

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Taxpayer identification number (TIN)  84-1103606
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 ELDORADO BLVD., SUITE 4300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOMFIELD, CO 80021	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of COLIN QUINCY  
 36 SOUTH STATE STREET, SUITE 1600 - SALT LAKE CITY, UT 84111

Telephone No. (801) 442-3491 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2023 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.		<b>D Employer identification number</b> 84-1103606
	<b>Doing business as</b>		<b>E Telephone number</b> 303-813-5342
	<b>Number and street (or P.O. box if mail is not delivered to street address)</b> 500 ELDORADO BLVD., SUITE 4300	<b>Room/suite</b>	<b>G Gross receipts \$</b> 1,131,097,431.
	<b>City or town, state or province, country, and ZIP or foreign postal code</b> BROOMFIELD, CO 80021		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. See instructions
<b>F Name and address of principal officer:</b> ASHLEY DENTON 500 ELDORADO BLVD, SUITE 4300, BROOMFIELD, CO			<b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <a href="https://intermountainhealthcare.org/locations">HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LOCATIONS</a>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation:</b> 1988
			<b>M State of legal domicile:</b> CO

### Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.</u>																																																										
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																										
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 10																																																									
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 9																																																									
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> 9630																																																									
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 435																																																									
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 912,468.																																																									
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### 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.

<b>Sign Here</b>	Signature of officer ASHLEY DENTON, VP FINANCE <i>Ashley Denton</i>		Date 11/5/24	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name	Firm's EIN		Phone no.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.

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

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

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

**4a** (Code: ) (Expenses \$ 1,105,753,861. including grants of \$ 1,898,852. ) (Revenue \$ 1,102,624,144. )  
SEE SCHEDULE O

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

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 1,105,753,861.

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 9630		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	X	
<b>4a</b>	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)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	9		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 COLIN QUINCY - (801) 442-3491  
 36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) JANIE WADE FORMER OFFICER	0.00 60.00							0.	5,604,293.	93,879.
(2) LYDIA JUMONVILLE FORMER OFFICER	0.00 52.00							0.	3,796,732.	566,589.
(3) MARK KORTH DIRECTOR (PARTIAL)	1.00 55.00	X						0.	1,810,663.	626,752.
(4) DANIEL POSSLEY, MD PHYSICIAN	50.00 0.00					X		1,901,052.	0.	58,689.
(5) SCOTT PEEK DIR/MKT PRES, FRONT RANGE MKT	50.00 4.00	X		X				1,025,813.	0.	397,369.
(6) JESS JOYMON, MD PHYSICIAN	50.00 0.00					X		1,282,786.	0.	55,945.
(7) JOHN WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC	50.00 2.00			X				0.	1,145,372.	24,444.
(8) ADAM SMITH, MD PHYSICIAN	50.00 0.00					X		1,081,299.	0.	57,722.
(9) JAMES TREADWELL, MD PHYSICIAN	50.00 0.00					X		1,072,950.	0.	53,956.
(10) JORDAN MCCOY, MD PHYSICIAN	50.00 0.00					X		1,058,238.	0.	53,778.
(11) CHRISTOPHER AWTREY CMO, FRONT RANGE MED GROUP (PARTIAL)	50.00 4.00				X			635,362.	0.	236,228.
(12) DAWN ANUSZKIEWICZ PRESIDENT GSMC	50.00 1.00			X				557,039.	0.	248,605.
(13) JENNIFER ALDERFER FORMER OFFICER	0.00 53.00						X	0.	756,683.	42,121.
(14) SEAN FADDEN FORMER OFFICER	0.00 52.00						X	0.	508,929.	197,193.
(15) TONI GREEN-CHEATWOOD VP CHIEF MEDICAL OFFICER GSMC	40.00 10.00				X			449,253.	0.	221,552.
(16) ANDREA BURCH VP CHIEF OP/NURSING OFFICER LMC	50.00 0.00				X			423,384.	0.	198,418.
(17) SCOTT DAY VP HUMAN RESOURCE OPS LMC (PARTIAL)	50.00 0.00				X			0.	445,586.	139,354.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ANN GANTZER VP CHIEF NURSING OFFICER GSMC	50.00 0.00				X			377,961.	0.	164,254.
(19) STEVEN HANKINS VP CHIEF OPERATING OFFICER GSMC	50.00 0.00				X			374,616.	0.	167,424.
(20) TROY STOEHR VP, FINANCE GSMC (PARTIAL)	25.00 25.00			X				0.	339,787.	152,810.
(21) STEVEN BROWN VP CHIEF MED OFFICER LMC (PARTIAL)	50.00 0.00				X			0.	351,105.	109,104.
(22) MICHELLE SHIAO FORMER OFFICER	0.00 50.00						X	0.	303,643.	155,651.
(23) MEGAN DURNING VP STRATEGY AND BUS DEVELOPMENT LMC	50.00 0.00				X			0.	307,155.	108,639.
(24) ASHLEY DENTON VP FINANCE LMC	50.00 0.00			X				274,196.	0.	138,276.
(25) PATRICE FARRELL-DELINE FORMER KEY EMPLOYEE	0.00 50.00						X	0.	252,207.	110,951.
(26) CALVIN BEASLEY VP INTEGRATIVE SVCS LMC (PARTIAL)	50.00 0.00				X			0.	279,576.	66,939.
<b>1b Subtotal</b>								10,513,949.	15,901,731.	4,446,642.
<b>c Total from continuation sheets to Part VII, Section A</b>								146,702.	653,559.	124,091.
<b>d Total (add lines 1b and 1c)</b>								10,660,651.	16,555,290.	4,570,733.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,045

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	27,293,401.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	18,705.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			27,312,106.			
Program Service Revenue	<b>2 a</b> NET PATIENT SERVICE RE	Business Code					
		620000	1,099,918,786.	1,099,321,318.	597,468.		
	<b>b</b> MEDICAL DIRECTOR FEES	620000	464,366.	464,366.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			1,100,383,152.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				199,774.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	100,334.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	99,440.				
	<b>d</b> Net rental income or (loss) .....			99,440.		99,440.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other		569,142.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	342,951.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	226,191.				
<b>d</b> Net gain or (loss) .....			226,191.		226,191.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	77,265.					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	89,497.					
<b>c</b> Net income or (loss) from sales of inventory .....			-12,232.		-12,232.		
Miscellaneous Revenue	<b>11 a</b> CAFETERIA	Business Code					
		720000	2,240,992.	2,240,992.			
	<b>b</b> MED. DIRECTORS' FEES	620000	315,000.		315,000.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			2,555,992.				
<b>12 Total revenue.</b> See instructions .....			1,130,564,649.	1,102,026,676.	912,468.	313,399.	

