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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
IHC HEALTH SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
36 SOUTH STATE SUITE 2200

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

D Employer identification number
94-2854057

E Telephone number
(801) 442-2000

G Gross receipts $ 10,578,051,342

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

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (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

Activities & Governance

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

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

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	35,041
6	Total number of volunteers (estimate if necessary)	6	3,325
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	25,247,739
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,963,979

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	28,397,533	27,266,368
	9	Program service revenue (Part VIII, line 2g)	3,273,760,455	3,516,327,886
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-233,992,502	46,255,941
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,268,851	17,558,867
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,098,434,337	3,607,409,062
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,252,508	4,040,446
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,641,014,150	1,703,466,763
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,050,629		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,450,656,167	1,535,560,812
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,092,922,825	3,243,068,021
	19	Revenue less expenses Subtract line 18 from line 12	5,511,512	364,341,041

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,373,203,951	4,929,022,791
	21	Total liabilities (Part X, line 26)	2,878,600,298	2,412,768,017
	22	Net assets or fund balances Subtract line 21 from line 20	1,494,603,653	2,516,254,774

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer | Date 2010-07-13

▶ GREOGRY M JOHNSON VP FINANCE / CONTROLLER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-empolyed ▶ ☐ | 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 $ 3,202,801,021 including grants of $ 4,040,446) (Revenue $ 3,530,850,496)

IHC HEALTH SERVICES PROVIDED HIGH QUALITY HEALTH CARE THROUGH ITS SYSTEM OF 23 HOSPITALS (2,723 LICENSED BEDS) AND MORE THAN 150 CLINICS LOCATED IN UTAH AND IDAHO IN ADDITION TO THE 130,000 INPATIENT ADMISSIONS, 466,000 EMERGENCY ROOM VISITS AND 2 35 MILLION CLINIC VISITS, IHC HEALTH SERVICES PROVIDED MORE THAN $108 MILLION IN CHARITY CARE (AT COST) THROUGH 255,000 CASES FOR A MORE DETAILED EXPLANATION OF THE ORGANIZATION'S PROGRAM SERVICE ACCOMPLISHMENTS IN 2009, 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** ▶$ 3,202,801,021

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?	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? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		
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*	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, 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 term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** 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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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)			
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 of the organization (or a family member) was an officer, director, trustee, or 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, 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	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 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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a 3,257			
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 35,041			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BR , CJ , DA , IT , JA , NO , SW , SZ 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
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		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?		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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	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	Yes	
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	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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 ▶

IHC HEALTH SERVICES 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT ANDERSON TRUSTEE	3 0	X						588	0	0
REBECCA CHAVEZ-HOUCK TRUSTEE	3 0	X						421	0	0
BRENT J CHRISTENSEN MD TRUSTEE	50 0	X						810,580	0	144,515
MERRILL GAPPMAYER TRUSTEE	3 0	X						504	0	0
EDWARD G KLEYN TRUSTEE	3 0	X						1,342	981	0
LINDA C LECKMAN MD TRUSTEE-Vice President	50 0	X		X				3,011,498	0	585,040
BRETT T MUSE MD TRUSTEE	50 0	X						316,491	0	72,055
WILLIAM H NELSON RETIRED TRUSTEE-PRESIDENT-CEO	50 0	X		X				496,768	0	169,614
CARMEN B PINGREE TRUSTEE	3 0	X						571	0	0
BRUCE T REESE TRUSTEE	3 0	X						388	0	0
JOANN B SEGHINI TRUSTEE	3 0	X						421	0	0
CHARLES W SORENSON JR MD TRUSTEE-PRESIDENT-CEO	50 0	X		X				1,164,870	0	1,031,823
TERESA BECK TRUSTEE	3 0	X						421	0	0
DOUGLAS C BLACK TRUSTEE-VICE CHAIR-SEC	5 0	X						919	0	0
PENNY S BROOKE TRUSTEE	3 0	X						635	0	0
JANE CARLILE TRUSTEE	3 0	X						1,695	0	0
DANIEL W DAVIS MD TRUSTEE	50 0	X						202,529	0	73,766

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
SPENCER F ECCLES TRUSTEE	3 0	X						388	0	0
KEM C GARDNER TRUSTEE-CHAIR	10 0	X		X				899	0	0
ROBERT H GARFF TRUSTEE	3 0	X						338	0	0
ELIZABETH H HAMMOND MD TRUSTEE	3 0	X						414	0	0
RANDY HORIUCHI TRUSTEE	3 0	X						421	0	0
CLARK D IVORY TRUSTEE	3 0	X						1,456	0	0
LAWRENCE S LEWIN TRUSTEE	3 0	X						2,531	0	0
F ANN MILLNER TRUSTEE	3 0	X						421	0	0
KENT H MURDOCK TRUSTEE	3 0	X						556	0	0
BETH V COLE TRUSTEE	3 0	X						0	0	0
THOMAS B MORGAN TRUSTEE	3 0	X						0	691	0
GREGORY P POULSEN SENIOR VICE PRESIDENT	50 0			X				640,665	0	461,829
ALBERT R ZIMMERLI SENIOR VP-CFO-TREASURER	50 0			X				971,708	0	661,566
JOSEPH R HORTON SENIOR VP-SECRETARY	50 0			X				694,455	0	555,575
DAVID CLARK VICE PRESIDENT	50 0			X				438,491	0	220,484
CHRIS COONS VICE PRESIDENT	50 0			X				586,739	0	373,703
SUZANNE DRAPER VICE PRESIDENT	50 0			X				254,969	0	101,610
D R GARDNER VICE PRESIDENT	50 0			X				350,254	0	201,214
DOUGLAS HAMMER VICE PRESIDENT-GENERAL COUNSEL	50 0			X				575,212	0	329,316
LARRY D HANCOCK VICE PRESIDENT	50 0			X				576,607	0	274,372
JON D HOOPES VICE PRESIDENT	50 0			X				181,157	0	111,987
BRENT C JAMES MD VICE PRESIDENT	50 0			X				527,286	0	271,030
BRUCE H JENSEN VICE PRESIDENT	50 0			X				435,564	0	236,136
BRENT T JOHNSON VICE PRESIDENT	50 0			X				320,704	0	186,659
GREGORY M JOHNSON VICE PRESIDENT-CONTROLLER	50 0			X				368,797	0	148,872
JACQUE MILLARD VICE PRESIDENT	50 0			X				301,549	0	136,473
NANCY A NOWAK VICE PRESIDENT	50 0			X				424,067	0	289,247
JOHN C PINGREE JR VICE PRESIDENT	50 0			X				212,855	0	122,257
MARC PROBST VICE PRESIDENT-CIO	50 0			X				539,898	0	257,723
BRENT E WALLACE MD VP-CHIEF MEDICAL DIRECTOR	50 0			X				556,629	0	539,090
DANIEL L ZUHLKE VICE PRESIDENT	50 0			X				464,646	0	255,793
TIMOTHY PEHRSON VICE PRESIDENT	50 0			X				403,983	0	188,570
ROBERT W ALLEN VICE PRESIDENT	50 0			X				292,553	0	93,957
THOMAS F HANRAHAN VICE PRESIDENT	50 0			X				2,966,901	0	188,442
TODD CRAGHEAD VICE PRESIDENT	50 0			X				218,968	0	76,465
HOWARD RICHTER MD-SURGERY/ORTHOPEDIC	50 0					X		1,259,298	0	102,284
WAYNE MORTENSEN MD-SURGERY/ORTHOPEDIC	50 0					X		1,284,106	0	157,852
KESHAV CHANDER MD-CARDIO/NONINVASIVE	50 0					X		1,247,189	0	141,924
KENT SAMUELSON MD SURGERY/ORTHOPEDIC	50 0					X		1,534,605	0	56,678
DANIEL HAMMON MD MD SURGERY/ORTHOPEDIC	50 0					X		1,227,090	0	140,708
1b Total . . . . . ▶								25,875,010	1,672	8,958,629

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 ▶2,273

		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
WASATCH EMERGENCY PHYSICIANS PO BOX 571117 MURRAY, UT 84157	ER SERVICES	31,876,916
UNIVERSITY OF UTAH MEDICAL CENTER 155 SOUTH CENTRAL CAMPUS DRIVE SALT LAKE CITY, UT 84112	MEDICAL SERVICES	8,377,430
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 84127	LABORATORY SERVICES	10,360,627
HURON CONSULTING SERVICES LLC 4795 PAYSPHERE CIRCLE CHICAGO, IL 60674	BUSINESS CONSULTING	19,768,542
SW EMERGENCY PHYSICIANS LC 1869 N 2500 W ST GEORGE, UT 84770	ER SERVICES	7,530,382

