTENTION DEFICIT DISORDER, SUBSTANCE USE DISORDERS, AND SUICIDE ASSESSMENT AND PREVENTION HEALTH SERVICES' CLINICAL INTEGRATION STRATEGY OVER THE LAST 17 YEARS HAS BEEN WELL VALIDATED BY THE SUCCESS OF THE NATIONALLY-RESPECTED CARDIOVASCULAR CLINICAL PROGRAM THROUGH HIGHLY EVOLVED TEAMWORK AND ALIGNMENT, CARDIOLOGISTS, CARDIOVASCULAR (CV) SURGEONS, THORACIC SURGEONS, AND VASCULAR SURGEONS ALONG WITH NURSES AND ADMINISTRATIVE SUPPORT HAVE ACHIEVED OUTSTANDING CLINICAL QUALITY, SERVICE QUALITY, AND VALUE USING EXTENSIVE EVIDENCED-BASED GUIDELINES SUPPORTED BY MEANINGFUL MEASUREMENTS AND REPORTS, THE CV PROGRAM HAS ACHIEVED EXCEPTIONAL OUTCOMES IN SUCH AREAS AS CV SURGERY, ACUTE MYOCARDIAL INFARCTION, HEART FAILURE, CARDIAC RISK MANAGEMENT AND RHYTHM MANAGEMENT THE INTENSIVE MEDICINE CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, RESPIRATORY THERAPISTS, ADMINISTRATORS, AND OTHER CARE PROVIDERS IN THE AREAS OF EMERGENCY CARE, CRITICAL CARE, TRAUMA CARE, TRANSPORT (AIR AND GROUND AMBULANCE), HOSPITALISTS, AND TELEMEDICINE EACH TEAM IDENTIFIES AND IMPLEMENTS VERY FOCUSED GOALS OF EVIDENCED-BASED BEST PRACTICES, WHICH HAVE THE POTENTIAL OF POSITIVELY IMPACTING PATIENT OUTCOMES THE TEAM HAS WORKED TO REDUCE VENTILATOR ASSOCIATED PNEUMONIA, CONTROL GLUCOSE LEVELS IN THE CRITICAL CARE POPULATION, IMPLEMENT RAPID RESPONSE TEAMS IN EACH HOSPITAL, AND IMPLEMENT THE SEPSIS, VENTILATOR, AND CENTRAL LINE BUNDLES TELECRITICAL CARE HAS BEEN IMPLEMENTED IN ALL INTENSIVE CARE UNITS ACROSS THE SYSTEM IMPROVING OVERSIGHT OF PATIENTS IN ICUS WITH LIMITED INTENSIVIST COVERAGE THE PEDIATRIC SPECIALTIES CLINICAL PROGRAM WORKS TO IMPROVE CARE FOR CHILDREN, INCLUDING CARE BY PEDIATRIC SUBSPECIALTY PROVIDERS BEST PRACTICE GUIDELINES HAVE BEEN DEVELOPED FOR TREATMENT OF BRONCHIOLITIS, THE FEBRILE INFANT, TYPE I DIABETES, EARLY RECOGNITION AND TREATMENT OF SHOCK, AND ASTHMA PEDIATRIC TEAMS ARE WORKING WITH OTHER DISCIPLINES TO EVALUATE AND IMPROVE THE TRANSITION OF ADOLESCENT PATIENTS WITH CHRONIC ILLNESS TO ADULT CARE PROVIDERS AS THEY GRADUATE FROM HIGH SCHOOL AND MOVE AWAY FROM THEIR TRADITIONAL SUPPORT SYSTEMS THE PRIMARY CARE CLINICAL PROGRAM ADDRESSES THE NEEDS OF AMBULATORY PATIENTS CARED FOR BY FAMILY PRACTITIONERS, INTERNISTS AND PEDIATRICIANS MAJOR EFFORTS HAVE BEEN DIRECTED TOWARD IMPROVING QUALITY OUTCOMES FOR CHRONIC DISEASES SUCH AS DIABETES AND ASTHMA ADDITIONALLY, WE HAVE LAUNCHED A "CHOOSING WISELY" CAMPAIGN TO EVALUATE OVERUSE OF MEDICAL TESTS AND PROCEDURES, AS WELL AS TO PROVIDE ADVICE ON UNDERUTILIZED AND PREVENTATIVE CARE TO GET UPSTREAM OF CHRONIC DISEASE, WE HAVE CREATED A NEW CARE PROCESS MODEL, "LIFESTYLE AND WEIGHT MANAGEMENT HELPING PATIENTS FIND THEIR WAY TO LIVE WELL," TO PROMOTE AN EVIDENCE-BASED APPROACH TO LIFESTYLE AND WEIGHT MANAGEMENT, AND TO FACILITATE IMPLEMENTATION IN ROUTINE PRIMARY CARE ADDITIONALLY, WE HAVE