**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,843,314.	1,843,314.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	55,538.	55,538.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	9,703,614.	9,520,909.	182,705.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	473,156,362.	464,247,512.	8,908,850.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	20,184,710.	19,786,709.	398,001.	
<b>9</b> Other employee benefits .....	51,732,293.	50,990,417.	741,876.	
<b>10</b> Payroll taxes .....	31,462,765.	30,818,800.	643,965.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	22,412.		22,412.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....	9,602.		9,602.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	140,325,394.	130,888,305.	9,437,089.	
<b>12</b> Advertising and promotion .....	1,055,633.	996,145.	59,488.	
<b>13</b> Office expenses .....	2,262,323.	1,925,317.	337,006.	
<b>14</b> Information technology .....	49,988,048.		49,988,048.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	31,761,571.	30,996,302.	765,269.	
<b>17</b> Travel .....	1,148,009.	941,723.	206,286.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,287,763.	1,234,091.	53,672.	
<b>20</b> Interest .....	28,045,182.	28,045,182.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	74,316,974.	74,316,974.		
<b>23</b> Insurance .....	5,713,808.	5,713,808.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	140,115,825.	140,115,825.		
<b>b</b> MEDICAL PROVIDER TAXES	57,100,513.	57,100,513.		
<b>c</b> SHARED SERVICES - OTHER	36,091,263.		36,091,263.	
<b>d</b> FEDERAL INCOME TAXES	32,315.	32,315.		
<b>e</b> All other expenses	109,836,723.	56,184,162.	53,652,561.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,267,251,954.	1,105,753,861.	161,498,093.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	25,571.	<b>1</b>	24,805.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	111,440,250.	<b>4</b>	104,754,944.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,578,574.	<b>7</b>	1,947,550.
	<b>8</b> Inventories for sale or use .....	15,927,447.	<b>8</b>	13,165,205.
	<b>9</b> Prepaid expenses and deferred charges .....	2,034,867.	<b>9</b>	6,213,621.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,039,449,019.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 125,176,762.		
		755,296,358.	<b>10c</b>	914,272,257.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	58,851,707.	<b>15</b>	69,408,153.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	947,154,774.	<b>16</b>	1,109,786,535.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	104,195,409.	<b>17</b>	86,212,061.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	372,030,686.	<b>25</b>	696,319,885.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	476,226,095.	<b>26</b>	782,531,946.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	470,928,679.	<b>27</b>	327,254,589.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	470,928,679.	<b>32</b>	327,254,589.
<b>33</b> Total liabilities and net assets/fund balances .....	947,154,774.	<b>33</b>	1,109,786,535.	

Form 990 (2023)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,130,564,649.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,267,251,954.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-136,687,305.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	470,928,679.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	310.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	6,000.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-6,993,095.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	327,254,589.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2023)





**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

INTERMOUNTAIN FRONT RANGE, INC.  
F/K/A SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



Name of organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	<b>Employer identification number</b> 84-1103606
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 18,294,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 6,676,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,841,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 481,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 13,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	<b>Employer identification number</b>  84-1103606
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization	INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number	84-1103606
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**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 campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		9,602.
<b>j</b> Total. Add lines 1c through 1i .....			9,602.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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 expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SCHEDULE C, PART II-B, QUESTION 1I

LOBBYING EXPENDITURES

LOBBYING EXPENDITURES INCLUDES THE PORTIONS OF VARIOUS MEMBERSHIP DUES

THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH

SCL HEALTH - FRONT RANGE, INC. OR ITS ENTITIES ARE MEMBERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC. Employer identification number 84-1103606

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.





**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	7,623,275.
(2) RIGHT OF USE ASSETS	61,784,878.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	69,408,153.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY-MITIGATION	2,349,235.
(3) ACCRUED LIABILITY - FINANCING LEASE	146,853.
(4) ACCRUED LIABILITY - OPERATING LEASE	62,927,201.
(5) INTERCOMPANY PAYABLE	630,896,596.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	696,319,885.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information

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

PART V, LINE 4:

LUTHERAN MEDICAL CENTER FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND

EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT LUTHERAN MEDICAL

CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION, HOSPICE & PALLATIVE CARE,

AND OTHER SERVICES AND PROGRAMS.

GOOD SAMARITAN MEDICAL CENTER FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND

EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT GOOD SAMARITAN MEDICAL

CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION.

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b>	INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	<b>Employer identification number</b>	84-1103606
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			10,270,005.	2,694,784.	7,575,221.	.61%
<b>b</b> Medicaid (from Worksheet 3, column a)			234,725,483.	174,737,123.	59,988,360.	4.86%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			350,113.	150,981.	199,132.	.02%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			245,345,601.	177,582,888.	67,762,713.	5.49%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			807,729.	16,490.	791,239.	.06%
<b>f</b> Health professions education (from Worksheet 5)			3,260,651.	0.	3,260,651.	.26%
<b>g</b> Subsidized health services (from Worksheet 6)			94,834,839.	73,143,308.	21,691,531.	1.76%
<b>h</b> Research (from Worksheet 7)			0.	0.		
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			836,701.	0.	836,701.	.07%
<b>j Total.</b> Other Benefits			99,739,920.	73,159,798.	26,580,122.	2.15%
<b>k Total.</b> Add lines 7d and 7j			345,085,521.	250,742,686.	94,342,835.	7.64%





Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023



**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

	Yes	No
<p><b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	X	
<p><b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

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

Name of hospital facility or letter of facility reporting group: LUTHERAN MEDICAL CENTER

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12c.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

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

Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2023

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

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

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: LUTHERAN MEDICAL CENTER (LMC) PARTICIPATED IN

A COLLABORATIVE PROCESS TO CONDUCT THE 2021 COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) ALONG WITH JEFFERSON COUNTY PUBLIC HEALTH AND ST.

ANTHONY HOSPITAL (CENTURA). SEVERAL COMMUNITY-BASED ORGANIZATIONS WERE

INVOLVED IN THE PROCESS AS WELL.

COMMUNITY SURVEY: THE 2021 PUBLIC HEALTH PARTNERSHIP COMMUNITY HEALTH AND

WELLBEING SURVEY GATHERED THE OPINIONS OF RESIDENTS IN JEFFERSON, CLEAR

CREEK, AND GILPIN COUNTIES. DEVELOPING THE QUESTIONNAIRE WAS A

COLLABORATIVE EFFORT BETWEEN POLCO, CONTRACTED RESEARCH CONSULTANTS, AND

STAKEHOLDERS FROM JEFFERSON COUNTY PUBLIC HEALTH (JCPH), WITH INPUT FROM

MOUNTAIN YOUTH NETWORK, CLEAR CREEK COUNTY PUBLIC AND ENVIRONMENTAL

HEALTH, GILPIN COUNTY PUBLIC HEALTH, AND OTHER HEALTH STAKEHOLDERS WITHIN

JEFFERSON COUNTY.

LMC IMPLEMENTED THE SURVEY FROM MAY TO JULY 2021. A TOTAL OF 8,400

HOUSEHOLDS WERE RANDOMLY MAILED INVITATIONS TO COMPLETE THE ONLINE SURVEY

AND/OR TO COMPLETE AND MAIL BACK A PAPER SURVEY. HOUSEHOLDS WERE SELECTED

RANDOMLY FROM A USPS LIST OF HOUSEHOLDS IN THE THREE COUNTIES AND

STRATIFIED BY MAJOR CITIES WITHIN THE COUNTIES. USPS LISTS ARE BEST FOR

ENSURING ALL HOUSEHOLDS IN A GIVEN AREA ARE INCLUDED IN THE SAMPLING FRAME

AND HAVE AN EQUAL OPPORTUNITY OF BEING SELECTED TO PARTICIPATE. SURVEYS

AND MAILED INVITATIONS WERE ALSO TRANSLATED INTO SPANISH. THE JCPH AND

PARTNERS WERE PROVIDED A SEPARATE URL TO SHARE AN INVITATION TO AN "OPEN

PARTICIPATION" SURVEY, WHERE ALL RESIDENTS WHO RECEIVED NOTICE THROUGH

**Part V Facility Information** (continued)

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

SOCIAL MEDIA OR OTHER COMMUNICATION CHANNELS COULD COMPLETE THE SURVEY. A

TOTAL OF 486 COMPLETED THE RANDOM SAMPLE SURVEY (ONE IN SPANISH) FOR A

RESPONSE RATE OF 7% AND AN OVERALL MARGIN OF ERROR OF 5%.

ADDITIONALLY, 503 INDIVIDUALS COMPLETED THE OPEN PARTICIPATION SURVEY

(THREE IN SPANISH). THE SURVEY RESULTS FROM BOTH EFFORTS WERE

STATISTICALLY COMPARED, AND THE TWO DATA SETS WERE COMBINED FOR ANALYSIS.

