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Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

| | | | |
|--|--|--|--|
| B Check if applicable | C Name of organization INTERMOUNTAIN HEALTH CARE INC | | D Employer identification number 87-0269232 |
| <input type="checkbox"/> Address change | Doing Business As | | E Telephone number (801) 442-2000 |
| <input type="checkbox"/> Name change | Number and street (or P O box if mail is not delivered to street address) 36 SOUTH STATE SUITE 2200 | | G Gross receipts \$ 3,442,206 |
| <input type="checkbox"/> Initial return | Room/suite | | |
| <input type="checkbox"/> Terminated | City or town, state or country, and ZIP + 4 SALT LAKE CITY, UT 84111 | | |
| <input type="checkbox"/> Amended return | F Name and address of principal officer CHARLES W SORENSEN JR MD 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) |

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

J Website: ► www.intermountainhealthcare.org

K Form of organization Corporation Trust Association Other ► L Year of formation 1975 M State of legal domicile UT

Part I Summary

| | | |
|---|----|----|
| 1 Briefly describe the organization's mission or most significant activities Excellence in the provision of healthcare services to communities in the intermountain region | | |
| 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 | 18 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| 5 Total number of employees (Part V, line 2a) | 5 | 0 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g) | 1,001,715 | 919,365 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 20,084 | 168,060 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,592,744 | 1,135,767 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 0 |
| | 2,614,543 | 2,223,192 |

| | | |
|--|------------|--------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | Prior Year | Current Year |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,001,715 | 919,365 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ►0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 45,825 | 55,343 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,047,540 | 974,708 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,567,003 | 1,248,484 |

| | | |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) | 27,817,655 | 29,695,928 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 45,800 | 45,874 |
| | 27,771,855 | 29,650,054 |

Part II Signature Block

| | | |
|--|--|------------|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge | | |
| Signature of officer | | 2010-07-22 |
| GREGORY M JOHNSON VP FINANCE / CONTROLLER | | Date |
| Type or print name and title | | |

| | | | |
|--|------|---|--|
| Preparer's signature ► | Date | Check if self-employed ► <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG US LLP 2901 DOUGLAS BLVD 300 ROSEVILLE, CA 95661 | | EIN ► | |
| | | Phone no ► (916) 218-1900 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 919,365 including grants of \$ 919,365) (Revenue \$ 168,060)
INTERMOUNTAIN HEALTH CARE, INC PROMOTES COMMUNITY HEALTH CARE THROUGH COORDINATING THE ACTIVITIES OF AND PROVIDING FINANCIAL SUPPORT TO IHC HEALTH SERVICES, INC AND OTHER AFFILIATED SUBSIDIARIES PROVIDING HEALTH CARE SERVICES

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

4e Total program service expenses **\$ 919,365**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, 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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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.
- 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.
- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11 | | No |
| 12 | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20 | | No |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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) | 28a | | No |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 29 | | No |
| 30 | Did the organization receive more than \$25,000 in non-cash 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | 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 | | No |
| 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 11 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

| | | Yes | No |
|------------|--|--------------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a 8,896 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a 0 | |
| 2b | 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 this return (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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)? | | |
| 4b | If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a No | |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b No | |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 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? | 6a No | |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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 | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b No | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c No | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e No | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f No | |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g No | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 No | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | 9a No | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a No | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b No | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders | 11a No | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b No | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a No | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b No | |