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 ▶358

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	12,642,604			
	e	Government grants (contributions)	1e	6,382,188			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,241,576			
	g	Noncash contributions included in lines 1a-1f $ _____					
	h	**Total.** Add lines 1a-1f ▶		27,266,368			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	622,110	3,227,894,940	3,227,894,940		
	b	PHARMACY SALES	446,110	72,203,733	51,599,280	20,604,453	
	c	LABORATORY REVENUE	621,511	195,284,315	192,105,300	3,179,015	
	d	RENTAL REVENUE (RELATED)	531,120	8,292,087	8,292,087		
	e	LAUNDRY	812,320	7,146,039	5,488,003	1,658,036	
	f	All other program service revenue		5,506,772	5,098,931	407,841	
	g	**Total.** Add lines 2a–2f ▶		3,516,327,886			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		23,554,965		-96,416	23,651,381
	4	Income from investment of tax-exempt bond proceeds ▶		92,918			92,918
	5	Royalties ▶		0			

		(i) Real	(ii) Personal				
6a	Gross Rents	6,297,744					
b	Less rental expenses	8,274,140					
c	Rental income or (loss)	-1,976,396					
d	Net rental income or (loss) ▶			-1,976,396		-502,914	-1,473,482

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	6,965,774,028	19,202,170				
b	Less cost or other basis and sales expenses	6,943,866,024	18,502,116				
c	Gain or (loss)	21,908,004	700,054				
d	Net gain or (loss) ▶			22,608,058		-2,276	22,610,334

8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events ▶			0			
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities ▶			0			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory ▶			0			

	Miscellaneous Revenue	Business Code				
11a	CAFETERIA	722,210	14,462,671	14,462,671		
b	GIFT SHOP / RETAIL	453,220	5,012,653			5,012,653
c	OTHER RELATED REVENUE	900,099	59,939	59,939		
d	All other revenue					
e	**Total.** Add lines 11a–11d ▶		19,535,263			
12	**Total revenue.** See Instructions ▶		3,607,409,062	3,505,001,151	25,247,739	49,893,804

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	4,036,646	4,036,646		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,800	3,800		
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	26,046,633		26,046,633	
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	1,432,007,301	1,402,370,046	28,486,292	1,150,963
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,131,331	63,131,331		
9 Other employee benefits	85,367,164	80,962,430	4,404,054	680
10 Payroll taxes	96,914,334	93,711,833	3,115,881	86,620
11 Fees for services (non-employees)				
a Management	0			
b Legal	11,844,363	6,125,634	5,718,729	
c Accounting	698,611	99,944	598,667	
d Lobbying	34,278		34,278	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	4,579,873		4,579,873	
g Other	217,254,415	181,406,955	35,828,150	19,310
12 Advertising and promotion	8,947,049	4,213,763	4,732,229	1,057
13 Office expenses	19,696,317	19,416,724	253,730	25,863
14 Information technology	0			
15 Royalties	0			
16 Occupancy	101,378,989	94,707,295	6,633,929	37,765
17 Travel	3,003,531	2,790,136	211,175	2,220
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,127,130	6,248,260	856,901	21,969
20 Interest	38,133,925	37,977,630	156,295	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	200,429,214	198,709,383	1,701,413	18,418
23 Insurance	10,838,597	10,838,597		
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 MEDICAL SUPPLIES	609,565,217	609,545,672	18,534	1,011
b BAD DEBT	175,848,431	175,808,050	40,381	
c NON-MEDICAL SUPPLIES	86,353,834	81,868,183	3,971,012	514,639
d RISK MANAGEMENT	33,570,818	33,570,818		
e ALLOCATION-INDIRECT EXPENSES	-3,196,213	86,812,284	-90,008,497	
f All other expenses	9,452,433	8,445,607	836,712	170,114
25 **Total functional expenses.** Add lines 1 through 24f	3,243,068,021	3,202,801,021	38,216,371	2,050,629
26 **Joint costs.** Check here ▶ ☐ 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		160,432	1	175,685
	2	Savings and temporary cash investments		400,789,886	2	232,635,875
	3	Pledges and grants receivable, net		3,621,581	3	3,437,980
	4	Accounts receivable, net		405,760,076	4	423,003,942
	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		1,605,193	7	1,410,234
	8	Inventories for sale or use		80,000,734	8	87,500,730
	9	Prepaid expenses and deferred charges		16,475,520	9	15,131,604
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,454,494,172			
	b	Less accumulated depreciation	10b 1,360,321,134	2,025,173,641	10c	2,094,173,038
	11	Investments—publicly traded securities		1,354,934,815	11	1,916,148,675
	12	Investments—other securities See Part IV, line 11		32,344,157	12	52,587,877
	13	Investments—program-related See Part IV, line 11		9,469,885	13	11,472,429
	14	Intangible assets		1,167,857	14	631,504
	15	Other assets See Part IV, line 11		41,700,174	15	90,713,218
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,373,203,951	16	4,929,022,791
Liabilities	17	Accounts payable and accrued expenses		444,558,378	17	360,509,984
	18	Grants payable			18	
	19	Deferred revenue		1,711,954	19	1,458,172
	20	Tax-exempt bond liabilities		1,090,741,720	20	1,333,268,084
	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		26,210,085	23	28,932,679
	24	Unsecured notes and loans payable to unrelated third parties		225,000,000	24	0
	25	Other liabilities Complete Part X of Schedule D		1,090,378,161	25	688,599,098
	26	**Total liabilities.** Add lines 17 through 25		2,878,600,298	26	2,412,768,017
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,490,194,396	27	2,514,370,149
	28	Temporarily restricted net assets		4,409,257	28	1,884,625
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, 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		1,494,603,653	33	2,516,254,774
	34	Total liabilities and net assets/fund balances		4,373,203,951	34	4,929,022,791

Part XI Financial Statements and Reporting

			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
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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 . . .	2c	Yes	
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?	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	

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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. ▶ See separate instructions.

OMB No 1545-0047

2009

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 **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?

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

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

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

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

Additional Data

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

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICE REVENUE	622,110	3,227,894,940	3,227,894,940		
PHARMACY SALES	446,110	72,203,733	51,599,280	20,604,453	
LABORATORY REVENUE	621,511	195,284,315	192,105,300	3,179,015	
RENTAL REVENUE (RELATED)	531,120	8,292,087	8,292,087		
LAUNDRY	812,320	7,146,039	5,488,003	1,658,036	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	609,565,217	609,545,672	18,534	1,011
BAD DEBT	175,848,431	175,808,050	40,381	
NON-MEDICAL SUPPLIES	86,353,834	81,868,183	3,971,012	514,639
RISK MANAGEMENT	33,570,818	33,570,818		
ALLOCATION-INDIRECT EXPENSES	-3,196,213	86,812,284	-90,008,497	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☑ if the filing organization belongs to an affiliated group
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)	34,278	34,278
c	Total lobbying expenditures (add lines 1a and 1b)	34,278	34,278
d	Other exempt purpose expenditures	3,243,033,743	3,245,203,891
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,243,068,021	3,245,238,169
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
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	

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

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

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c	Total lobbying expenditures		169,042	168,050	34,278	371,370
d	Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f	Grassroots lobbying expenditures		0			0

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)).**

		(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? If "Yes," describe in Part IV			
j	Total 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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
AFFILIATED GROUP MEMBERS	FORM 990, SCHEDULE C, PART II-A	THE FOLLOWING ORGANIZATIONS WERE PART OF THE AFFILIATED GROUP AS DEFINED IN THE INSTRUCTIONS FOR PURPOSES OF COMPLETING SCHEDULE C IHC HEALTH SERVICES, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2854057 EXEMPT PURPOSE EXPENDITURES $3,243,068,021 501(H) ELECTION YES INTERMOUNTAIN HEALTH CARE, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 87-0269232 EXEMPT PURPOSE EXPENDITURES $974,708 501(H) ELECTION NO IHC MANAGEMENT, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2860622 EXEMPT PURPOSE EXPENDITURES NONE 501(H) ELECTION NO IHC PROFESSIONAL SERVICES, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2886596 EXEMPT PURPOSE EXPENDITURES NONE 501(H) ELECTION NO INTERMOUNTAIN HEALTHCARE FOUNDATION, INC 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UTAH 84111 EIN 94-2853320 EXEMPT PURPOSE EXPENDITURES $1,195,440 501(H) ELECTION NO