THE RESULTS OF EACH EFFORT WERE WEIGHTED TO REFLECT THE DEMOGRAPHIC

PROFILE OF EACH OF THE SUB-GEOGRAPHIES WITHIN EACH COUNTY THAT WERE

INCLUDED IN THE STUDY AND THEN WEIGHTED TO REFLECT THEIR PROPORTION OF THE

POPULATION IN THE COUNTY AND THE REGION OVERALL.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN

ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF LAFAYETTE, COLORADO, LOCATED IN

BOULDER COUNTY. THE HOSPITAL SERVICE AREA ALSO INCLUDES COMMUNITIES IN

BOULDER, BROOMFIELD, ADAMS, JEFFERSON, GILPIN, AND WELD COUNTIES. GSMC IS

COMMITTED TO HELPING ALL PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE AND

WORKED CLOSELY WITH COMMUNITY COLLABORATORS TO CONDUCT A COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA) IN 2021.

THE CHNA INCLUDED: 1) EXISTING SECONDARY QUANTITATIVE DATA FROM GOVERNMENT

AND NONGOVERNMENTAL SOURCES; 2) PRIMARY QUALITATIVE DATA FROM IN-PERSON

COMMUNITY EVENTS REACHING 275 COMMUNITY MEMBERS; 3) PRIMARY QUALITATIVE

DATA INCLUDING 300 ONLINE COMMUNITY SURVEYS PERFORMED BY COLORADO HEALTH

INSTITUTE; AND PRIMARY QUALITATIVE DATA INCLUDING 12 KEY INFORMANT PHONE

INTERVIEWS PERFORMED BY BIEL CONSULTING, INC. REPRESENTATIVE FROM LOCAL



**Part V Facility Information** (continued)

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

ORGANIZATIONS WITH KNOWLEDGE OF COMMUNITY NEEDS PARTICIPATED WITH GSMC IN

THE CHNA PROCESS. THESE ORGANIZATIONS INCLUDED EXPERTS IN EDUCATION,

PUBLIC HEALTH, PRIMARY CARE, BEHAVIORAL HEALTH, HOUSING INSECURITY, FOOD

INSECURITY, SENIOR ACTIVITIES, LGBTQ ISSUES, AND TRANSPORTATION.

PARTICIPANTS REPRESENTED GOVERNMENT, NONGOVERNMENTAL, PUBLIC, AND PRIVATE

SECTORS, WHICH PROVIDED INSIGHT INTO THE ISSUES IMPACTING THEIR CLIENTS.

THE MAJORITY OF THESE COMMUNITY ORGANIZATIONS SERVE INDIVIDUALS WHO ARE

LOW-INCOME, UNINSURED, OR UNDERSERVED. ON AUGUST 21, 2021, PARTICIPANTS

GATHERED WITH HOSPITAL LEADERS TO ANALYZE, DISCUSS, AND RANK THE HEALTH

ISSUES BASED ON THE PRIMARY DATA GATHERED FOR THE CHNA PROCESS.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE FOLLOWING ORGANIZATION(S) LISTED

PARTICIPATED IN THE CHNA PROCESS: SAINT ANTHONY HOSPITAL

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH,

ARVADA CHAMBER, ARVADA FIRE, BRIGHT BY THREE, CITY OF EDGEWATER, CITY OF

LAKEWOOD, CITY OF LAKEWOOD RECREATION, CITY OF WESTMINISTER, CITY OF WHEAT

RIDGE, COLORADO COMMUNITY HEALTH ALLIANCE, COMMUNITY FIRST FOUNDATION,

CONSORTIUM OF OLDER ADULTS, CREA RESULTS, EVERGREEN FIRE, FAMILY TREE,

JEFFCO VETERANS SERVICES, JEFFERSON CENTER FOR MENTAL HEALTH, CONSERVATION

COLORADO, JEFFERSON COUNTY HOUSING AUTHORITY, JEFFERSON COUNTY PUBLIC

LIBRARIES, METRO COMMUNITY PROVIDER NETWORK, REGIS UNIVERSITY, SENIOR

RESOURCES CENTER, LUTHERAN MEDICAL CENTER, STATE SENATOR DISTRICT 20, THE

**Part V Facility Information** (continued)

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

ACTION CENTER, WEST CHAMBER, WEST METRO FIRE, TRI-COUNTY PUBLIC HEALTH,

AND WEST PINES BEHAVIORAL HEALTH.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS PARTICIPATED IN

THE CHNA PROCESS: BEHAVIORAL HEALTH, BOULDER AREA AGENCY ON AGING, BOULDER

COUNTY PUBLIC HEALTH, BOULDER VALLEY SCHOOL DISTRICT, BROOMFIELD FISH,

BROOMFIELD COUNTY PUBLIC HEALTH, BROOMFIELD SENIOR CENTER, CENTURA HEALTH,

CITY AND COUNTY OF BROOMFIELD, CLINICA FAMILY HEALTH SERVICES, COAL CREEK

MEALS ON WHEELS, COLORADO COMMUNITY HEALTH ALLIANCE, LAFAYETTE SENIOR

CENTER, MENTAL HEALTH PARTNERS, OUT BOULDER COUNTY, THE REFUGE, SISTER

CARMEN COMMUNITY CENTER, TRU COMMUNITY CARE, UNIVERSITY OF COLORADO,

BOULDER, AND VIA MOBILITY.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS](https://intermountainhealthcare.org/about/who-we-are/chna-reports)

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS](https://intermountainhealthcare.org/about/who-we-are/chna-reports)

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS](https://intermountainhealthcare.org/about/who-we-are/chna-reports)

**Part V Facility Information** (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7D: THE CHNA IS PUBLICALLY AVAILABLE AT THE

WEBSITE: HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS

GSMC DISTRIBUTED COPIES OF THE CHNA AT VARIOUS COMMUNITY COALITIONS AND

RESOURCE MEETINGS. PAPER COPIES WERE AVAILABLE TO COMMUNITY ORGANIZATIONS

UPON REQUEST.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: THROUGH THE 2021 COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS IN COLLABORATION WITH SAINT ANTHONY HOSPITAL AND

JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH, THREE NEEDS SURFACED AS THE

MOST PRESSING FOR JEFFERSON COUNTY: 1) MENTAL HEALTH AND SUBSTANCE USE, 2)

FOOD INSECURITY, 3) HOUSING.

MENTAL HEALTH AND SUBSTANCE USE:

BEGINNING IN 2022, LMC PARTNERED WITH THE JEFFERSON COUNTY PUBLIC LIBRARY

AND JEFFERSON CENTER FOR MENTAL HEALTH TO OFFER SUPPORTIVE SERVICES AND

PROGRAMMING FOR INDIVIDUALS EXPERIENCING HOMELESSNESS WHO USED LIBRARIES

**Part V Facility Information** (continued)

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

FOR SHELTER. THIS INNOVATIVE APPROACH ENGAGED A HARD-TO-REACH POPULATION

IN ACTIVITIES SUPPORTIVE OF MAINTAINING STABLE MENTAL HEALTH BY MEETING

THEM WHERE THEY WERE.

ACTIVITY: LMC PROVIDED SUICIDE INTERVENTION SKILLS TRAINING IN A TWO-DAY

WORKSHOP THAT TAUGHT PARTICIPANTS THE PRACTICAL SKILLS NEEDED TO ASSIST

SOMEONE CONTEMPLATING SUICIDE THROUGH ASSESSMENT, MENTAL HEALTH FIRST AID

TECHNIQUES, AND APPROPRIATE CONNECTION TO SERVICES.

OUTCOME/RESULT: NINE PEOPLE ATTENDED.