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-----|----|
| 1a Enter the number of voting members of the governing body . . . | 1a | 18 | |
| b Enter the number of voting members that are independent . . . | 1b | 14 | |
| 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 organizational documents since the prior Form 990 was filed? | 4 | Yes | |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 Does the organization have members or stockholders? | 6 | | No |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 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 Does the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | Yes | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 Does 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 a or b, 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 | | No |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 INTERMOUNTAIN HEALTH CARE INC
 36 SOUTH STATE SUITE 2200
 SLC, UT 84111
 (801) 442-2000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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 the organization did not compensate any current or former officer, director, trustee or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | (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 | |
|---|--|---|-----------------------|--------------------------|---------|-----------------|---|--|---|-----------|
| | | Or director | Individual trustee | Institutional Trustee | Officer | Key employee | Highest compensated employee | | | |
| KEM C GARDNER CHAIRMAN / TRUSTEE | 5 0 | X | | X | | | | 0 | 899 | 0 |
| KENT H MURDOCK VICE CHAIR/TRUSTEE/SECRETARY | 5 0 | X | | X | | | | 0 | 556 | 0 |
| A SCOTT ANDERSON TRUSTEE | 2 0 | X | | | | | | 0 | 588 | 0 |
| REBECCA CHAVEZ-HOUCK TRUSTEE | 2 0 | X | | | | | | 0 | 421 | 0 |
| BRENT J CHRISTENSEN MD TRUSTEE | 2 0 | X | | | | | | 0 | 810,580 | 144,515 |
| MERRILL GAPPAYER TRUSTEE | 2 0 | X | | | | | | 0 | 504 | 0 |
| EDWARD G KLEYN TRUSTEE | 2 0 | X | | | | | | 0 | 2,323 | 0 |
| LINDA LECKMAN MD TRUSTEE | 2 0 | X | | | | | | 0 | 3,011,498 | 585,040 |
| BRETT T MUSE MD TRUSTEE | 2 0 | X | | | | | | 0 | 316,491 | 72,055 |
| WILLIAM H NELSON RETIRED TRUSTEE/PRESIDENT/CEO | 2 0 | X | | X | | | | 0 | 496,768 | 169,614 |
| CARMEN B PINGREE TRUSTEE | 2 0 | X | | | | | | 0 | 571 | 0 |
| BRUCE T REESE TRUSTEE | 2 0 | X | | | | | | 0 | 388 | 0 |
| JOANN B SEGHINI TRUSTEE | 2 0 | X | | | | | | 0 | 421 | 0 |
| CHARLES W SORENSEN JR MD TRUSTEE/PRESIDENT/CEO | 5 0 | X | | X | | | | 0 | 1,164,870 | 1,031,823 |
| TERESA BECK TRUSTEE | 2 0 | X | | | | | | 0 | 421 | 0 |
| DOUGLAS C BLACK TRUSTEE | 2 0 | X | | | | | | 0 | 919 | 0 |
| PENNY S BROOKE TRUSTEE | 2 0 | X | | | | | | 0 | 635 | 0 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | (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 | | |
| JANE CARLILE TRUSTEE | 2 0 | X | | | | | 0 | 1,695 | 0 |
| DANIEL W DAVIS MD TRUSTEE | 2 0 | X | | | | | 0 | 202,529 | 73,766 |
| SPENCER F ECCLES TRUSTEE | 2 0 | X | | | | | 0 | 388 | 0 |
| ROBERT H GARFF TRUSTEE | 2 0 | X | | | | | 0 | 338 | 0 |
| ELIZABETH H HAMMOND MD TRUSTEE | 2 0 | X | | | | | 0 | 414 | 0 |
| RANDY HORIUCHI TRUSTEE | 2 0 | X | | | | | 0 | 421 | 0 |
| CLARK D IVORY TRUSTEE | 2 0 | X | | | | | 0 | 1,456 | 0 |
| LAWRENCE S LEWIN TRUSTEE | 2 0 | X | | | | | 0 | 2,531 | 0 |
| F ANN MILLNER EDD TRUSTEE | 2 0 | X | | | | | 0 | 421 | 0 |
| BETH V COLE TRUSTEE | 2 0 | X | | | | | 0 | 0 | 0 |
| THOMAS B MORGAN TRUSTEE | 2 0 | X | | | | | 0 | 691 | 0 |
| ALBERT R ZIMMERLI SENIOR VP/CFO/TREASURER | 5 0 | | X | | | | 0 | 971,708 | 661,566 |
| GREGORY P POULSEN SENIOR VP | 5 0 | | X | | | | 0 | 640,665 | 461,829 |
| JOSEPH R HORTON SENIOR VP/SECRETARY | 5 0 | | X | | | | 0 | 694,455 | 555,575 |
| DOUGLAS J HAMMER VP/GENERAL COUNSEL | 5 0 | | X | | | | 0 | 575,212 | 329,316 |
| DANIEL L ZUHLKE VICE PRESIDENT | 5 0 | | X | | | | 0 | 464,646 | 255,793 |
| GREGORY JOHNSON VICE PRESIDENT | 5 0 | | X | | | | 0 | 368,797 | 148,872 |
| 1b Total | | | | | | ▶ | 0 | 9,735,220 | 4,489,764 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0