CREATED A DIABETES PREVENTION PROGRAM TO DELAY OR PREVENT DIABETES FOR THE PATIENTS WE SERVE THE ONCOLOGY CLINICAL PROGRAM INVOLVES A NETWORK OF CANCER SPECIALISTS IN SURGERY, RADIATION ONCOLOGY, MEDICAL ONCOLOGY, INFUSION, NURSING, PATHOLOGY, RADIOLOGY, GENETICS, AND SUPPORTIVE CARE TO IMPROVE THE PROCESS OF CANCER DIAGNOSIS, TREATMENT, AND DELIVERY OF CARE ACROSS THE CONTINUUM CONSIDERABLE EFFORTS HAVE BEEN MADE TO DEVELOP AND STANDARDIZE BEST PRACTICES IN SURGICAL ONCOLOGY, PATHOLOGY, MAMMOGRAPHY, MEDICAL ONCOLOGY, AND RADIATION ONCOLOGY BY ENGAGING THE PROVIDER NETWORK AND UTILIZING MEANINGFUL CLINICAL DATA LOCATED IN HEALTH SERVICES' CANCER REGISTRY AND ELECTRONIC MEDICAL RECORD THE ONCOLOGY PROGRAM ADDITIONALLY SUPPORTS THE HUNTSMAN-INTERMOUNTAIN CANCER CARE PROGRAM, A COLLABORATIVE EFFORT BETWEEN HEALTH SERVICES AND HUNTSMAN CANCER INSTITUTE TO IMPROVE PROVIDER COLLABORATION AND ENHANCE CANCER OUTCOMES, RESEARCH, QUALITY IMPROVEMENT, AND PATIENT EDUCATION THE SURGICAL SERVICES CLINICAL PROGRAM IS COMPRISED OF TEAMS OF PHYSICIANS, NURSES, ADMINISTRATORS, AND OTHER CARE PROVIDERS IN THE AREAS OF PRE-SCREENING, SAME DAY SURGERY, OPERATING ROOMS, POST ANESTHESIA CARE UNITS, ANESTHESIA, CENTRAL PROCESSING, AND SEDATION SERVICES EACH TEAM IDENTIFIES AND IMPLEMENTS VERY FOCUSED GOALS OF EVIDENCE-BASED BEST PRACTICES, WHICH POSITIVELY AFFECT PATIENT OUTCOMES THE SURGICAL SERVICES TEAMS HAVE HAD SEVERAL AREAS OF FOCUS INCLUDING THE IMPLEMENTATION OF A CARE PROCESS MODEL FOR COLON RESECTION PATIENTS, DECREASING UTILIZATION OF BLOOD PRODUCTS, ESTABLISHING PHYSICIAN CREDENTIALING AND CLINICAL CRITERIA FOR ROBOTICS SURGERY, DEVELOPMENT OF A CLINICAL PATHWAY FOR BARIATRIC SURGERY PATIENTS, AND DEVELOPMENT AND IMPLEMENTATION OF TOOLS TO REDUCE SUPPLY COSTS THE WOMEN AND NEWBORNS CLINICAL PROGRAM FOCUSES ATTENTION ON NON-ONCOLOGY RELATED WOMEN'S CARE AND THE CARE OF THE NEWBORN IN THE NEONATAL PERIOD THIS INCLUDES CARE RELATED TO PREGNANCY (INCLUDING HIGH-RISK PREGNANCY), CHILDBIRTH, AND THE POSTPARTUM PERIOD GUIDELINES ADOPTED FROM NATIONAL SPECIALTY SOCIETIES AND PEER REVIEW STUDIES HAVE BEEN USED TO ESTABLISH BEST PRACTICE MODELS AND DRIVE CONSISTENCY IN ANTEPARTUM, INTRAPARTUM, POSTPARTUM, AND NEONATAL PROCESSES MUCH OF THE WORK THIS PAST YEAR HAS FOCUSED ON CREATING ADDITIONAL STANDARDS OF CARE FOR BABIES IN THE NEONATAL INTENSIVE CARE NURSERY RESULTING IN IMPROVED OUTCOMES THE MUSCULOSKELETAL CLINICAL PROGRAM WAS ESTABLISHED IN THE SUMMER OF 2014 THIS TEAM WORKS IN CLOSE COLLABORATION WITH THE REHABILITATION CLINICAL SERVICE AND IS FOCUSED ON DEVELOPING CARE PROCESSES FOR TREATMENT OF TOTAL JOINTS AND FRACTURES IN 2015, THE MUSCULOSKELETAL CLINICAL PROGRAM COMPLETED DEVELOPMENT OF A CARE PROCESS MODEL FOR TOTAL JOINT REPLACEMENT AND IS IN THE PROCESS OF IMPLEMENTATION OF CARE STANDARDS FOR THESE CONDITIONS ACROSS THE SYSTEM