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

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

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

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

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

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

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

2 Complete lines 2a–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	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	57,377,018	65,152,033			
b Contributions	10,445,134	24,214,644			
c Investment earnings or losses	10,327,556	-3,604,917			
d Grants or scholarships					
e Other expenditures for facilities and programs	27,337,833	28,384,742			
f Administrative expenses					
g End of year balance	50,811,875	57,377,018			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ 31 822 % %

c Term endowment ▶ 68 178 % %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	47,899,814	210,669,012		258,568,826
b Buildings	46,255,303	1,397,258,382	477,589,094	965,924,591
c Leasehold improvements	7,956,791	44,468,996	17,646,992	34,778,795
d Equipment	12,026	1,591,943,339	865,085,048	726,870,317
e Other	5,902,570	102,127,939		108,030,509
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,094,173,038

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other PRIVATE EQUITY FUNDS	52,587,877	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN AFFILIATES	11,472,429	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
UNAMORTIZED BOND ISSUE COSTS	4,293,892
OTHER ASSETS	126,050
ACCRUED INTEREST RECEIVABLE	3,094,329
MISCELLANEOUS RECEIVABLES	24,288,507
ACCRUED RETIREE WELFARE BEN	57,779,187
OTHER LONG TERM ASSETS	1,131,253
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE TO THIRD PARTY PAYORS	28,912,428
MINORITY INT IN JT VENTURES	2,450,428
SECURITIES LENDING PAYABLE	27,484,288
ACCRUED PENSION OBLIGATION	353,053,477
457 PLAN LIABILITY	20,982,970
ASSET RETIREMENT OBLIGATION	4,432,735
INTEREST RATE SWAP LIABILITIES	83,754,191
OTHER LONG TERM LIABILITIES	167,528,581
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	688,599,098

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,607,409,062
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,243,068,021
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	364,341,041
4	Net unrealized gains (losses) on investments	4	320,615,442
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	347,607,537
9	Total adjustments (net) Add lines 4 - 8	9	668,222,979
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,032,564,020

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

1	Total revenue, gains, and other support per audited financial statements			1	3,727,916,334
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	118,718,408		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	2,052,417		
e	Add lines **2a** through **2d**			2e	120,770,825
3	Subtract line **2e** from line **1**			3	3,607,145,509
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 XIV)	4b	263,553		
c	Add lines **4a** and **4b**			4c	263,553
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,607,409,062

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,252,391,524
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 XIV)	2d	7,521,086		
e	Add lines **2a** through **2d**			2e	7,521,086
3	Subtract line **2e** from line **1**			3	3,244,870,438
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 XIV)	4b	-1,802,417		
c	Add lines **4a** and **4b**			4c	-1,802,417
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,243,068,021

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIXED ASSET DETAIL	FORM 990, SCHEDULE D, PART VI, LINE 1E	AMOUNTS REFLECTED ON LINE 1E REPRESENT CONSTRUCTION IN PROGRESS
RECONCILIATION OF THE CHANGE IN NET ASSETS	Form 990, Schedule D, Part XI, Line 8	$336,568,812 - Unrecognized change in funded status of postretirement benefit plans $141,960 - Unrecognized change in fund balance $10,912,900 - Change in interest in affiliated foundations ($16,135) - Change in other temporarily restricted net assets
Reconciliation of Revenue to the Audited Financial Statements	Form 990, Schedule D, Part XII, Lines 2d & 4b	Line 2d ($4,579,873) - Investment expenses netted against investment income on audited financial statements $6,632,290 Medical supplies rebates recorded as income on audited financial statements Line 4b $700,054 - Gain on sale of fixed assets reported on financial statements as an expense $6,865,274 - Net book/tax difference in reporting of contributions $53,000 - Reclassification of contributions $919,365 - Contribution reported for books as an intercompany transfer ($8,274,140) - Rental expenses reported net of revenues on the income statement
Reconciliation of Expenses to the Audited Financial Statements	Form 990, Schedule D, Part XIII, Line 2d & 4a	Line 2d ($53,000) - Reclassification of contributions ($700,054) - Gains on sale of fixed assets $8,274,140 - Rental expenses reported net of revenues on the income statement Line 4B $4,579,873 - Investment expenses netted against investment income on audited financial statements ($6,632,290) Medical supply rebate reported as revenue on audited financial statements $250,000 - Intercompany transfer to affiliated foundations
FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740 (FIN 48)	FORM 990, SCHEDULE D, PART X	IHC HEALTH SERVICES, INC DID NOT REPORT A LIABILITY IN THE FOOTNOTES OF THE AUDITED FINANCIAL STATEMENTS FOR UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740 (FIN 48)
Intended Use of Endowment Funds	Form 990, Schedule D, Part V	The reported funds are held by both supporting and publicly supported organizations for the benefit of IHC Health Services The intended uses of these funds include research, charity care, patient care and other similar projects

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) Amount
PAYABLE TO THIRD PARTY PAYORS	28,912,428
MINORITY INT IN JT VENTURES	2,450,428
SECURITIES LENDING PAYABLE	27,484,288
ACCRUED PENSION OBLIGATION	353,053,477
457 PLAN LIABILITY	20,982,970
ASSET RETIREMENT OBLIGATION	4,432,735
INTEREST RATE SWAP LIABILITIES	83,754,191
OTHER LONG TERM LIABILITIES	167,528,581

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		
Europe (Including Iceland and Greenland)			Investments		
Totals . . . . . ▶					

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. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☑ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does 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 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			108,189,955		108,189,955	3 520 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			379,825,296	361,781,812	18,043,484	0 590 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			488,015,251	361,781,812	126,233,439	4 110 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			3,692,901	1,276,572	2,416,329	0 080 %
f Health professions education (from Worksheet 5)			15,739,207	61,739	15,677,468	0 510 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			10,134,671		10,134,671	0 330 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			4,502,409	2,252	4,500,157	0 150 %
j **Total** Other Benefits			34,069,188	1,340,563	32,728,625	1 070 %
k **Total.** Add lines 7d and 7j			522,084,439	363,122,375	158,962,064	0

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities.

	(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			79,744		79,744	
7 Community health improvement advocacy						
8 Workforce development			178,162	2,000	176,162	0 010 %
9 Other						
10 **Total**			257,906	2,000	255,906	0 010 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Does 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 (at cost)	2	131,925,331		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	65,962,666		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	411,311,765
6	Enter Medicare allowable costs of care relating to payments on line 5	6	416,830,458
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,518,693

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

			Yes	No
9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		No

Part IV **Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 McKay Dee Surgical	Outpatient Surgery	82 300 %		17 700 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Amount of bad debt expense included on the Form 990, Part IX, Line 25 $175,848,431

The charity care at cost (line 7a) was calculated using the cost to charge ratio derived from Worksheet 2 of the Schedule H instructions The unreimbursed Medicaid (line 7b) was principally calculated using the filing organization's internal cost accounting system The expenses reported for community health improvement (line 7e), health professions education (line 7f), and the cash and in-kind contributions include only the direct expenses associated with each activity The indirect expenses associated with these activities were not reported The expenses associated with research (Line 7h) were calculated using the same methodology used for grant progress reporting to the Federal government

Bad debt on the organization's financial statements is estimated using a balance sheet approach based on both the payor mix and the ages of the receivables The underlying accounts receivables used in the analysis are recorded at the expected payment rates (established rates for the services provided net of discounts and negotiated contractual adjustments) To identify the underlying cost for Part III, line 4, the reported bad debt total was multiplied by the cost to charge ratio as calculated on Worksheet 2 of the Schedule H See worksheet A on page 4 of the instructions 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, IHC Health Services' staff are educated to give the patient an application for financial assistance, instructions for completing and returning the application, and to code the patient's account Pending Financial Assistance In situations where the patient fails to return the application and the account progresses through the collections cycle to bad debt, the account will be written off as bad debt Accounts in bad debt with the code described above may have qualified for financial assistance had the patient or responsible party followed through and applied for assistance Bad Debt Footnote (Financial Statements) - "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 [IHC 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 $175 8 million and $176 6 million for the years ended December 31, 2009 and 2008, respectively "