| | 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 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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---------------------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---|--------------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | 919,365 | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | |
| | h Total. Add lines 1a-1f | | 919,365 | | |
| Program Service Revenue | 2a PROGRAM RELATED INVESTMENT INCOME | Business Code 524,298 | 168,060 | 168,060 | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | 168,060 | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | | 1,133,811 | | 1,133,811 |
| 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 Royalties | | 0 | | | |
| 6a Gross Rents | (i) Real | (ii) Personal | | | |
| b Less rental expenses | | | | | |
| c Rental income or (loss) | | | | | |
| d Net rental income or (loss) | | | | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less cost or other basis and sales expenses | 1,220,970 | | | | |
| c Gain or (loss) | 1,219,014 | | | | |
| d Net gain or (loss) | 1,956 | | 1,956 | | 1,956 |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | 0 | | |
| 9a Gross income from gaming activities See Part IV, line 19 | | | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | |
| b Less cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 0 | | | |
| 12 Total revenue. See Instructions | | 2,223,192 | 168,060 | | 1,135,767 |

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) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 919,365 | 919,365 | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 0 | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 0 | | | |
| 10 Payroll taxes | 0 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | | | |
| b Legal | 2,678 | | 2,678 | |
| c Accounting | 52,665 | | 52,665 | |
| d Lobbying | 0 | | | |
| e Professional fundraising See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 0 | | | |
| 17 Travel | 0 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 0 | | | |
| 23 Insurance | 0 | | | |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 974,708 | 919,365 | 55,343 | 0 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 1 | |
| | 2 Savings and temporary cash investments | 263,830 | 2 |
| | 3 Pledges and grants receivable, net | 3 | |
| | 4 Accounts receivable, net | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | 6 | |
| | 7 Notes and loans receivable, net | 19,550,000 | 7 |
| | 8 Inventories for sale or use | 8 | |
| | 9 Prepaid expenses and deferred charges | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | |
| | b Less accumulated depreciation | 10b | 10c |
| | 11 Investments—publicly traded securities | 7,689,451 | 11 |
| | 12 Investments—other securities See Part IV, line 11 | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | 157,205 | 13 |
| | 14 Intangible assets | 14 | |
| | 15 Other assets See Part IV, line 11 | 157,169 | 15 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 27,817,655 | 16 |
| Liabilities | 17 Accounts payable and accrued expenses | 45,800 | 17 |
| | 18 Grants payable | 18 | |
| | 19 Deferred revenue | 19 | |
| | 20 Tax-exempt bond liabilities | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 21 | |
| | 22 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 | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 45,800 | 26 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 27,771,855 | 27 |
| | 28 Temporarily restricted net assets | 28 | |
| | 29 Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | 27,771,855 | 33 |
| | 34 Total liabilities and net assets/fund balances | 27,817,655 | 34 |
| | | 29,650,054 | |
| | | 29,695,928 | |
| | | 29,695,928 | |

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization
INTERMOUNTAIN HEALTH CARE INC

Employer identification number

87-0269232

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 **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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