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE NEUROSCIENCES CLINICAL PROGRAM BEGAN IN THE FALL OF 2014 THE PRIMARY FOCUSES OF THE NEUROSCIENCES CLINICAL PROGRAM ARE ENHANCING CARE FOR PATIENTS WITH SYMPTOMS OF STROKE, EXPANDING THE USE OF TELEHEALTH FOR STROKE CARE, DEVELOPING MODELS OF CARE FOR PATIENTS WITH LOW BACK PAIN FROM CONSERVATIVE THERAPY TO SURGICAL INTERVENTION, AND MANAGING PATIENTS WITH CONCUSSION, DEMENTIA, AND EPILEPSY THE MISSION OF HEALTH SERVICES IS HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE. PROVIDING THE HIGHEST QUALITY HEALTHCARE AT THE LOWEST POSSIBLE COST TO OUR PATIENTS AND CUSTOMERS IS ONE OF OUR MOST IMPORTANT CONSIDERATIONS HEALTH SERVICES PROVIDES SERVICES ON THE BASIS OF MEDICAL NEED WITHOUT REGARD OF ABILITY TO PAY AN UNINSURED, LOW-INCOME PERSON WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE AT ITS HOSPITALS AND CLINICS FOR NO CHARGE OR A REDUCED CHARGE BASED UPON SUCH PERSON'S ABILITY TO PAY, IF IN THE JUDGMENT OF THE ADMITTING PHYSICIAN THE SERVICES ARE GENERALLY AVAILABLE AT THE HOSPITAL AND CLINICS AND THE PERSON REQUIRES THAT SERVICE. THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WILL CONTINUE TO BE COMMUNICATED THROUGH ALL REASONABLE MEANS HEALTH SERVICES HAS ESTABLISHED A FINANCIAL ASSISTANCE POLICY FOR THE UNINSURED AND THE UNDERINSURED, WHICH OFFERS DISCOUNTS UP TO 100 PERCENT OF CHARGES ON A SLIDING SCALE FINANCIAL ASSISTANCE IS BASED ON BOTH INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL GUIDELINES AND THE CHARGES FOR SERVICES RENDERED HEALTH SERVICES' FINANCIAL ASSISTANCE GUIDELINES INCLUDE PROVISIONS THAT ARE RESPONSIVE TO THOSE PATIENTS WHO HAVE CATASTROPHIC HEALTHCARE EXPENSES DURING 2015, THROUGH 245,081 CASES, HEALTH SERVICES' FACILITIES AND PHYSICIANS PROVIDED MORE THAN $147 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 HEALTH SERVICES GENERALLY INCURS SHORTFALLS BETWEEN ITS ESTABLISHED RATES AND AMOUNTS PAID BY MEDICARE AND MEDICAID HEALTH SERVICES PROVIDES A SIGNIFICANT ARRAY OF ADDITIONAL COMMUNITY SERVICES, INCLUDING OWNING AND OPERATING FIVE COMMUNITY AND SCHOOL-BASED CLINICS TO HELP MEET THE NEEDS OF UNINSURED AND LOW-INCOME PEOPLE IN NEIGHBORHOODS THAT WOULD OTHERWISE LACK CONVENIENT ACCESS TO HEALTHCARE. IN 2015, THESE CLINICS HAD 15,601 PATIENT VISITS MOST PATIENTS PAY ON A SLIDING FEE SCALE ACCORDING TO THEIR HOUSEHOLD INCOMES, AND MANY QUALIFY FOR HEALTH SERVICES' FINANCIAL ASSISTANCE. INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC , AN AFFILIATE SUPPORTED BY HEALTH SERVICES, AWARDED GRANTS AND OTHER CASH CONTRIBUTIONS TO 34 INDEPENDENTLY OWNED COMMUNITY CLINICS THAT PROVIDE PRIMARY HEALTHCARE SERVICES TO UNINSURED, LOW-INCOME, AND HOMELESS POPULATIONS THESE CLINICS, LOCATED THROUGHOUT UTAH, HAD 386,536 PATIENT VISITS IN 2015 HEALTH SERVICES PROVIDES COMMUNITY BENEFIT ACTIVITIES INCLUDING HEALTH EDUCATION, HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, INTERN AND RESIDENT TRAINING, AND MEDICAL RESEARCH DURING 2015, THESE COMMUNITY SERVICES AND CONTRIBUTIONS TOTALED $98 MILLION SEE SCHEDULE H