ACTIVITY: COFFEE AND CONVERSATIONS WAS A PROGRAM SUPPORTING LIBRARY

PATRONS INTERESTED IN COMMUNITY RESOURCES, PARTICULARLY THOSE EXPERIENCING

HOMELESSNESS, IN CONNECTING WITH RESOURCES IN A CASUAL, NON-JUDGMENTAL

ENVIRONMENT WHILE ENJOYING A COFFEE AND WARM BREAKFAST. THE COMMUNITY

RESOURCE COORDINATOR FOR JEFFERSON COUNTY PUBLIC LIBRARY AND THE HOMELESS

NAVIGATOR FOR THE CITY OF LAKEWOOD WERE BOTH PRESENT AT THE EVENT.

ADDITIONALLY, LMC DISTRIBUTED WELLNESS BAGS FROM WHITNEY'S WISH, A LOCAL

NONPROFIT, WHICH INCLUDED NECESSITIES SUCH AS BLANKETS. FEEDBACK ON THIS

PROGRAM HAS BEEN OVERWHELMINGLY POSITIVE, AND PARTICIPANTS NOTED THEIR

COMFORT ASKING QUESTIONS AND REQUESTED FOLLOW-UP INFORMATION FOR OTHER

COMMUNITY SUPPORT. THE RESULTS INDICATE IMPACT AND EMPOWERMENT.

OUTCOME/RESULT: LMC OFFERED THREE SESSIONS WITH 24 INDIVIDUALS ATTENDING.

ACTIVITY: LMC PROVIDED A COMMUNITY CONTRIBUTION TO SUPPORT AMENITIES FOR

INDIVIDUALS EXPERIENCING HOMELESSNESS. JEFFERSON COUNTY LIBRARIES

**Part V Facility Information** (continued)

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

DISTRIBUTED SUPPLIES.

OUTCOME/RESULT: 263 BUS PASSBOOKS (10 RIDES PER BOOK).

OTHER SUPPLIES GIVEN OUT IN 2023 INCLUDE:

- 1,098 CANS OF MEAT
- 4,550 PACKAGED FOOD ITEMS
- 403 LIP BALMS
- 443 GLOVES
- 172 HATS
- 870 SOCKS
- 992 FEMININE HYGIENE PRODUCTS
- 1,054 INDIVIDUAL SANITATION WIPES
- 778 PAIRS OF HAND WARMERS
- 550 SUNSCREEN PACKS
- 879 REFILLABLE WATER BOTTLES

ACTIVITY: A CRITICAL SHORTAGE OF PEDIATRIC MENTAL HEALTH PROVIDERS IN COLORADO AND THE DENVER AREA PROVIDED LMC A UNIQUE OPPORTUNITY TO SUPPORT CHILDREN BETTER. LMC COLLABORATED WITH THE JEFFERSON CENTER FOR MENTAL HEALTH AND JEFFERSON COUNTY PUBLIC SCHOOLS TO SUPPORT SCHOOL-BASED MENTAL HEALTH PROGRAMS. LMC PROVIDED A CHARITABLE CONTRIBUTION THAT SUPPORTED COUNSELORS AT WHEAT RIDGE HIGH SCHOOL, CREIGHTON MIDDLE SCHOOL, NORTH ARVADA MIDDLE SCHOOL, AND SLATER ELEMENTARY, WHICH WERE FACING BUDGET-RELATED ELIMINATION OF THEIR POSITIONS.

OUTCOME/RESULT: COUNSELORS FUNDED BY THE CONTRIBUTION SERVED MORE THAN 170

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

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

STUDENTS WITH A RANGE OF DIAGNOSES. THERAPIST ALSO ASSISTED STUDENTS AND

FAMILIES WITH SAFETY PLANS FOR SUICIDE PREVENTION.

ACTIVITY: IN 2023, LMC REBOOTED THE COLLABORATION WITH ROCKY MOUNTAIN

CRISIS PARTNERS TO PROVIDE WARM HAND-OFFS AND CONNECTION TO PATIENTS SEEN

IN THE EMERGENCY DEPARTMENT FOR SUICIDAL IDEATION OR ATTEMPT.

OUTCOME/RESULT: 78 PATIENTS AGREED TO PARTICIPATE IN RECEIVING FOLLOW-UP

SERVICES AFTER DISCHARGE FROM THE EMERGENCY DEPARTMENT.

ACTIVITY: LMC PROVIDED THE RECOVERY NURSE ADVOCATE (RNA) PROGRAM TO

SUPPORT PATIENTS WITH PERINATAL SUBSTANCE USE DISORDER (SUD). RNA PROVIDES

INTENSIVE HOME VISITATION, REGULAR SCREENING FOR PERINATAL MOOD AND

ANXIETY DISORDERS, CONNECTIONS TO COMMUNITY RESOURCES, WEEKLY SUD SUPPORT

GROUP, AND REGULAR CHILD DEVELOPMENT SCREENINGS AFTER BIRTH.

OUTCOME/RESULT: IN 2023, LMC ENROLLED 28 INDIVIDUALS IN RNA.

FOOD INSECURITY:

ACTIVITY: LMC SCREENED MORE THAN 80% OF PATIENTS FOR A VARIETY OF SOCIAL

DETERMINANTS OF HEALTH NEEDS INCLUDING HOUSING, FOOD, UTILITIES,

TRANSPORTATION, AND INTERPERSONAL SAFETY. INDIVIDUALS WHO SCREENED

POSITIVE FOR FOOD INSECURITY WERE OFFERED A BOX OF FOOD UPON DISCHARGE AND

THEN RECEIVED A WEEKLY DELIVERY OF FRESH AND SHELF-STABLE FOOD FOR THE

SUBSEQUENT YEAR. THESE PATIENTS WORKED WITH LMC'S COLLABORATOR, FOOD BANK

OF THE ROCKIES, TO DETERMINE A LONG-TERM STRATEGY FOR THEIR FOOD NEEDS AT

**Part V Facility Information** (continued)

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

THE END OF THE PROGRAM.

OUTCOME/RESULT: IN 2023, 71 PATIENTS RECEIVED A FOOD BOX AND SUBSEQUENT

ACCESS TO THE WEEKLY FOOD DELIVERIES. LMC TRACKED METRICS RELATED TO

PARTICIPANTS' HEALTH STATUS AND REHOSPITALIZATION. IN 2024, LMC WILL

LAUNCH A FULL ROLLOUT OF THIS PROGRAM.

HOUSING:

JEFFERSON COUNTY HOMELESS NAVIGATOR PROGRAM:

ACTIVITY: DURING THE CHNA PROCESS, THE COMMUNITY PRIORITIZED THE SUPPORT

OF PEOPLE EXPERIENCING HOMELESSNESS WITH THE ULTIMATE GOAL OF FINDING

PERMANENT HOUSING FOR THESE COMMUNITY MEMBERS. LMC COLLABORATED WITH THE

JEFFERSON COUNTY HOMELESS NAVIGATORS TO INFLUENCE CONDITIONS, LARGE AND

SMALL, TO ADDRESS HOUSING FOR MOST AT-RISK POPULATIONS.

OUTCOME/RESULT: IN 2023, LMC PROVIDED IN-KIND OFFICE SPACE FOR HOMELESS

NAVIGATORS FROM FIVE MUNICIPALITIES IN JEFFERSON COUNTY.