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

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

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

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

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

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

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

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

| | Yes | No |
|----------|-----|----|
| 11g(i) | | No |
| 11g(ii) | | No |
| 11g(iii) | | No |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---|-------------|---|---|----|---|----|--|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| IHC HLTH SERV | 942854057 | 03 | Yes | | | | | | 919,365 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 919,365 |

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ► |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | ► |

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

**Schedule I
(Form 990)**

OMB No 1545-0047

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

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

► Attach to Form 990

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
INTERMOUNTAIN HEALTH CARE INCEmployer identification number
87-0269232**Part I General Information on Grants and Assistance**

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 | 942854057 | 501(C)(3) | 919,365 | | | | SUPPORT OF IHC HEALTH SERVICES, INC'S CLINICS IN UNDERSERVED AND UNDERINSURED AREAS |

2 Enter total number of section 501(c)(3) and government organizations ► 1

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

INTERMOUNTAIN HEALTH CARE INC

Employer identification number

87-0269232

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

| | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

| | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | | |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | Yes | |
| 4b | Yes | |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | | No |
| 8 | | No |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------------|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| BRENT J CHRISTENSEN MD | (i) (ii) | 0 743,459 | 41,928 | 25,193 | 132,228 | 12,287 | 955,095 | 24,723 |
| LINDA LECKMAN MD | (i) (ii) | 0 429,026 | 182,882 | 2,399,590 | 573,392 | 11,648 | 3,596,538 | 2,279,251 |
| BRETT T MUSE MD | (i) (ii) | 0 291,506 | 22,601 | 2,384 | 59,768 | 12,287 | 388,546 | 13,982 |
| WILLIAM H NELSON | (i) (ii) | 0 237,246 | 237,440 | 22,082 | 168,687 | 927 | 666,382 | 237,440 |
| CHARLES W SORENSEN JR MD | (i) (ii) | 0 755,119 | 318,295 | 91,456 | 1,014,578 | 17,245 | 2,196,693 | 318,295 |
| DANIEL W DAVIS MD | (i) (ii) | 0 185,853 | 15,337 | 1,339 | 61,425 | 12,341 | 276,295 | 10,760 |
| ALBERT R ZIMMERLI | (i) (ii) | 0 607,691 | 286,451 | 77,566 | 644,383 | 17,183 | 1,633,274 | 286,451 |
| GREGORY P POULSEN | (i) (ii) | 0 396,509 | 187,728 | 56,428 | 446,882 | 14,947 | 1,102,494 | 187,728 |
| JOSEPH R HORTON | (i) (ii) | 0 432,087 | 175,554 | 86,814 | 543,467 | 12,108 | 1,250,030 | 175,554 |
| DOUGLAS J HAMMER | (i) (ii) | 0 354,189 | 139,415 | 81,608 | 312,931 | 16,385 | 904,528 | 104,602 |
| DANIEL L ZUHLKE | (i) (ii) | 0 314,461 | 130,604 | 19,581 | 241,759 | 14,034 | 720,439 | 99,387 |
| GREGORY JOHNSON | (i) (ii) | 0 233,663 | 89,846 | 45,288 | 136,765 | 12,107 | 517,669 | 64,362 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|--|
| Supplemental Nonqualified Retirement Plan | Form 990, Schedule J, Part I, Line 4B | THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT (457(F)) PLAN PAYMENTS FROM A RELATED ORGANIZATION - BRENT J CHRISTENSEN \$21,699 - DOUGLAS J HAMMER \$25,555 - JOSEPH R HORTON \$21,239 DURING 2009, DR LINDA LECKMAN RECEIVED A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT OF \$2,376,854 FROM A RELATED ORGANIZATION |

2009

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.Name of the organization
INTERMOUNTAIN HEALTH CARE INC