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHARLES W SORENSON JR MD / GREGORY P POULSEN - FAMILY RELATIONSHIP ALBERT R. ZIMMERLI / CHARLES W SORENSON JR MD / DOUGLAS C BLACK / DANIEL G GOMEZ - BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION) A SCOTT ANDERSON / GAIL MILLER - BUSINESS RELATIONSHIP (BOARD MEMBER AND OFFICER OF AN UNRELATED CORPORATION) ALBERT R ZIMMERLI / DOUGLAS C BLACK / BRENT T JOHNSON - BUSINESS RELATIONSHIP (BOARD MEMBERS OF INTERMOUNTAIN SUPPLY SERVICES, INC AND AMERINET, INC , TAXABLE CORPORATIONS THAT ARE 90% AND 95% OWNED BY THE FILING ORGANIZATION, RESPECTIVELY) A SCOTT ANDERSON / F ANN MILLNER - BUSINESS RELATIONSHIP (TRUSTEES IN AN UNRELATED TAXABLE CORPORATION) KAREN W FAIRBANKS / F ANN MILLNER - BUSINESS RELATIONSHIP (TRUSTEE/EMPLOYEE RELATIONSHIP IN AN UNRELATED TAX-EXEMPT ORGANIZATION)

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

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

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

Return Reference	Explanation
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 AND/OR PROVIDED ELECTRONICALLY TO COMMITTEE MEMBERS IN ADVANCE AND DISCUSSED IN DEPTH DURING AN AUDIT AND COMPLIANCE COMMITTEE MEETING. PRIOR TO FILING WITH THE IRS, COPIES OF THE FINAL RETURN WERE PROVIDED TO THE HEALTH SERVICES BOARD OF TRUSTEES FOR REVIEW AND WERE DISCUSSED AS PART OF A REGULARLY SCHEDULED BOARD MEETING

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

Return Reference	Explanation
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 ANNUALLY RETAINS AN INDEPENDENT, EXTERNAL CONSULTING FIRM TO PROVIDE AN ANALYSIS OF COMPARABLE MARKET DATA THE CONSULTANTS REVIEW THE VARIOUS TYPES OF DIRECT COMPENSATION, INCLUDING BASE SALARY, TOTAL CASH, AND ANNUAL AND LONG-TERM INCENTIVES INFORMATION FROM A SELECTED GROUP OF COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS IS USED TO SUPPLEMENT PUBLISHED SURVEY DATA THE CONSULTANTS ALSO CONDUCT AN IN-DEPTH ANALYSIS OF THE ASSOCIATED BENEFITS AND PERQUISITES INFORMATION PROVIDED BY THE EXTERNAL CONSULTANTS IS REVIEWED BY THE COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR EACH INDIVIDUAL LISTED ABOVE. DECISIONS BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED THE COMMITTEE PRESENTS THE COLLECTED INFORMATION AND THE ASSOCIATED COMPENSATION DECISIONS TO THE ENTIRE BOARD OF TRUSTEES HEALTH SERVICES' PHILOSOPHY IS TO PAY COMPENSATION AT MARKET COMPETITIVE RATES THE DETERMINATION OF EXECUTIVE COMPENSATION IS ALSO DESIGNED TO MEET THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" STANDARD AS OUTLINED IN THE TREASURY REGULATIONS

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNRECOGNIZED CHANGE IN FUNDED STATUS OF POSTRETIREMENT BENEFIT PLANS -7,847,586 ADJUSTMENT TO BALANCE OF INVESTMENT IN AFFILIATE -1,494,647 CAPITAL TRANSFER TO AN AFFILIATE -250,003,334 MISCELLANEOUS CHANGES TO RESTRICTED NET ASSETS -71,119