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 IHC Health Services' hospitals for the services provided and does not represent the total community benefit conferred 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, the burdens of government are relieved, (3) A significant possibility exists that continued reduction in Medicare reimbursement may actually create difficulties in access for these individuals, and (4) The amount spent to cover the reported Medicare shortfall is money not available to cover charity care and other community benefit needs

The following is a list of the health care facilities other than those required to be licensed under state law and reported on Schedule H, Part V o Behavioral Health Network (inpatient) - 3 o Behavioral Health Network (outpatient) - 4 o Community and School-based Clinics(serving low-income, uninsured and homeless people) - 7 o Clinics / Physician Offices - 150+ o Dialysis Centers - 9 o Homecare / Hospice Sites - 36 o Infusion Centers - 5 o Long-term Care - 2 o Rehabilitation Centers (Outpatient) - 31 o ExpressCare - 4

The Medicare totals on Part III, lines 5, 6, and 7 are based on the "allowable costs" reported on the Medicare Cost Reports, which are significantly different from total financial statement expenses Medicare's "allowable costs" exclude commonly incurred business expenses such as interest, research, public relations, etc In addition, the amounts do not fully reflect the filing organization's participation in Medicare programs For example, the following is a partial list of activities that are not currently included in the Schedule H calculation - Physician Services Billed by the Filing Organization - Medicare Parts C and D (Medicare Advantage and Prescription Drug Coverage) - Fee Schedule - Reimbursed Services (e g , Outpatient Clinical Laboratory and Therapy Services, etc) - Durable Medical Equipment and Home IV Therapy Services Inclusion of all expenses associated with Medicare activities would make a significant difference in the filing organization's calculated shortfall If the additional activities were reportable on Schedule H, it is estimated that the filing organization's Medicare shortfall would total approximately $143 5 million, an increase of $138 million from the amount disclosed on Part III of the Schedule H

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

IHC Health Services completed a comprehensive, system-wide community health needs assessment in fall, 2009 that identified the needs within its service area Results of the survey were used to develop community benefit initiatives for 2010 and to support additional planning for programs and services to address the health needs of low-income, uninsured, and vulnerable populations Objective of the assessment - To use the results of the assessment to guide the prioritization, design and implementation of effective health programs for low-income individuals Primary questions - What health (medical, oral, mental) needs exist? - What resources are available to meet these health needs? - What are the gaps in meeting these health needs? Data sources IHC Health Services' staff utilized existing health surveys from national, state, and county agencies They also reviewed the top 30 diagnoses for IHC Health Services' Emergency Department and inpatient and outpatient services for the previous calendar year Diagnosis codes were then broken into subgroups by geography and various demographic measures (e g , gender, age, race, etc) to identify specific areas of importance for different population groups IHC Health Services focused on specific preventable diseases in which education, prevention, early diagnosis, and treatment and collaborations with community partners had significant impact Health measures were broken down by 61 small geographic areas identified by the Utah Department of Health across the state of Utah, which helped focus specific programs and activities in specific communities where there was greatest need for such interventions From the data gathered, and in consultation with non-profit and government partners, as well as internal medical staff, priorities were established and are articulated below These health priorities align with U S Department of Health and Human Services' Healthy People 2010 goals and support IHC Health Services' clinical goals Community benefit activities that support these health priorities will improve healthcare for low-income populations and reduce the cost of healthcare for the community Three health priorities were defined for 2010 community benefit program focus 1 Improve the prevention, detection, and treatment of chronic diseases associated with unhealthy weight and behaviors 2 Improve access to comprehensive, high-quality healthcare services 3 Improve access to appropriate behavioral health services Health Survey Data Sources - National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention, U S Department of Health and Human Services, 2009 - National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention, U S Department of Health and Human Services, 2008 - Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2007 - Behavioral Risk Factor Surveillance Survey, Utah, 2007 - Utah Healthcare Access Survey, Office of Public Health Assessment, Utah Department of Health, 2008 - Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2008 and 2009 Current Population Survey (CPS Annual Social and Economic Supplements) - Utah Health Status Update, Teen and Adult Suicide, Utah Department of Health, July 2008 - Internal Case Mix Data, Intermountain Healthcare, 2008

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 charity care policy

By policy, IHC Health Services makes health care services available to residents in the communities served regardless of race, religion, gender, age, national origin, physical or mental disability, veteran status, or ability to pay Specific information regarding the financial assistance program can be found on IHC 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 registrations areas of the hospitals and the clinics The brochures describe the availability of financial assistance, who qualifies, and how to apply Eligibility counselors assist patients in completing the financial assistance application before, during, or after the time of service It often begins with the patients' pre-registration process prior to service IHC Health Services also contributes to the salaries of Utah State Bureau of Eligibility staff who work onsite to assist patients in applying for Medicaid, CHIP, or other government assistance programs Signs are posted at public registration areas, in private registration rooms and in patient care areas in both English and Spanish, which state the following "We believe medically necessary healthcare services should be accessible to residents in the communities we serve regardless of ability to pay If you don't have insurance or if you need help in paying for care, ask to speak with one of our eligibility counselors about [IHC Health Services'] financial assistance program Financial assistance is available for qualifying patients " Billing envelopes also include a statement on the back that states in 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

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

IHC Health Services operates 23 hospitals and more than 150 clinics throughout Utah and southern Idaho The hospitals and clinics vary in size and services based on the individual needs of each community Facility locations range from downtown in Utah's capital city to rural areas scattered across Utah's less populated regions An additional 25 hospitals provide services within these communities Based on 2008 estimates, IHC Health Services serves a population of approximately 2 7 million individuals, 2 1 million of which live along the Wasatch Front, encompassing the Ogden to Provo metropolitan area The area represents a relatively younger population than the national average (31% of the population are under 18 years old while only 9% are 65 years and older) Education levels are slightly higher than the national average - 87 7% of the population are high school graduates and 26 1% have a bachelors degree or higher Those with disabilities number almost 300,000 The 2007 median household income for the area was approximately $55,000 A little less than 10% of the population lived at or below poverty levels A total of 12% of the population was enrolled in Medicaid (over half of which were children) A little more than 14% of the population did not have health insurance As of June 2008, three of Utah's counties were designated as full county Medically Underserved Populations Nine of the counties were designated as full county Medically Underserved Areas An additional seven 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 48 hospitals in the service area

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

IHC Health Services reported coalition building and workforce development details in the community building, Part III 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 IHC Health Services participates in statewide Safe Kids coalitions to promote awareness and use of child seat belts, traffic and bicycle safety and diabetes-related coalitions to help reduce the incidence of diabetes in children and adults IHC 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 that benefit the health of people in communities IHC Health Services also recruited physicians to medically underserved areas in rural settings to meet the healthcare needs of residents in rural settings, thereby helping reduce barriers to accessing care Workforce development activities include curriculum development activities for high school students for which they receive school credit for health careers training that leads to college-level education

6 Provide any other information important to describing how the organization's hospitals 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)

The majority of IHC Health Services' governing body is comprised of persons who reside in its service area, represents a wide cross section of talents, education, and occupations, and is neither employees nor contractors of the organization See Form 990, Part VI, Lines 1 & 2 and Form 990, Schedule L IHC Health Services extends medical staff privileges to all qualified physicians in the communities served As an organization exempt under 501(c)(3), surplus funds of IHC Health Services are reinvested back into the community to improve patient care by updating facilities and equipment and by providing charity care and similar community benefit initiatives (See Form 990, Schedule H, Part I) IHC Health Services files community benefit reports with the state of Utah

7 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 communites served

IHC Health Services is part of an affiliated group of separately organized entities See Schedule R The parent organization, Intermountain Health Care, Inc , is a 501(c)(3) that promotes community health care through coordinating the activities of and providing support to IHC Health Services, Inc and its other affiliated subsidiaries All medical services for the communities served are provided through the hospitals and clinics of IHC Health Services Its mission is "Excellence in the provision of healthcare services to communities in the intermountain region " A more detailed account of IHC Health Services' activities is available on Form 990, Part III and Schedule O The Intermountain Healthcare Foundation makes grants to local nonprofit agencies that provide direct medical, dental, and mental health services for low-income, uninsured or medically-underserved populations IHC 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 health care delivery plans and financing systems to provide cost-effective and high quality care to participating employer groups and individuals as well as the conducting of research and educational demonstration projects The Healthcare Captive Insurance Company is engaged in underwriting the liabilities of Intermountain Health Care, Inc and certain affiliates in excess of their self insured limits The two remaining entities, IHC Professional Services, Inc and IHC Management Co are either inactive or have a de minimis level of activity