Employer identification number

87-0269232

| Identifier | Return Reference | Explanation |
|---|--|---|
| ORGANIZATION'S MISSION | FORM 990, PART I, LINE 1, AND PART III, LINE 1 | EXCELLENCE IN THE PROVISION OF HEALTHCARE SERVICES TO COMMUNITIES IN THE INTERMOUNTAIN REGION - EXCELLENT SERVICE TO OUR PATIENTS, CUSTOMERS, AND PHYSICIANS IS OUR MOST IMPORTANT CONSIDERATION - WE WILL PROVIDE OUR SERVICES WITH INTEGRITY OUR ACTIONS WILL ENHANCE OUR REPUTATION AND REFLECT THE TRUST PLACED IN US BY THOSE WE SERVE - OUR EMPLOYEES ARE OUR MOST IMPORTANT RESOURCE WE WILL ATTRACT EXCEPTIONAL INDIVIDUALS AT ALL LEVELS OF THE ORGANIZATION AND PROVIDE FAIR COMPENSATION AND OPPORTUNITIES FOR PERSONAL AND PROFESSIONAL GROWTH WE WILL RECOGNIZE AND REWARD EMPLOYEES WHO ACHIEVE EXCELLENCE IN THEIR WORK - WE ARE COMMITTED TO SERVING DIVERSE NEEDS OF THE YOUNG AND OLD, THE RICH AND POOR, AND THOSE LIVING IN URBAN AND RURAL COMMUNITIES, WITH SENSITIVITY TO CULTURAL DIFFERENCES - WE WILL REFLECT THE CARING AND NOBLE NATURE OF OUR MISSION IN ALL THAT WE DO OUR SERVICES MUST BE HIGH QUALITY, COST-EFFECTIVE, AND ACCESSIBLE, ACHIEVING A BALANCE BETWEEN COMMUNITY NEEDS AND AVAILABLE RESOURCES - IT IS OUR INTENT TO BE A MODEL HEALTHCARE SYSTEM WE WILL STRIVE TO BE A LEARNING ORGANIZATION AND NATIONAL LEADER IN NONPROFIT HEALTHCARE DELIVERY - WE WILL MAINTAIN THE FINANCIAL STRENGTH NECESSARY TO FULFILL OUR MISSION VISION WE WILL SUPPORT OUR CORE ASPIRATION TO DELIVER "EXTRAORDINARY CARE IN ALL ITS DIMENSIONS" WITH OUR VISION, WHICH IS TO PROVIDE - THE BEST CLINICAL PRACTICE DELIVERED IN A CONSISTENT AND INTEGRATED WAY - LOWEST APPROPRIATE COST TO THE POPULATION WE SERVE - A SERVICE EXPERIENCE, SUPPORTED BY SYSTEMS AND PROCESSES, THAT FOCUSES ON PATIENTS, ENROLLEES, FAMILIES, AND ONE ANOTHER - A GENUINE CARING AND CONCERN IN OUR INTERACTIONS WITH PATIENTS, FAMILIES, AND ONE ANOTHER CORE VALUES - MUTUAL RESPECT "WE TREAT OTHERS THE WAY WE WANT TO BE TREATED" - ACCOUNTABILITY "WE ACCEPT RESPONSIBILITY FOR OUR ACTIONS, ATTITUDES AND MISTAKES" - TRUST "WE CAN COUNT ON EACH OTHER" - EXCELLENCE "WE DO OUR BEST AT ALL TIMES AND LOOK FOR WAYS TO DO IT EVEN BETTER" |