ACTIVITY: THE MEDICAL RESPITE PROGRAM PROVIDED INDIVIDUALS EXPERIENCING

HOMELESSNESS SAFE LODGING AFTER DISCHARGE FROM A HOSPITAL STAY. THE

CRITERIA TO DISCHARGE A PATIENT IS COMPLICATED WHEN A HOMELESS INDIVIDUAL

DOES NOT HAVE ACCESS TO THE BASIC NECESSITIES FOR RECOVERY. IN MANY

INSTANCES, THESE PATIENTS REMAIN HOSPITALIZED LONGER DESPITE THE

TREMENDOUS COST RATHER THAN DISCHARGING HOMELESS PATIENTS, WHICH COULD

LEAD TO FURTHER HEALTH COMPLICATIONS. LMC COLLABORATED WITH RECOVERY WORKS

**Part V Facility Information** (continued)

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

TO PROVIDE THIS PATIENT POPULATION WITH MEDICAL SUPERVISION WHILE

TEMPORARILY HOUSED. THIS PROGRAM INCREASED ACCESS TO CASE MANAGEMENT AND

INDIVIDUALS WERE OFTEN CONNECTED TO SERVICES THEY WOULD NOT OTHERWISE

ACCESS.

OUTCOME/RESULT: IN 2023, 38 INDIVIDUALS WERE ACCEPTED INTO THE MEDICAL

RESPITE PROGRAM AND RECEIVED SERVICES. WITHIN THAT GROUP, FOUR

PARTICIPANTS FOUND HOUSING WITH A FAMILY MEMBER OR FRIEND, SIX WERE

DISCHARGED TO A SHELTER, THREE TRANSITIONED TO A SUD REHAB PROGRAM, THREE

WERE DISCHARGED TO A MOTEL, AND TWO WERE PERMANENTLY HOUSED.

ADDITIONAL PRIORITIES NOT ADDRESSED:

LMC RECOGNIZES OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN THE CHNA

PROCESS ARE IMPORTANT FOR THE HOSPITAL AND THE COMMUNITIES IT SERVES.

NUMEROUS OTHER ORGANIZATIONS ARE CONCURRENTLY ADDRESSING THE OTHER NEEDS

THAT WERE NOT PRIORITIZED BY LMC. DUE TO LIMITED EXPERTISE AND RESOURCES,

LMC NARROWED ITS PRIORITY HEALTH NEEDS TO THE THREE HEALTH NEEDS

DISCUSSED. HOWEVER, LMC CONTINUES TO COLLABORATE WITH OTHER COMMUNITY

AGENCIES IN OUR PRIMARY SERVICE AREA TO EXPAND OUR FOOTPRINT INTO ALL

RELEVANT HEALTH PRIORITY AREAS WITHOUT OVERTAXING AVAILABLE RESOURCES IN

OUR IDENTIFIED PRIORITY AREAS.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: GSMC GENERATED A PRELIMINARY LIST OF

SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH ANALYSIS OF SECONDARY

QUANTITATIVE DATA FROM GOVERNMENTAL AND NONPROFIT DATABASES INCLUDING



**Part V Facility Information** (continued)

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

DEATH AND MORBIDITY RATES, DEMOGRAPHIC DATA, NUMBER OF CARE PROVIDERS,

BRFSS DATA, AND BENCHMARK DATA. THE SIGNIFICANT HEALTH NEEDS WERE

IDENTIFIED USING THE SIZE AND SERIOUSNESS OF THE PROBLEM.

THE PRELIMINARY LIST OF SIGNIFICANT HEALTH NEEDS LISTED ALPHABETICALLY:

- ACCESS TO HEALTH CARE SERVICES

- CANCER

- COVID-19

- DENTAL CARE

- DIABETES

- FOOD INSECURITY

- HEART DISEASE & STROKE

- HOUSING

- LUNG DISEASE

- MENTAL HEALTH

- OVERWEIGHT AND OBESITY

- SUBSTANCE USE

- UNINTENDED INJURIES

FOLLOWING THE COLLECTION AND ANALYSIS OF PRIMARY DATA, THE CHNA COMMITTEE

PRIORITIZED TWO PRIORITY HEALTH ISSUES BASED ON THE CRITERIA: SEVERITY OF

THE PROBLEM, WORSENING OF THE PROBLEM, EXISTING RESOURCES, AND COMMUNITY

PERCEPTION OF THE PROBLEMS.

THE RESULTING CHNA PRIORITY HEALTH ISSUES WERE ACCESS TO HEALTHCARE AND

BEHAVIORAL HEALTH.

**Part V Facility Information** (continued)

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

ACCESS TO HEALTHCARE:

THE GSMC SERVICE AREA HAD A 93.8% RATE OF HEALTH INSURANCE COVERAGE, WHICH

WAS HIGHER THAN THE STATE'S 93.5% RATE OR THE HEALTHY PEOPLE 2030

OBJECTIVE 92.1%. THE COUNTIES INCLUDED IN THE SERVICE AREA ARE ADAMS

COUNTY RESIDENTS (90.9%), BOULDER AND BROOMFIELD COUNTY (94.7%), JEFFERSON

COUNTY (97.4%) AND WELD COUNTY RESIDENTS (95.9%). ON THE 2019 CENSUS,

16.9% OF ADAMS RESIDENTS, 12.1% OF WELD COUNTY RESIDENTS, 9.0% OF

JEFFERSON COUNTY RESIDENTS, AND 8.1% OF BOULDER AND BROOMFIELD COUNTIES

DID NOT RECEIVE CARE WITHIN THE LAST 12 MONTHS DUE TO COST AS COMPARED TO

THE STATE'S 12.8% AVERAGE.

THE RESULT OF KEY INFORMANT SURVEYS SHOWED 62.5% OF PARTICIPANTS INDICATED

ACCESS TO HEALTHCARE HAD A SEVERE IMPACT ON THE COMMUNITY, 62.5% INDICATED

RESOURCES WERE INSUFFICIENT, AND 12.5% INDICATED THE ISSUE HAD WORSENER

OVER TIME.

IN 2023, THE FOLLOWING ACTIVITIES ADDRESSED ACCESS TO HEALTHCARE:

GSMC PROVIDED A \$45,852 CHARITABLE CONTRIBUTION TO BENEFITS IN ACTION TO

SUPPORT THE ENROLLMENT OF HISPANIC/LATINO AND LOW-INCOME INDIVIDUALS IN

INSURANCE PRODUCTS AND GOVERNMENTAL ASSISTANCE PROGRAMS. IN 2023, 1,045

PEOPLE RECEIVED ASSISTANCE IN ENROLLING FOR INSURANCE AND GOVERNMENTAL

BENEFIT PROGRAMS AND 46.2% OF THOSE PEOPLE IDENTIFIED AS HISPANIC/LATINO.

GSMC PROVIDED TRANSPORTATION FOR PATIENTS TOTALING \$22,918. IN

**Part V Facility Information** (continued)

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

COLLABORATION WITH LYFT, GSMC ASSISTED PATIENTS LEAVING THE EMERGENCY

DEPARTMENT FOR RIDES TOTALING \$15,898. THE HOSPITAL PROVIDED AN ADDITIONAL

\$7,020 TO TRANSPORT PATIENTS FROM THE CANCER CENTER.

A \$10,000 CHARITABLE CONTRIBUTION WAS GIVEN TO VIA MOBILITY TO PROVIDE

2,000 DOOR-TO-DOOR TRANSPORT FOR COMMUNITY MEMBERS FROM THEIR HOMES TO

THEIR MEDICAL APPOINTMENTS.

IN 2023, GSMC IMPROVED ACCESS TO CARE THROUGH EXPANSION IN TELEMEDICINE

VISITS. GSMC'S GOAL WAS TO PROVIDE 384 VISITS AND THE HOSPITAL SUPPASSED

THIS GOAL BY 33% BY PROVIDING 511 TELEMEDICINE VISITS IN 2023.