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

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

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ALTA VIEW HOSPITAL 9660 SOUTH 1300 EAST SANDY, UT 84094	X	X					X		
AMERICAN FORK HOSPITAL 170 NORTH 1100 EAST AMERICAN FORK, UT 84003	X	X					X		
BEAR RIVER VALLEY HOSPITAL 440 West 600 North TREMONTON, UT 84337	X	X					X		
CASSIA REGIONAL MEDICAL CENTER 1501 HILAND AVENUE BURLEY, ID 83318	X	X			X		X		
DELTA COMMUNITY MEDICAL CENTER 126 WHITE SAGE AVENUE DELTA, UT 84624	X	X			X		X		
DIXIE REGIONAL MEDICAL CENTER 1380 EAST MEDICAL CENTER DRIVE ST GEORGE, UT 84790	X	X				X	X		
FILLMORE COMMUNITY MEDICAL CENTER 674 SOUTH HIGHWAY 99 FILLMORE, UT 84631	X	X			X		X		
HEBER VALLEY MEDICAL CENTER 1485 SOUTH HIGHWAY 40 HEBER CITY, UT 84032	X	X			X		X		
INTERMOUNTAIN MEDICAL CENTER 5121 SOUTH COTTONWOOD STREET MURRAY, UT 84157	X	X		X		X	X		
LDS HOSPITAL 8TH AVENUE AND C STREET SALT LAKE CITY, UT 84143	X	X		X		X	X		
LOGAN REGIONAL HOSPITAL 500 EAST 1400 NORTH LOGAN, UT 84341	X	X					X		
MCKAY-DEE HOSPITAL CENTER 4401 HARRISON BOULEVARD OGDEN, UT 84403	X	X		X		X	X		
OREM COMMUNITY HOSPITAL 331 NORTH 400 WEST OREM, UT 84057	X	X					X		
PRIMARY CHILDREN'S MEDICAL CENTER 100 NORTH MARIO CAPECCHI DRIVE SALT LAKE CITY, UT 84113	X	X	X	X		X	X		
SANPETE VALLEY HOSPITAL 1100 SOUTH MEDICAL DRIVE MOUNT PLEASANT, UT 84647	X	X			X		X		
SEVIER VALLEY MEDICAL CENTER 1000 NORTH MAIN RICHFIELD, UT 84701	X	X					X		
THE ORTHOPEDIC SPECIALTY HOSPITAL 5848 SOUTH FASHION BOULEVARD MURRAY, UT 84107	X								
UTAH VALLEY REGIONAL MEDICAL CENTER 1034 NORTH 500 WEST PROVO, UT 84604	X	X		X		X	X		
VALLEY VIEW MEDICAL CENTER 1303 NORTH MAIN STREET CEDAR CITY, UT 84720	X	X					X		
McKay Dee Surgical Center LLC 3903 Harrison Blvd Suite 100 Ogden, UT 84403									Ambulatory Surgery Center
Park City Medical Center 900 Round Valley Drive Park City, UT 84060	X	X					X		
Riverton Hospital 3741 West 12600 South Riverton, UT 84065	X	X				X	X		

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 12

3 Enter total number of other organizations . . . ▶ 2

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.

Identifier	**Return Reference**	**Explanation**
Monitoring Grant Funds in the United States	Form 990, Schedule I, Part I, Line 2	BY POLICY, GRANTS ARE GENERALLY LIMITED TO PUBLIC CHARITIES EXEMPT FROM INCOME TAX UNDER IRS SECTION 501(C)(3) GRANTS TO ANY OTHER TYPE OF ENTITY REQUIRE WRITTEN APPROVAL FROM BOTH THE CEO AND CFO THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD MUST APPROVE INDIVIDUAL GRANTS EQUAL TO OR EXCEEDING $10,000

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Deseret Foundation5121 S COTTONWOOD DRIVE MURRAY,UT 84157	23-7062016	501(C)(3)	18,400				SCHOLARSHIPS AND LEGACY OF LIFE SUPPORT
DESERET INDUSTRIES131 EAST 7TH SOUTH SALT LAKE CITY,UT 84111	87-0234341	501(c)(3)		5,684	THRIFT VALUE	UNSOLD INVENTORY	SUPPORT LOCAL THRIFT STORE
NAACPPO BOX 25414 SALT LAKE CITY,UT 84125	87-0436443	501(C)(4)	10,000				SCHOLARSHIPS
UNIVERSITY OF UTAHPO BOX 510721 SALT LAKE CITY,UT 84151	87-0526462	GOVERNMENT	3,115,000				FURTHERANCE OF MEDICAL EDUCATION
UNITED WAY175 S WEST TEMPLE 30 SALT LAKE CITY,UT 84101	87-0227091	501(C)(3)	137,143				SUPPORT PROGRAMS
CEDAR CITY COMMUNITY CLINIC351 W UNIVERSITY BLVD CEDAR CITY,UT 84170	87-6000481	501(C)(3)	18,898				SUPPORT COMMUNITY CLINIC
REGENCE CARING FOUNDATION FOR CHILDRENPO BOX 25185 SALT LAKE CITY,UT 84125	87-0490448	501(C)(3)	6,000				SUPPORT FUNDRAISING
VALLEY VIEW HEALTHCARE FOUNDATION1303 N MAIN CEDAR CITY,UT 84721	94-2402205	501(C)(3)	17,907				TO SUPPORT PROGRAMS
UTAH HOSPITALS AND HEALTH SYSTEMS2180 S 1300 E STE 440 SALT LAKE CITY,UT 84106	87-6119772	501(C)(6)	33,250				PATIENT EQUIPMENT
UTAH HEALTH POLICY PROJECT508 E SOUTH TEMPLE SUITE 45 SALT LAKE CITY,UT 84102	87-0684606	501(C)(3)	15,000				SUPPORT MEDICAID CLINIC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEART AND LUNG RESEARCH FOUNDATION 5121 S COTTONWOOD ST MURRAY,UT 84107	87-0617606	501(C)(3)	23,500				SUPPORT LEGACY OF LIFE
RONALD MCDONALD HOUSE CHARITIES1135 EAST S TEMPLE SALT LAKE CITY,UT 84102	74-2386043	501(C)(3)	7,500				SUPPORT ACTIVITIES
THE DOVE CENTERPO BOX 2972 ST GEORGE,UT 84771	87-0529095	501(C)(3)	8,500				SUPPORT DOMESTIC ABUSE
US DEPARMENT OF HEALTH & HUMAN SERVICES200 INDEPENDENCE AVENUE SW WASHINGTON,DC 20201		GOVERNMENT	10,439				

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Form 990, Schedule J-1	IHC Health Services, Inc ("Health Services") is nationally recognized for providing quality medical care that ranks among the highest in the nation with charges that are among the lowest in the nation Health Services' policy is to compensate its employees, including senior management, at or around the 50th percentile of the healthcare labor markets for similar positions and organizations (i e , similar size and nonprofit status) The Compensation Committee of the Board retains outside consultants to provide objective data on compensation levels and practices The Committee annually analyzes these data and makes the 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 amounts that are not vested, are subject to a substantial risk of forfeiture, and may or may not be paid in the future THE REPORTABLE COMPENSATION ON SCHEDULE J INCLUDES CERTAIN AMOUNTS THAT HAVE BEEN OR WILL BE REPORTED TWICE, BOTH IN THE YEAR ACCRUED AND AGAIN IN THE YEAR PAID
Questions Regarding Compensation	Form 990, Schedule J, Part I, Line 1	TRAVEL FOR COMPANIONS - PURSUANT TO COMPANY POLICY, COMPANION TRAVEL EXPENSES WILL NOT BE REIMBURSED BY THE ORGANIZATION UNLESS APPROVED BY SENIOR MANAGEMENT IF APPROVED, THE REIMBURSED EXPENSES ARE REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2 OR 1099 TAX GROSS UP PAYMENTS - PURSUANT TO COMPANY POLICY, A LIMITED NUMBER OF BENEFITS AND PERQUISITES TO THE GOVERNING BODY AND CERTAIN OFFICERS ARE GROSSED UP FOR TAX PURPOSES PERSONAL SERVICES - PURSUANT TO COMPANY POLICY, CERTAIN OFFICERS ARE PAID FOR TAX/FINANCIAL SERVICES THESE AMOUNTS ARE REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2
Supplemental Nonqualified Retirement Plan	Form 990, Schedule J, Part I, Line 4a-b	THE FOLLOWING INDIVIDUAL FROM FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A SEVERANCE IN 2009 - THOMAS F HANRAHAN $542,044 THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENTS IN 2009 - LINDA LECKMAN, MD $2,376,854 - THOMAS HANRAHAN $2,036,998 THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT (457 (F)) PLAN PAYMENTS - BRENT J CHRISTENSEN $21,699 - DOUGLAS J HAMMER $25,555 - JOSEPH R HORTON $21,239 - KENT SAMUELSON $976,693 - DANIEL HAMMON $86,178
ACCRUED COMPENSATION BASED ON REVENUES	SCH J PART I LINE 5a	CERTAIN ORTHOPEDIC PHYSICIAN CONTRACTS PROVIDE FOR ANY EXCESS OF COLLECTED REVENUE OVER ANNUAL EXPENSES TO BE PAID TO THE PHYSICIAN ON A PHYSICIAN PRACTICE BASIS