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

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" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) INTERMOUNTAIN HEALTH CARE INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0269232	HOLDING COMPANY	UT	501(C)(3)	LINE 11B, II	N/A		No
(2) INTERMOUNTAIN COMMUNITY CARE FOUND INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)(3)	LINE 11B, II	INTERMOUNTAIN HEALTH CARE INC	Yes	
(3) SELECTHEALTH INC 5381 GREEN STREET MURRAY, UT 84123 87-0409820	COMMUNITY HEALTH	UT	501(C)(4)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(4) INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREE BENEFIT	UT	501(C)(9)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(5) INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	IHC HEALTH SERVICES INC	Yes	
(6) HEART & LUNG RESEARCH FOUNDATION 5121 S COTTONWOOD DR MURRAY, UT 84157 87-0617606	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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 3903 HARRISON BLVD OGDEN, UT 84403 26-0286308	OUTPATIENT SURGERY	UT	IHC HEALTH SERVICES INC	RELATED	4,740,271	3,760,364		No		Yes		76 800 %
(2) HEART LUNG INSTITUTE LLC 5121 SOUTH COTTONWOOD STREET MURRAY, UT 84157	RESEARCH AND DEVELOPMENT	UT						No			No	

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

(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
SELECTHEALTH BENEFIT **(1)**ASSURANCE COMPANY 5381 GREEN STREET MURRAY, UT 84123 87-0497549	INSURANCE	UT	N/A	C				Yes	
HEALTHCARE CAPTIVE **(2)**INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C				Yes	
INTERMOUNTAIN SUPPLY **(3)**SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955	HOLDING COMPANY	DE	IHC HEALTH SERVICES INC	C	116,108	85,256,100	90 000 %	Yes	
(4)AMERINET INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071	GROUP PURCHASING	DE	IHC HEALTH SERVICES INC	C			95 000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the 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	Yes	
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) LOST CREEK-MURRAY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0622176	APARTMENT RENTALS	UT	2,500,104	8,667,822	IHC HEALTH SERVICES INC
(1) IHC UTAH VALLEY LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	MEDICAL OFFICES	UT	345,563	2,973,184	IHC HEALTH SERVICES INC
(2) INTERMOUNTAIN INVENTION MANAGEMENT LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	IP MANAGEMENT	UT	108,462	0	IHC HEALTH SERVICES INC
(3) 5300 SOUTH CENTER LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-5881911	OFFICE RENTAL	UT	2,612,842	14,658,652	IHC HEALTH SERVICES INC
(4) 5245 COLLEGE DRIVE LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 26-0806138	OFFICE RENTAL	UT	1,746,238	13,845,542	IHC HEALTH SERVICES INC
(5) PEDIATRIC SPECIALTY SERVICES LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	PEDIATRIC SERVICES	UT	0	0	IHC HEALTH SERVICES INC
(6) INTERMOUNTAIN INSIGHTS LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-2067137	RESEARCH	UT	499,402	890,702	IHC HEALTH SERVICES INC
(7) 2000 WEST DEVELOPMENT LLC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	PROPERTY ACQUISITION/OPERATION	UT	0	2,830,362	IHC HEALTH SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERMOUNTAIN HEALTH CARE INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0269232	HOLDING COMPANY	UT	501(C)(3)	LINE 11B, II	N/A		No
INTERMOUNTAIN COMMUNITY CARE FOUND INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)(3)	LINE 11B, II	INTERMOUNTAIN HEALTH CARE INC	Yes	
SELECTHEALTH INC 5381 GREEN STREET MURRAY, UT 84123 87-0409820	COMMUNITY HEALTH	UT	501(C)(4)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREE BENEFIT	UT	501(C)(9)	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	IHC HEALTH SERVICES INC	Yes	
HEART & LUNG RESEARCH FOUNDATION 5121 S COTTONWOOD DR MURRAY, UT 84157 87-0617606	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MCKAY DEE SURGICAL CENTER LLC	A	433,608	CONTRACT
(1)	MCKAY DEE SURGICAL CENTER LLC	L	805,997	CONTRACT
(2)	MCKAY DEE SURGICAL CENTER LLC	Q	3,194,456	COST
(3)	MCKAY DEE SURGICAL CENTER LLC	J	433,608	CONTRACT
(4)	SELECTHEALTH INC	L	962,970,065	COST
(5)	SELECTHEALTH INC	M	15,414,907	COST
(6)	SELECTHEALTH INC	Q	111,061,029	COST
(7)	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Q	5,980,337	COST
(8)	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	B	3,613,349	COST
(9)	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	C	10,146,541	COST
(10)	INTERMOUNTAIN COMMUNITY CARE FOUNDATIONINC	C	1,418,080	COST
(11)	INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC	B	5,000,000	COST
(12)	SELECTHEALTH INC	R	250,000,000	COST
(13)	SELECTHEALTH INC	J	1,615,856	CONTRACT
(14)	INTERMOUNTAIN SUPPLY SERVICES INC	B	86,000,000	CASH/NOTE VALUE
(15)	AMERINET INC	M	674,852	CONTRACT
(16)	HEALTHCARE CAPTIVE INSURANCE COMPANY	M	1,340,322	CONTRACT