BEHAVIORAL HEALTH (MENTAL HEALTH/SUBSTANCE USE):

THE PERCENTAGE OF THE ADULT POPULATION REPORTING MORE THAN 14 DAYS OF POOR

MENTAL HEALTH PER MONTH WAS 11.8% IN ADAMS AND 12.6% IN WELD, WHICH WAS

HIGHER THAN THE 11% STATE RATE (2016-2018 BRFSS DATABASE). WITHIN GSMC'S

SERVICE AREA, ADAMS AND WELD COUNTIES HAD FEWER MENTAL HEALTH PROVIDERS,

2.1 AND 1.7, RESPECTIVELY, PER 1,000 THAN THE STATE'S AVERAGE OF 2.7.

WHILE BOULDER COUNTY (6.3), BROOMFIELD COUNTY (3.5), AND JEFFERSON COUNTY

(3.1) WERE HIGHER THAN THE STATE AVERAGE. DURING KEY INFORMANTS' SURVEYS,

87.5% OF PARTICIPANTS REPORTED MENTAL HEALTH AS HAVING A SEVERE AND VERY

SEVERE IMPACT ON THE COMMUNITY AND 100% REPORTED THE SAME FOR SUBSTANCE

USE. ADDITIONALLY, 75% OF PARTICIPANTS REPORTED THAT MENTAL HEALTH ISSUES

WORSENEO OVER TIME AND 85.7% REPORTED SUBSTANCE USE ISSUES WORSENEO OVER

TIME.

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

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

IN 2023, THE FOLLOWING ACTIVITIES ADDRESSED MENTAL HEALTH AND SUBSTANCE

USE:

GSMC HOSTED FOUR MENTAL HEALTH FIRST AID TRAINING SESSIONS IN 2023 THAT TRAINED 64 PEOPLE.

GSMC WORKED WITH MENTAL HEALTH COLLABORATORS TO DEVELOP AND IMPLEMENT A PROGRAM TO COORDINATE CARE FOR PATIENTS DISCHARGED TO HOME FROM THE EMERGENCY DEPARTMENT WHO REQUIRED CONNECTION TO THEIR MENTAL HEALTH HOME OR NEEDED TO ESTABLISH A MENTAL HEALTH HOME.

IN 2022, GSMC STARTED EXPLORING PLACEMENT OF PEER RECOVERY SPECIALIST PLACEMENT IN EMERGENCY DEPARTMENTS BY ANALYZING EXISTING PROGRAMS AND DOING AN INVENTORY OF COMMUNITY COLLABORATORS, AND FUNDING SOURCES. PENDING FUNDING, THE PROGRAM COULD LAUNCH IN 2024.

GSMC CONTINUED A PROGRAM TO DISTRIBUTE NARCAN KITS FREE OF CHARGE TO PATIENTS ADMITTED FOR A HEROIN OR OPIOID OVERDOSE. IN 2023, GSMC PROVIDED 27 KITS AT DISCHARGE.

GSMC PARTICIPATED IN AN EVIDENCE-BASED SUICIDE PREVENTION PROJECT WITH THE COLORADO OFFICE OF SUICIDE PREVENTION AT THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE) AND ROCKY MOUNTAIN CIRIS PARTNERS. THE PROJECT PROVIDED WEEKLY PHONE CALLS TO 80 PATIENTS WHO RECEIVED FOLLOW-UP CALLS EACH WEEK FOR 30 DAYS FOLLOWING DISCHARGE FOR A MENTAL HEALTH CRISIS OR OVERDOSE.

**Part V Facility Information** (continued)

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

GSMC ALSO PARTICIPATED IN THE ZERO SUICIDE COLLABORATIVE TO IMPROVE

TRAINING AND TREATMENT APPROACHES FOR SUICIDE PREVENTION THROUGH THE

OFFICE OF SUICIDE PREVENTION (CDPHE) AND THE BOULDER COUNTY SUBSTANCE USE

ADVISORY GROUP.

GSMC PARTICIPATED IN THE COLORADO ALTERNATIVES TO OPIOIDS (ALTO) PROJECT.

IN 2023, GSMC INCREASED THE PERCENTAGE OF EPRESCRIBING OF CONTROLLED

SUBSTANCES FOR DISCHARGED PATIENTS TO 97.91%. THIS METHOD OF PRESCRIBING

OPIOIDS IMPROVES FRAUD AND ABUSE OF PAPER PRESCRIBING AND ALLOWS BETTER

OVERSIGHT AND TRACKING OF PATIENT PRESCRIPTIONS.

NEEDS NOT ADDRESSED:

EACH OF THE HEALTH NEEDS IDENTIFIED IN THE CHNA PROCESS IS IMPORTANT. GSMC

AND NUMEROUS COMMUNITY COLLABORATORS ARE ADDRESSING THESE NEEDS THROUGH

OTHER PROGRAMS, INTERVENTIONS, AND INITIATIVES. HOWEVER, DUE TO LIMITED

RESOURCES, EXPERTISE, AND TIME TO ACHIEVE SUCCESSFUL IMPACT, GSMC LIMITED

ITS PRIMARY FOCUS TO THE PRIORITY HEALTH ISSUES IDENTIFIED THROUGH THE

CHNA. GSMC CONTINUED TO SUPPORT COMMUNITY EFFORTS AND COLLABORATIONS THAT

ADDRESS ISSUES NOT PRIORITIZED IN THE COMMUNITY HEALTH IMPROVEMENT PLAN.

SCHEDULE H, PART V, SECTION B, LINE 16

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/CO](https://intermountainhealthcare.org/for-patients/financial-assistance/co)

LORADO-MONTANA-WYOMING

**Part V Facility Information** (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/CO](https://intermountainhealthcare.org/for-patients/financial-assistance/co)

LORADO-MONTANA-WYOMING

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/CO](https://intermountainhealthcare.org/for-patients/financial-assistance/co)

LORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/CO](https://intermountainhealthcare.org/for-patients/financial-assistance/co)

LORADO-MONTANA-WYOMING

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE

SUMMARY:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/CO](https://intermountainhealthcare.org/for-patients/financial-assistance/co)

LORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE

SUMMARY:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/CO](https://intermountainhealthcare.org/for-patients/financial-assistance/co)

LORADO-MONTANA-WYOMING

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

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

Multiple horizontal lines for providing supplemental information.

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
1 ROCKY MOUNTAIN ORTHOPEDICS CLINIC 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
2 IH HEART & VASCULAR-WHEAT RIDGE CLIN 3655 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6010	OUTPATIENT PHYSICIAN CLINIC
3 IH HEART & VASCULAR-WEST PARK CARDIO 360 WEST PARK DR GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
4 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
5 SCL HEALTH ST. MARY'S / HOSPITALISTS 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
6 CANCER CENTERS OF COLORADO - LMC 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
7 SCL HEALTH MED GROUP - CENTER FOR BR 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
8 SCL HEALTH MEDICAL GROUP - PATTERSON 2570 PATTERSON RD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
9 SCL HEALTH HEART & VASCULAR INST-DEN 1818 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
10 SCL HEALTH MEDICAL GROUP - LUTHERAN 8550 W 38TH AVE WHEAT RIDGE, CO 80033-6016	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023