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRENT J CHRISTENSEN MD	(i)	743,459	41,928	25,193	132,228	12,287	955,095	24,723
	(ii)	0	0	0			0	
LINDA C LECKMAN MD	(i)	429,026	182,882	2,399,590	573,392	11,648	3,596,538	2,279,251
	(ii)	0	0	0			0	
BRETT T MUSE MD	(i)	291,506	22,601	2,384	59,768	12,287	388,546	13,982
	(ii)	0	0	0			0	
WILLIAM H NELSON	(i)	237,246	237,440	22,082	168,687	927	666,382	237,440
	(ii)	0	0	0			0	
CHARLES W SORENSON JR MD	(i)	755,119	318,295	91,456	1,014,578	17,245	2,196,693	318,295
	(ii)	0	0	0			0	
DANIEL W DAVIS MD	(i)	185,853	15,337	1,339	61,425	12,341	276,295	10,760
	(ii)	0	0	0			0	
GREGORY P POULSEN	(i)	396,509	187,728	56,428	446,882	14,947	1,102,494	187,728
	(ii)	0	0	0			0	
ALBERT R ZIMMERLI	(i)	607,691	286,451	77,566	644,383	17,183	1,633,274	286,451
	(ii)	0	0	0			0	
JOSEPH R HORTON	(i)	432,087	175,554	86,814	543,467	12,108	1,250,030	175,554
	(ii)	0	0	0			0	
DAVID CLARK	(i)	297,600	114,954	25,937	207,518	12,966	658,975	88,417
	(ii)	0	0	0			0	
CHRIS COONS	(i)	398,774	160,141	27,824	359,871	13,832	960,442	121,556
	(ii)	0	0	0			0	
SUZANNE DRAPER	(i)	193,947	48,474	12,548	89,503	12,107	356,579	48,474
	(ii)	0	0	0			0	
D R GARDNER	(i)	235,391	96,791	18,072	190,655	10,559	551,468	79,916
	(ii)	0	0	0			0	
DOUGLAS HAMMER	(i)	354,189	139,415	81,608	312,931	16,385	904,528	104,602
	(ii)	0	0	0			0	
LARRY D HANCOCK	(i)	428,073	144,850	3,684	260,237	14,135	850,979	116,375
	(ii)	0	0	0			0	
JON D HOOPES	(i)	30,518	96,641	53,998	110,827	1,160	293,144	80,990
	(ii)	0	0	0			0	
BRENT C JAMES MD	(i)	374,455	110,601	42,230	255,467	15,563	798,316	87,016
	(ii)	0	0	0			0	
BRUCE H JENSEN	(i)	290,793	122,487	22,284	223,256	12,880	671,700	93,432
	(ii)	0	0	0			0	
BRENT T JOHNSON	(i)	232,202	84,490	4,012	177,235	9,424	507,363	65,480
	(ii)	0	0	0			0	
GREGORY M JOHNSON	(i)	233,663	89,846	45,288	136,765	12,107	517,669	64,362
	(ii)	0	0	0			0	
JACQUE MILLARD	(i)	193,367	85,756	22,426	124,366	12,107	438,022	68,373
	(ii)	0	0	0			0	
NANCY A NOWAK	(i)	299,047	117,386	7,634	276,367	12,880	713,314	89,188
	(ii)	0	0	0			0	
JOHN C PINGREE JR	(i)	170,094	41,402	1,359	110,150	12,107	335,112	41,402
	(ii)	0	0	0			0	
MARC PROBST	(i)	340,269	194,681	4,948	243,747	13,976	797,621	100,679
	(ii)	0	0	0			0	
BRENT E WALLACE MD	(i)	389,747	147,489	19,393	528,389	10,701	1,095,719	111,284
	(ii)	0	0	0			0	
DANIEL L ZUHLKE	(i)	314,461	130,604	19,581	241,759	14,034	720,439	99,387
	(ii)	0	0	0			0	
HOWARD RICHTER	(i)	1,204,119	53,133	2,046	90,470	11,814	1,361,582	40,346
	(ii)	0	0	0			0	
WAYNE MORTENSEN	(i)	1,222,544	60,363	1,199	145,565	12,287	1,441,958	31,702
	(ii)	0	0	0			0	
KESHAV CHANDER	(i)	1,184,846	60,533	1,810	129,637	12,287	1,389,113	31,437
	(ii)	0	0	0			0	
TIMOTHY PEHRSON	(i)	297,789	86,244	19,950	175,698	12,872	592,553	66,700
	(ii)	0	0	0			0	
ROBERT W ALLEN	(i)	223,589	48,901	20,063	82,670	11,287	386,510	0
	(ii)	0	0	0			0	
THOMAS F HANRAHAN	(i)	88,432	143,886	2,734,583	185,384	3,058	3,155,343	373,100
	(ii)	0	0	0			0	
TODD CRAGHEAD	(i)	173,263	44,346	1,359	64,412	12,053	295,433	0
	(ii)	0	0	0			0	
KENT SAMUELSON	(i)	543,869	12,813	977,923	44,391	12,287	1,591,283	0
	(ii)	0	0	0			0	
DANIEL HAMMON MD	(i)	1,062,692	60,490	103,908	130,577	10,131	1,367,798	0
	(ii)	0	0	0			0	

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 Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	MURRAY CITY UTAH	87-6000254	626853CE3	11-19-2003	308,000,000	BLDG CONSTRUCTION & EQUIPMENT		X		X
B	MURRAY CITY UTAH	87-6000254	626853CJ2	09-22-2005	262,000,000	BLDG CONSTRUCTION & EQUIPMENT		X		X
C	CITY OF RIVERTON UTAH	87-0344045	769369AA7	04-10-2007	199,028,000	BLDG CONSTRUCTION & EQUIPMENT		X		X
D	CITY OF RIVERTON UTAH	87-0344045	769369AL3	11-05-2009	252,199,400	BLDG CONSTRUCTION & EQUIPMENT		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	308,000,000	262,000,000	199,028,000	252,199,400	
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	124,365,891			124,365,891	
5	Issuance costs from proceeds	1,982,000	1,909,140	1,620,000		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	306,018,000	260,090,860	197,408,000	127,833,509	
8	Year of substantial completion	2007	2007	2009	2011	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
11	Has the final allocation of proceeds been made?	X		X			X		X		
12	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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E 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		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X			X		

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %		0 200 %		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 ▶										
6	Total of lines 4 and 5		0 100 %		0 200 %		0 100 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X			X		X		
2	Is the bond issue a variable rate issue?	X		X			X		X		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X		X		
b	Name of provider	JP MORGAN		JP MORGAN							
c	Term of hedge		29 2		31 7						
4a	Were gross proceeds invested in a 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?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X	X		X					

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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 lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	**(a)** Name of disqualified person	**(b)** Description of transaction	**(c)** Corrected? Yes	No

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	**(b)** Loan to or from the organization? To	From	**(c)** Original principal amount	**(d)** Balance due	**(e)** In default? Yes	No	**(f)** Approved by board or committee? Yes	No	**(g)** Written agreement? Yes	No
Total . . . . . ▶ $										