| BUSINESS AND/OR FAMILY RELATIONSHIPS | FORM 990, PART VI, SECTION A, LINE 2 | KEM C GARDNER / BRUCE T REESE - BUSINESS RELATIONSHIP CHARLES W SORENSEN JR MD / GREGORY P POULSEN - FAMILY RELATIONSHIP SCOTT ANDERSON / THOMAS MORGAN - BUSINESS RELATIONSHIP CLARK IVORY / PENNY BROOKE - BUSINESS RELATIONSHIP DOUGLAS BLACK / ALBERT ZIMMERLI - BUSINESS RELATIONSHIP (Board members of a corporate investment that is 50% owned by the filing organization) ALBERT ZIMMERLI / BRUCE T REESE / CHARLES W SORENSEN JR MD / DOUGLAS BLACK / FANN MILLNER / KEM C GARDNER / KENT MURDOCK / MERRILL GAPPAYER / TERESA BECK / WILLIAM H NELSON - BUSINESS RELATIONSHIP (BOARD MEMBERS OF THE HEALTHCARE CAPTIVE INSURANCE COMPANY, A WHOLLY-OWNED TAXABLE SUBSIDIARY OF THE FILING ORGANIZATION) ALBERT ZIMMERLI / BRUCE T REESE / CHARLES W SORENSEN JR MD / DOUGLAS BLACK / FANN MILLNER / GREGORY M JOHNSON / KEM C GARDNER / KENT MURDOCK / MERRILL GAPPAYER / TERESA BECK / WILLIAM H NELSON - BUSINESS RELATIONSHIP (BOARD MEMBERS AND OFFICERS OF AFFILIATED SERVICES, INC, A TAXABLE CORPORATION WITH MINIMAL ACTIVITY THAT IS WHOLLY-OWNED BY A SUBSIDIARY OF THE FILING ORGANIZATION) |
| AMENDED BY-LAWS | FORM 990, PART VI, SECTION A, LINE 4 | IN JULY 2009, INTERMOUNTAIN HEALTH CARE'S BYLAWS WERE AMENDED TO REVISE THE TERMS OF SERVICE FOR NEWLY APPOINTED AND REAPPOINTED TRUSTEES. TRUSTEES WILL BE LIMITED TO 4 CONSECUTIVE 3 YEAR TERMS AND AN AGE OF 70 WITH LIMITED EXCEPTIONS. THE CHAIR AND VICE-CHAIR OF THE BOARD WILL BE LIMITED TO A SINGLE 5 YEAR TERM AS CHAIR OR VICE-CHAIR. ADDITIONALLY, THE VICE CHAIR(S) OF THE BOARD WILL BE PART OF THE EXECUTIVE COMMITTEE |
| FORM 990 REVIEW BY BOARD MEMBERS | FORM 990, PART VI, SECTION B, LINE 11 | INTERMOUNTAIN HEALTH CARE'S BOARD OF TRUSTEES DELEGATED THE INITIAL DETAILED REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. DRAFT COPIES OF THE RETURN WERE MAILED TO COMMITTEE MEMBERS IN ADVANCE AND DISCUSSED IN DEPTH DURING AN AUDIT COMMITTEE MEETING. PRIOR TO FILING, COPIES OF THE FINAL RETURN WERE PROVIDED TO BOARD MEMBERS FOR REVIEW AND WERE DISCUSSED AS PART OF A REGULARLY SCHEDULED BOARD MEETING |
| MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY | FORM 990, PART VI, SECTION B, LINE 12 | EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS HAVE ALSO BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY REPORTED INFORMATION CHANGES. THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED, PER POLICY, BY THE VICE PRESIDENT OF BUSINESS ETHICS AND COMPLIANCE. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT LIMITED TO) THE AUDIT COMMITTEE CHAIR, SENIOR MANAGEMENT AND THE LEGAL DEPARTMENT. FINDINGS ARE REPORTED TO THE FULL AUDIT COMMITTEE. THE MINUTES FROM THAT REPORT ARE SUBMITTED TO THE BOARD OF TRUSTEES |