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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
11 IH HEART & VASCULAR-LAFAYETTE CLINIC 300 EXEMPLA CIR LAFAYETTE, CO 80026-3394	OUTPATIENT PHYSICIAN CLINIC
12 INTERMOUNTAIN HEALTH BROOMFIELD CLIN 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
13 DENVER MIDTOWN CLINIC - PRIMARY CARE 1960 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
14 INTERMOUNTAIN HEALTH THORNTON CLINIC 1181 E 120TH AVE THORNTON, CO 80233-5729	OUTPATIENT PHYSICIAN CLINIC
15 INTERMOUNTAIN HEALTH LAFAYETTE CLINI 2600 CAMPUS DR LAFAYETTE, CO 80026-3358	OUTPATIENT PHYSICIAN CLINIC
16 SCL HEALTH MED GROUP-WELLINGTON OBGY 2525 N 8TH ST GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
17 25 ROAD OB-GYN CLINIC 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
18 DENVER WEST CLINIC - PRIMARY CARE 1726 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
19 CRITICAL CARE INTENSIVISTS 2635 NORTH 7TH GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
20 SCL HEALTH HEART&VASCULAR-DENVER CAR 1818 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
21 LAFAYETTE CLINIC - ORTHOPEDIC SPINE 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
22 CHERRY CREEK CLINIC - PRIMARY CARE 400 S COLORADO BLVD DENVER, CO 80246	OUTPATIENT PHYSICIAN CLINIC
23 LAFAYETTE CLINIC - NEUROLOGY 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
24 INTERMOUNTAIN HEALTH SUPERIOR CLINIC 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
25 SCL HEALTH HEART & VASCULAR INSTITUT 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
26 IH SUPERIOR CLINIC - OBGYN 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
27 SCL HEALTH MED GROUP - CENTRAL PARK 2823 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
28 SCL HEALTH MED GROUP - LOWRY NEUROLO 130 RAMPART WAY DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
29 DENVER MIDTOWN CLINIC - WEIGHT LOSS 1960 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
30 DENVER MIDTOWN CLINIC - OBGYN 1960 N OGDEN ST DENVER, CO 80218-3668	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
31 WHEAT RIDGE CLINIC - PHYSICAL THERAP 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
32 LAFAYETTE CLINIC - NEUROSURGERY 340 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
33 WHEAT RIDGE CLINIC - ORTHOPEDIC TRAU 8550 W 38TH AVE #100 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
34 LAFAYETTE CLINIC - GENERAL SURGERY 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
35 SCL HEALTH MEDICAL GROUP - COMMUNITY 11900 GRANT ST NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
36 SCL HEALTH MEDICAL GROUP - GREEN MOU 12790-A W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
37 SCL HEALTH MEDICAL GROUP - NORTHFIEL 8900 E 46TH PL DENVER, CO 80238-3143	OUTPATIENT PHYSICIAN CLINIC
38 SCL HEALTH MED GROUP-MEDICAL ONCOLOG 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
39 SCL HEALTH HEART & VASCULAR-NORTHGLE 11900 GRANT ST NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
40 WHEAT RIDGE CLINIC - OCCUPATIONAL ME 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
41 WHEAT RIDGE CLINIC - NEUROSURGERY 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
42 WHEAT RIDGE CLINIC - WEIGHT LOSS & R 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
43 SCL HEALTH MED GROUP - PHYSICAL MEDI 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
44 SCL HEALTH MED GROUP-RADIATION ONCOL 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
45 SCL HEALTH NEPHROLOGY 2635 N 7TH ST, 4TH FLOOR GRAND JUNCTION, CO 81501-6100	OUTPATIENT PHYSICIAN CLINIC
46 COPPERLEAF CLINIC - PRIMARY CARE 21750 E QUINCY AVE AURORA, CO 80015-2894	OUTPATIENT PHYSICIAN CLINIC
47 SCL HEALTH MED GROUP- RADIATION ONCO 1375 EAST 19TH AVE DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
48 SCL HEALTH HEART & VASCULAR-THORACIC 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
49 SCL HEALTH MEDICAL GROUP - LOWRY 63 N QUEBEC ST DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
50 SCL HEALTH MEDICAL GROUP - CONGRESS 1400 JACKSON ST DENVER, CO 80206-2761	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
51 WHEAT RIDGE CLINIC-DIABETES & ENDO 3555 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6000	OUTPATIENT PHYSICIAN CLINIC
52 SCL HEALTH MEDICAL GROUP - BELMAR 325 S TELLER ST LAKEWOOD, CO 80226-7429	OUTPATIENT PHYSICIAN CLINIC
53 DENVER MIDTOWN CLINIC - MATERNAL FET 1960 OGDEN ST DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
54 SCL HEALTH MEDICAL GROUP - LOWRY 63 N QUEBEC ST DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
55 SCL HEALTH - MSO WP PHYSICIAN BILLIN 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
56 SCL HEALTH MED GROUP-GREEN VALLEY RA 4859 N YAMPA ST DENVER, CO 80249	OUTPATIENT PHYSICIAN CLINIC
57 ROCKY MOUNTAIN ORTHO - PHYSICAL THER 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
58 SCL HEALTH MED GROUP-NEONATAL INTENS 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
59 INTERMOUNTAIN HEALTH WESTMINSTER CLI 8758 WOLFF CT WESTMINSTER, CO 80031-6904	OUTPATIENT PHYSICIAN CLINIC
60 INTERMOUNTAIN HEALTH LARKRIDGE CLINI 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
61 DENVER MIDTOWN CLINIC-CERTIFIED NURS 1960 N OGDEN ST DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
62 IH DENVER SPORTS MEDICINE 1830 FRANKLIN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
63 DENVER MIDTOWN CLINIC - UROGYNECOLOG 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
64 WELLINGTON LUNG & SLEEP CLINIC 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501-8121	OUTPATIENT PHYSICIAN CLINIC
65 SCL HEALTH MEDICAL GROUP - CANDELAS 15389 WEST 91ST DR ARVADA, CO 80007	OUTPATIENT PHYSICIAN CLINIC
66 WELLINGTON MATERNAL FETAL MEDICINE C 710 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
67 SCL HEALTH MED GROUP-OCCUPATIONAL HE 2686 PATTERSON RD GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
68 IH LUTHERAN SPINE CENTER 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
69 SCL HEALTH MEDICAL GROUP - VIRTUAL C 8550 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
70 DENVER MIDTOWN CLINIC - DIABETES & E 1960 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
71 WHEAT RIDGE CLINIC-MATERNAL FETAL ME 3455 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033-6012	OUTPATIENT PHYSICIAN CLINIC
72 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
73 SCL HEALTH MED GROUP - HIGHLANDS RAN 8671 S QUEBEC ST HIGHLANDS RANCH, CO 80130	OUTPATIENT PHYSICIAN CLINIC
74 SCL HEALTH LMC - MEDICAL ONCOLOGY 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
75 SCL HEALTH MED GROUP - LUTHERAN PODI 15389 W 91ST DR STE 100 ARVADA, CO 80007-1400	OUTPATIENT PHYSICIAN CLINIC
76 INTERMOUNTAIN HEALTH FIRESTONE CLINI 8350 COLORADO BLVD FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
77 CANCER CENTERS OF COLORADO - LMC 1375 E 19TH AVE DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
78 IH LUTHERAN SPINE CENTER 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
79 IH QUAIL CREEK CLINIC 2055 WEST 136TH AVE BROOMFIELD, CO 80023-9308	OUTPATIENT PHYSICIAN CLINIC
80 SCL HEALTH HEART AND VASCULAR INSTIT 1536 COLE BLVD LAKEWOOD, CO 80401-3426	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
81 IH HEART & VASCULAR - WHEAT RIDGE CL 3555 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033-6023	OUTPATIENT PHYSICIAN CLINIC
82 IH HOSPICE - DENVER PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6019	OUTPATIENT PHYSICIAN CLINIC
83 SCL HEALTH MED GROUP BARIATRIC SURGE 2440 N 11TH STREET GRAND JUNCTION, CO 81501-8102	OUTPATIENT PHYSICIAN CLINIC
84 WHEAT RIDGE CLINIC - NEUROLOGY 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
85 SCL HEALTH MED GROUP-WOUND & HYPERBA 2635 N 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
86 DENVER MIDTOWN CLINIC - SURGERY 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
87 IH BROOMFIELD CLINIC - PT 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
88 CANCER CENTERS OF COLORADO-RADIATION 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
89 SCL HEALTH MED GROUP-INFECTIOUS DISE 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
90 SCL HEALTH MED GROUP-RHEUMATOLOGY CL 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023