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

Additional Data

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

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
A SCOTT ANDERSON	OFFICER OF VENDOR	146,237	BANKING TRANSACTIONS		No
TERESA BECK	DIRECTOR OF VENDOR	2,533,398	PURCHASE OF NATURAL GAS		No
KEM GARDNER	PARTNER OF LESSOR	603,180	RENTAL OF REAL PROPERTY		No
JEFFERY T CRAGHEAD	FAMILY MEMBER OF OFFICER	55,441	EMPLOYEE COMPENSATION		No
SPENCER M COONS	FAMILY MEMBER OF OFFICER	15,724	EMPLOYEE COMPENSATION		No
KATIE L COONS	FAMILY MEMBER OF OFFICER	21,662	EMPLOYEE COMPENSATION		No
DOROTHY HENDERSON CLARK	FAMILY MEMBER OF OFFICER	24,882	EMPLOYEE COMPENSATION		No
COLBY L HANCOCK	FAMILY MEMBER OF OFFICER	32,365	EMPLOYEE COMPENSATION		No
JEFFREY L ANDERSON	FAMILY MEMBER OF TRUSTEE	321,964	EMPLOYEE COMPENSATION		No
SCOTT PINGREE	FAMILY MEMBER OF TRUSTEE	167,034	EMPLOYEE COMPENSATION		No
RICHARD B STEVENSON	FAMILY MEMBER OF OFFICER	71,923	EMPLOYEE COMPENSATION		No
NICHOLAS PAGE	FAMILY MEMBER OF OFFICER	32,643	EMPLOYEE COMPENSATION		No
MATTHEW HORTON	FAMILY MEMBER OF OFFICER	44,709	EMPLOYEE COMPENSATION		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IHC HEALTH SERVICES INC

Employer identification number
94-2854057

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 AND PART III, LINE 1	Mission 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 "

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	Intermountain Health Care, Inc ("Intermountain") was organized in 1975 to own and operate the 15 hospitals formerly owned by The Church of Jesus Christ of Latter-day Saints In 1983, Intermountain formed IHC Health Services, Inc (under its former name IHC Hospitals, Inc) as a Utah nonprofit subsidiary and transferred to IHC Health Services ("Health Services") its healthcare facilities Health Services currently consists of the Hospital Division, comprised of 23 hospitals with 2,723 licensed beds in Utah and southeast Idaho, and the Intermountain Medical Group, which employs more than 725 primary and secondary care physicians in hospitals and more than 150 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 The remaining three hospitals provide specialty care in the following areas - Primary Children's Medical Center - Pediatric Care - McKay-Dee Institute for Behavioral Medicine - Psychiatric and Behavioral Health - The Orthopedic Specialty Hospital - Orthopedic Care Health Services' Clinical Statistics for 2009 - Acute admissions - 130,747 - Acute patient days -517,084 - Births -32,278 - Inpatient surgeries - 39,027 - Ambulatory surgeries - 102,406 - Emergency room visits - 466,602 - Physician clinic visits - 2,354,393 - Homecare patients served-57,561 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 eight 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 Intermountain Healthcare is recognized worldwide as an organization focused on providing care based on proven results In addition to the clinical programs, Health Services operates a Patient Safety initiative The eight clinical programs include - The Cardiovascular Clinical Program includes the specialties of cardiology, cardiac surgery, vascular surgery, and thoracic surgery Teams review and establish best practices for patients with heart disease in hospitals, emergency departments, and primary care and specialist offices Care Process Models have been developed for hypertension, acute coronary syndrome, heart failure, and stroke prevention - The Women and Newborns Clinical Program focuses attention on pregnancy (including high-risk pregnancy), childbirth, and the neonatal period Guidelines adopted from national specialty societies and peer review studies have been used to establish best practice models and drive consistency in antepartum, intrapartum, postpartum, and neonatal processes - The Primary Care Clinical Program addresses the needs of ambulatory patients cared for by family practitioners, internists and pediatricians Major efforts have been directed at smoking cessation, childhood vaccination, treatment of community-acquired pneumonia, and standardizing the care of patients with diabetes and asthma - The Oncology Clinical Program includes a network of cancer surgeons, radiation oncologists, medical oncologists, pharmacists, nurses, pathologists and radiologists, along with cancer registry and clinical trials departments that provide and support cancer services throughout Health Services Efforts have been made to standardize surgical oncology, pathology, mammography, medical oncology, and radiation oncology data collection to improve the process of cancer diagnosis and treatment The program additionally supports a collaborative effort between Health Services and Huntsman Cancer Institute to strengthen cancer outcomes, research, quality improvement, clinical trials research, and patient education - The Pediatric Specialties Clinical Program works to improve hospital 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, and torticollis Pediatric teams have also taken steps to prevent pediatric medication errors and improve early recognition of shock in children - The Surgical Services Clinical Program is comprised of teams of physicians, nurses, administrators, and other care providers in the areas of operating rooms, same day surgery, post anesthesia care unit, anesthesia, central processing, sedation services, and pain management Each team identifies and implements very focused goals of evidence-based best practices, which have the potential of greatly affecting patient outcomes Several initiatives are currently in process, including our care process for colon resection patients, blood utilization pilot project for packed red blood cells, and development of our pain management data mart - The Intensive Medicine Clinical Program is comprised of teams of physicians, nurses, respiratory therapists, administrators, and other care providers in the areas of emergency care, critical care, trauma care, transport (air and ground ambulance), hospitalists, hyperbaric medicine, stroke care, and telemedicine / telestroke Each team identifies and implements very focused goals of evidenced-based best practice, which have the potential of greatly impacting patient outcomes Care process models in place include acute stroke care, traumatic brain injury, and fever in children The team has worked to reduce ventilator associated pneumonia, control glucose levels in the critical care population, implement rapid response teams in each hospital, implement the sepsis, ventilator, and central line bundles, as well as to develop and implement a new electronic medical record in the emergency departments and critical care units (pilots) in partnership with GE Healthcare Future initiatives include a system-wide board goal in acute stroke care in 2011, continued work in the development and implementation of the electronic medical record, and advancing telemedicine - The Behavioral Health Clinical Program is comprised of teams of physicians, nurses, behavioral therapists, administrators, and other care providers A key initiative currently in process is improvement of therapeutic alliance scores and its correlation to clinical outcome measurements In addition, screening for common medical conditions in behavioral health patients in behavioral health treatment settings is measured The mission of Health Services is "excellence in the provision of healthcare services to communities in the Intermountain region " Providing the highest quality healthcare at the lowest possible cost to our patients and customers is one of our most important considerations Intermountain provides services on the basis of medical need, without regard to 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 available at the hospital and clinics and the person requires that service The availability of charity care 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 subject to catastrophic healthcare expenses During 2009, through more than 255,000 cases, Health Services' facilities and physicians provided more than $108 million in charity care (at cost) to people unable to pay This amount does not include bad debt Bad debt refers to the circumstance 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 bad debt but the patient later applies for and is determined to have been eligible for charity care at the time of treatment, then the bill is no longer considered 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 bad debt, which is not collectible

PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED FORM 990, PART III, LIVE 4A Health Services incurs shortfalls between its established rates and amounts paid by Medicare (principally related to elderly patients) Health Services provides a significant array of additional community services including owning and operating seven 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 2009, these clinics had more than 26,900 patient visits Most patients pay on a sliding fee scale according to their household incomes, and many qualify for Health Services' charity care Affiliated foundations supported by Health Services award grants and other cash contributions to 13 independently owned clinics that provide primary healthcare services to uninsured, low-income, and homeless populations These clinics, located throughout Utah, had more than 217,000 patient visits in 2009 Health Services provides community benefit activities including health education, health improvement services, health professions education, intern and resident training, and medical research During 2009, these community services and contributions totaled more than $32 7 million See Schedule H FORM 990-T FILING FORM 990, PART V, LINE 3B IHC Health Services' 2009 Form 990-T had not been filed at the time of the Form 990 filing, but it will be filed prior to the extended deadline BUSINESS AND/OR FAMILY RELATIONSHIPS FORM 990, PART VI, SECTION A, LINE 2 Kem C Gardner / Bruce T Reese - Business Relationship Carmen B Pingree / John C Pingree Jr - Family Relationship Charles W Sorenson Jr M D / Gregory P Poulsen - Family Relationship Albert R Zimmerli / Douglas C Black / Chris Coons - Business Relationship (Board members of a corporate investment that is 50% owned by the filing organization) Clark Ivory / Penny Brooke - Business Relationship A Scott Anderson / Thomas B Morgan - Business Relationship Clark Ivory / Douglas Hammer - Business Relationship ALBERT R ZIMMERLI / BRUCE T REESE / CHARLES W SORENSON JR MD / DOUGLAS C BLACK / F ANN MILLNER / KEM C GARDNER / KENT H MURDOCK / MERRILL GAPPMAYER / TERESA BECK / WILLIAM H NELSON (BOARD MEMBERS OF THE HEALTHCARE CAPTIVE INSURANCE COMPANY, A TAXABLE ORGANIZATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATIONS'S PARENT) ALBERT R ZIMMERLI / BRUCE T REESE / CHARLES W SORENSON JR MD / DOUGLAS C BLACK / F ANN MILLNER /GREGORY M JOHNSON / KEM C GARDNER / KENT H MURDOCK / MERRILL GAPPMAYER / TERESA BECK / WILLIAM H NELSON (BOARD MEMBERS OF AFFILIATED SERVICES, INC , A TAXABLE CORPORATION WITH MINIMAL ACTIVITY THAT IS WHOLLY-OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION) CHANGE IN ORGANIZATIONAL DOCUMENTS FORM 990, PART VI, SECTION A, LINE 4 IN JULY 2009, IHC HEALTH SERVICES' 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 AS VICE-CHAIR ADDITIONALLY, THE VICE CHAIR(S) OF THE BOARD WILL BE PART OF THE EXECUTIVE COMMITTEE ORGANIZATION MEMBER FORM 990, PART VI, SECTION A, LINES 6-7 The sole member of IHC Health Services, Inc is Intermountain Health Care, Inc , a Utah nonprofit corporation Pursuant to the approved bylaws, the member exercises all property, voting, and other rights, interests and powers conferred under local statute, including the election of IHC Health Services' trustees FORM 990 REVIEW BY BOARD MEMBERS FORM 990, PART VI, SECTION B, LINE 11 IHC HEALTH SERVICES' 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

Identifier	Return Reference	Explanation
DETERMINATION OF EXECUTIVE COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	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 IHC Health Services' philosophy is to pay compensation at or around the 50th percentile of comparable healthcare organizations The determination of executive compensation is also designed to meet the "rebuttable presumption of reasonableness" standard as outlined in the Treasury Regulations

PUBLIC INSPECTION OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STMTS FORM 990, PART VI, SECTION C, LINE 19 IHC HEALTH SERVICES DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE, A SERVICE PROVIDED BY THE MUNICIPAL SECURITIES RULEMAKING BOARD VALUATION METHOD - TRANSACTIONS WITH RELATED ORGANIZATIONS FORM 990, SCHEDULE R, PART V, LINE 2 Transaction Type A (Rent) - The rental rate is outlined in a signed lease agreement The amount of the rent is comparable to similarly situated professional space in the surrounding area Transaction Type G (Purchase of Assets) - The amount reported reflects the costs incurred to construct the partially completed capital asset that was transferred Transaction Type K (Management Services) - Calculation of the management service fee is set forth in the Management Services Agreement negotiated and signed by the involved parties The rate in the agreement was determined based upon the fair market valuation of an independent third party Transaction Type P (Reimbursement) - The amount reported reflects the reimbursement of actual expenses incurred by the filing organization on behalf of the McKay Dee Surgical Center, LLC

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Lost Creek-Murray LLC 36 South State Suite 2100 Salt Lake City, UT 84111 87-0622176	Apt Rentals	UT	2,235,602	10,157,097	NA
IHC Utah Valley LLC 36 South State Suite 2300 Salt Lake City, UT 84111 94-2854057	MED OFFICES	UT	375,308	2,803,781	NA
IHC Intellectual Asset Management LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	Health Tech	UT	26,930	33,522	NA
5300 South Center LLC 36 South State Suite 2300 Salt Lake City, UT 84111 20-5881911	Office Rental	UT	3,074,638	21,151,893	NA
5245 College LLC 36 South State Suite 2200 Salt Lake City, UT 84111 26-0806138	Office Rental	UT	1,523,840	19,305,387	NA
Pediatric Specialty Services LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	Pediatric Ser	UT	0	0	NA

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

See Additional Data Table

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
McKay Dee Surgical Center LLC 3903 Harrison Blvd Suite 100 Ogden, UT84403 26-0286308	Outpt Surgery	UT	NA	Related	2,847,968	3,064,120		No	0	Yes	

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
SelectHealth Benefit Assurance Company 4646 Lake Park Blvd Salt Lake City, UT84120 87-0497549	Insurance	UT	NA	C			
IHC Affiliated Services INc 36 South State Suite 2300 Salt Lake City, UT84111 87-0405996	Group Purchasing	UT	NA	C			
Healthcare Captive Insurance Company 36 South State Suite 2200 Salt Lake City, UT84111 20-1937561	Insurance	AZ	NA	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	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) See Additional Data Table			
(2)			
(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? Yes No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No

Additional Data

Return to Form

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 of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
Lost Creek-Murray LLC 36 South State Suite 2100 Salt Lake City, UT 84111 87-0622176	Apt Rentals	UT	2,235,602	10,157,097	NA
IHC Utah Valley LLC 36 South State Suite 2300 Salt Lake City, UT 84111 94-2854057	MED OFFICES	UT	375,308	2,803,781	NA
IHC Intellectual Asset Management LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	Health Tech	UT	26,930	33,522	NA
5300 South Center LLC 36 South State Suite 2300 Salt Lake City, UT 84111 20-5881911	Office Rental	UT	3,074,638	21,151,893	NA
5245 College LLC 36 South State Suite 2200 Salt Lake City, UT 84111 26-0806138	Office Rental	UT	1,523,840	19,305,387	NA
Pediatric Specialty Services LLC 36 South State Suite 2200 Salt Lake City, UT 84111 94-2854057	Pediatric Ser	UT	0	0	NA

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 501(c)(3))	(f) Direct Controlling Entity
Intermountain Health care Inc 36 South State Suite 2200 Salt Lake City, UT84111 87-0269232	Holding Co	UT	501(c)(3)	11a	NA
The Fnd of Dixie Regional Medical Center 1380 East Medical Center Drive St George, UT84790 94-2638220	Support Hosp	UT	501(c)(3)	11b	NA
IHC Management Inc 36 South State Suite 2200 Salt Lake City, UT84111 94-2860622	Comm Health	UT	501(c)(3)	11b	NA
IHC Professional Services Inc 36 South State Suite 2200 Salt Lake City, UT84111 94-2886596	Comm Health	UT	501(c)(3)	11a	NA
Intermountain Healthcare Foundation inc 36 South State Suite 2200 Salt Lake City, UT84111 94-2853320	Comm Health	UT	501(c)(3)	11a	NA
McKay-Dee Hospital Foundation 4401 Harrison Blvd Odgen, UT84403 87-6135827	Comm Health	UT	501(c)(3)	11b	NA
Primary Children's Medical Center Found 100 North Mario Capecchi Drive Salt Lake City, UT84113 87-0453633	comm health	UT	501(c)(3)	11c FI	NA
Sanpete Valley Healthcare Foundation 1100 South Medical Drive Mt Pleasant, UT84647 87-0482390	Comm Health	UT	501(c)(3)	11b	NA
Valley View Health Care Foundation 1303 North Main Street Cedar City, UT84721 94-2402205	Comm Health	UT	501(c)(3)	11b	NA
SelectHealth Inc 4646 Lake Park Blvd Salt Lake City, UT84120 87-0409820	Comm Health	UT	501(c)(4)	N/A	NA
Intermountain Health Care Retiree VEBA 36 South State Suite 2200 Salt Lake City, UT84111 74-2675605	Retiree Ben	UT	501(c)(9)	N/A	NA
CASSIA HEALTH CARE FOUNDATION INC PO BOX 726 BURLEY, ID83318 82-0340371	COMM HEALTH	ID	501(C)(3)	11B	NA

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	MCKAY DEE SURGICAL CENTER LLC	A / I	340,046
(2)	MCKAY DEE SURGICAL CENTER LLC	K	624,385
(3)	MCKAY DEE SURGICAL CENTER LLC	P	2,795,229
(4)	SELECTHEALTH INC	K	448,503,504
(5)	SELECTHEALTH INC	L	9,617,936
(6)	SELECTHEALTH INC	P	48,918,011
(7)	SELECTHEALTH INC	G	6,743,974
(8)	SELECTHEALTH INC	I	2,243,593