| DETERMINATION OF EXECUTIVE COMPENSATION | FORM 990, PART VI, SECTION B, LINE 15 | INTERMOUNTAIN HEALTH CARE, INC. DID NOT COMPENSATE ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE COMPENSATION BY IHC HEALTH SERVICES, OF WHICH INTERMOUNTAIN HEALTH CARE IS THE SOLE MEMBER, WAS DETERMINED AS DESCRIBED BELOW. THE EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"), A SUBSET OF IHC HEALTH SERVICES' BOARD MEMBERS, 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 - SENIOR VICE PRESIDENT / CHIEF FINANCIAL OFFICER / TREASURER - SENIOR VICE PRESIDENT / SECRETARY - SENIOR VICE PRESIDENT PURSUANT TO IHC HEALTH SERVICES' WRITTEN "COMPENSATION PHILOSOPHY." THE COMMITTEE RETAINS AN INDEPENDENT, EXTERNAL CONSULTING FIRM TO PROVIDE AN ANALYSIS OF COMPARABLE MARKET DATA. THE CONSULTANTS REVIEW THE VARIOUS TYPES OF DIRECT COMPENSATION, INCLUDING BASE SALARY, TOTAL CASH, AND ANNUAL AND LONG-TERM INCENTIVES. INFORMATION FROM A SELECTED GROUP OF COMPARABLE NOT-FOR-PROFIT ORGANIZATIONS IS USED TO SUPPLEMENT PUBLISHED SURVEY DATA. THE CONSULTANTS ALSO CONDUCT AN IN-DEPTH ANALYSIS OF THE ASSOCIATED BENEFITS AND PERQUISITES. INFORMATION PROVIDED BY THE EXTERNAL CONSULTANTS IS REVIEWED BY THE COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR EACH INDIVIDUAL LISTED ABOVE. DECISIONS BY THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED. THE COMMITTEE PRESENTS ALL OF THE COLLECTED INFORMATION AND THE ASSOCIATED COMPENSATION DECISIONS TO THE ENTIRE BOARD OF TRUSTEES. HEALTH SERVICES' PHILOSOPHY IS TO PAY COMPENSATION AT OR AROUND THE 50TH PERCENTILE OF COMPARABLE HEALTHCARE ORGANIZATIONS. THE DETERMINATION OF EXECUTIVE COMPENSATION IS DESIGNED TO MEET THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" STANDARD AS OUTLINED IN THE TREASURY REGULATIONS |
| PUBLIC INSPECTION OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STMTS | FORM 990, PART VI, SECTION C, LINE 19 | INTERMOUNTAIN HEALTH CARE DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS |
| ESTIMATED HOURS DEVOTED TO RELATED ORGANIZATIONS | FORM 990, PART VII, SECTION A, COLUMN (B) | THE FOLLOWING INDIVIDUALS PROVIDED A COMBINED 50-60 AVERAGE HOURS PER WEEK TO THE FILING ORGANIZATION AND TO ONE OR MORE OF ITS AFFILIATED ENTITIES AS OUTLINED IN SCHEDULE R. BRENT J CHRISTENSEN LINDA LECKMAN BRETT MUSE WILLIAM H NELSON CHARLES W SORENSEN JR MD DANIEL W DAVIS MD ALBERT R ZIMMERLI GREGORY R POULSEN JOSEPH R HORTON DOUGLAS J HAMMER DANIEL L ZUHLKE GREGORY JOHNSON THE REMAINING TRUSTEES LISTED ON FORM 990, PART VII PROVIDED A TOTAL OF APPROXIMATELY 5-10 HOURS PER WEEK TO THE FILING ORGANIZATION AND ONE OR MORE OF ITS AFFILIATES |

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

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

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
INTERMOUNTAIN HEALTH CARE INC**Employer identification number**

87-0269232

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

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

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 |
|---|-------------------------|--|----------------------------|---|----------------------------------|
|---|-------------------------|--|----------------------------|---|----------------------------------|

IHC Health Services Inc

36 South State Suite 2200

HEALTHCARE

UT

501(c)(3)

Line 3 NA

Salt Lake City, UT 84111
94-2854057

Intermountain Healthcare Foundation Inc

36 South State Suite 2200

Comm Health

UT

501(c)(3)

Line 11a NA

Salt Lake City, UT 84111
94-2853320

SelectHealth Inc

4646 West Lake Park Blvd

Del of Health

UT

501(c)(4)

N/A NA

Salt Lake City, UT 84120
87-0409820

IHC Professional Services Inc

36 South State Suite 2200

Comm Health

UT

501(c)(3)

Line 11a NA

Salt Lake City, UT 84111
94-2886596

IHC Management Inc

36 South State Suite 2200

Comm Health

UT

501(c)(3)

Line 11b NA

Salt Lake City, UT 84111
94-2860622

Intermountain Health Care Retiree VEBA

36 South State Suite 2200

Ret Benefits

UT

501(c)(9)

N/A NA

Salt Lake City, UT 84111
74-2675605

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|--|-------------------------------------|-----|----|
| | | | | | | | | Yes | No | Yes | No |
| McKay Dee Surgical Center LLC 3903 Harrison Blvd Suite 100 Ogden, UT84403 26-0286308 | outpt surgery | UT | IHC Health Serv | Related | | | | | | | |

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 |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| Healthcare Captive Insurance Company 36 South State Suite 2200 Salt Lake City, UT84111 20-1937561 | Insurance | AZ | NA | C Corporation | 40,134 | 379,973 | 100 000 % |
| SelectHealth Benefit Assurance Company 4646 Lake Park Blvd Salt Lake City, UT841208212 87-0497549 | Insurance | UT | SelectHealth | C Corporation | | | |
| IHC Affiliated Services Inc 36 South State Suite 2300 Salt Lake City, UT84111 87-0405996 | Group Purchasing | UT | IHC PSI | C Corporation | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| | | |
| 1o | | No |
| 1p | | No |
| | | |
| 1q | | No |
| 1r | | 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 other organization | (b) Transaction type(a-r) | (c) Amount involved |
|--|-----------------------------------|------------------------------|------------------------|
|--|-----------------------------------|------------------------------|------------------------|

| | | | |
|-----|-------------------------------------|---|---------|
| (1) | IHC HEALTH SERVICES INC | B | 919,365 |
| (2) | INTERMOUNTAIN HEALTHCARE FOUNDATION | C | 919,365 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) Are all partners section 501(c)(3) organizations? | (e) Share of end-of-year assets | (f) Disproportionate allocations? | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? |
|---|-------------------------|--|--|--|---|---|---|
| Yes | No | Yes | No | Yes | No | Yes | No |

Software ID:
Software Version:
EIN: 87-0269232
Name: INTERMOUNTAIN HEALTH CARE INC

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

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|------------------|---|------------------------|--|------------------------------|
| Name, address, and EIN of related organization | Primary Activity | Legal Domicile (State or Foreign Country) | Exempt Code section | Public charity status (if 501(c)(3)) | Direct Controlling Entity |
| IHC Health Services Inc | HEALTHCARE | UT | 501(c)(3) | Line 3 | NA |
| 36 South State Suite 2200 Salt Lake City, UT84111 94-2854057 | | | | | |
| Intermountain Healthcare Foundation Inc | Comm Health | UT | 501(c)(3) | Line 11a | NA |
| 36 South State Suite 2200 Salt Lake City, UT84111 94-2853320 | | | | | |
| SelectHealth Inc 4646 West Lake Park Blvd Salt Lake City, UT84120 87-0409820 | Del of Health | UT | 501(c)(4) | N/A | NA |
| IHC Professional Services Inc 36 South State Suite 2200 Salt Lake City, UT84111 94-2886596 | Comm Health | UT | 501(c)(3) | Line 11a | NA |
| IHC Management Inc 36 South State Suite 2200 Salt Lake City, UT84111 94-2860622 | Comm Health | UT | 501(c)(3) | Line 11b | NA |
| Intermountain Health Care Retiree VEBA 36 South State Suite 2200 Salt Lake City, UT84111 74-2675605 | Ret Benefits | UT | 501(c)(9) | N/A | NA |