**Part V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
91 IH LARKRIDGE CLINIC - PHYSICAL THERA 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
92 SCL HEALTH MED GROUP - CENTRAL PARK 2803 ROSLYN ST DENVER, CO 80238	OUTPATIENT PHYSICIAN CLINIC
93 SCL HEALTH MED GROUP-PALLIATIVE CARE 2635 N 7TH ST GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
94 CANCER CENTERS OF COLORADO-MEDICAL O 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
95 SCL HEALTH HEART & VASCULAR-DELTA CA 296 STAFFORD LN DELTA, CO 81416-2243	OUTPATIENT PHYSICIAN CLINIC
96 SCL HEALTH MED GROUP-MATERNAL FETAL 1606 PRAIRIE CENTER PKWY BRIGHTON, CO 80601-4004	OUTPATIENT PHYSICIAN CLINIC
97 SCL HEALTH MED GROUP - SPINE 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
98 LAFAYETTE CLINIC - TRAUMA SURGERY 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
99 SCL HEALTH MED GROUP-DIABETES & ENDO 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
100 LAFAYETTE WOMEN'S CLINIC - OBGYN 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
101 SCL HEALTH MED GROUP - CENTRAL PARK 2807 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
102 SCL HEALTH MED GROUP-PEDIATRIC SPECI 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
103 LAFAYETTE WOMEN'S CLINIC - UROGYNECO 300 EXEMPLA CIR LAFAYETTE, CO 80026-3392	OUTPATIENT PHYSICIAN CLINIC
104 SCL HEALTH MEDICAL GROUP - ENDOCRINO 2686 PATTERSON RD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
105 WEST PINES 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
106 IH SPINE CENTER - ACUPUNCTURE 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
107 IH SPINE CENTER - PSYCHOLOGY 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
108 SCL HEALTH MED GROUP PATTERSON CLINI 2570 PATTERSON RD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
109 DENVER MIDTOWN CLINIC - COMP BREAST 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
110 SCL HEALTH MED GROUP-INPATIENT CONSU 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
111 SCL HEALTH MEDICAL GROUP - NEUROLOGY 1280 N MILDRED RD CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
112 SCL HEALTH MED GROUP - WHEAT RIDGE 3555 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6000	OUTPATIENT PHYSICIAN CLINIC
113 LAFAYETTE CLINIC - DIABETES & ENDO 300 EXEMPLA CIR LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
114 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 HOSPITAL LOOP CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
115 IH - LAFAYETTE MATERNAL FETAL MEDICI 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
116 DENVER MIDTOWN CLINIC - LUNG NODULE 1960 N OGDEN ST DENVER, CO 80218-3673	OUTPATIENT PHYSICIAN CLINIC
117 SCL HEALTH MED GROUP-WOUND & HYPERBA 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
118 WEST PINES 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
119 DENVER MIDTOWN CLINIC - BREAST CARE 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
120 SCL HEALTH MEDICAL GROUP - NEUROLOGY 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
121 SCL HEALTH HEART AND VASCULAR-HIGHLA 630 PLAZA DR HIGHLANDS RANCH, CO 80129-2750	OUTPATIENT PHYSICIAN CLINIC
122 INTERMOUNTAIN HEALTH - BUCKLEY CLINI 550 S AIRPORT BLVD AURORA, CO 80017-2253	OUTPATIENT PHYSICIAN CLINIC
123 IH FIRESTONE CLINIC 8350 COLORADO BLVD FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
124 CANCER CENTERS OF COLORADO-MED ONC MOAB REGIONAL HOSPITAL MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
125 CANCER CENTERS OF COLORADO-MED ONC 750 HOSPITAL LOOP CRAIG, CO 81625-8750	OUTPATIENT PHYSICIAN CLINIC
126 CANCER CENTERS OF COLORADO-MED ONC GRAND RIVER HEALTH RIFLE, CO 81650-8510	OUTPATIENT PHYSICIAN CLINIC
127 SCL HEALTH MED GROUP RENAL REHAB 2643 PATTERSON ROAD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
128 SCL HEALTH MEDICAL GROUP - NEUROLOGY 476 WEST WILLIAM WAY MOAB, UT 84532	OUTPATIENT PHYSICIAN CLINIC
129 SCL HEALTH MEDICAL GROUP - MATERNAL 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
130 SCL HEALTH MEDICAL GROUP-PODIATRY 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 137

Name and address	Type of facility (describe)
131 GOOD SAMARITAN TRAUMA SERVICES 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
132 SCL HEALTH HEART & VASCULAR-MOAB CAR 450 WILLIAMS WAY MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
133 GSMC CRITICAL CARE & PULMONOLOGY 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
134 CANCER CENTERS OF COLORADO - LMC 400 INDIANA STREET GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
135 SCL HEALTH MED GROUP - GREEN MOUNTAI 12792 C-1 W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
136 SCL HEALTH MED GROUP - NEUROSURGERY 1960 OGDEN STREET DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
137 LUTHERAN SPINE CENTER AT DENVER WEST 1687 COLE BLVD LAKEWOOD, CO 80401-3322	OUTPATIENT PHYSICIAN CLINIC





**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

MAXIMUM FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS AT OR BELOW 250% OF  
 THE FEDERAL POVERTY GUIDELINES ("FPG"). APPLICANTS EQUAL TO OR BELOW THIS  
 THRESHOLD RECEIVE A 100% WAIVER OF PATIENT FINANCIAL OBLIGATION.

A SLIDING SCALE IS USED FOR PATIENTS BETWEEN 250% AND 500% OF FPG.

TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE, A VARIETY  
 OF FACTORS IS USED, INCLUDING INCOME, MEDICAL INDIGENCE, INSURANCE STATUS,  
 SOCIAL-ECONOMIC, GEOGRPAHICAL LOCATION, AND MEDICAID ELIGIBILITY.

TOTAL CHARGES ARE LIMITED IN RELATION TO THE GROSS HOUSEHOLD INCOME.

CHARGES ARE DISCOUNTED TO NOT EXCEED 25% OF GROSS ANNUAL HOUSEHOLD INCOME.

SINCE EACH PATIENT'S CIRCUMSTANCES VARY, ALLOWANCE IS MADE FOR EXTENUATING  
 CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES  
 TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE.



**Part VI** Supplemental Information (Continuation)

PART I, LINE 6A:

THIS ORGANIZATION IS PART OF THE INTERMOUNTAIN HEALTH CARE, INC. SYSTEM WHICH PREPARES AN ANNUAL REPORT TO THE COMMUNITY ON A CONSOLIDATED BASIS. THE REPORT IS PREPARED BY THE PARENT COMPANY, INTERMOUNTAIN HEALTH CARE, INC.

PART I, LINE 7:

THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A, 7B AND 7C WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, IN THE SCHEDULE H, FORM 990 INSTRUCTIONS. FORM 990, SCHEDULE H, PART I, LINES 7E, 7F, 7G, 7H AND 7I ARE REPORTED AT COST.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON SCHEDULE H, PART I, LINE 7 COLUMN (F) IS \$30,050,332.

PART III, LINE 1

THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO. 15 TO THE EXTENT THAT HFMA STATEMENT NO. 15 FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR REPORTING BAD DEBT.

PART III, LINE 2:

THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGE RATES FOR THE PATIENT SERVICES PROVIDED.

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF

**Part VI** Supplemental Information (Continuation)

HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND  
GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE  
COVERAGE, AND OTHER COLLECTION INDICATORS.

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT  
RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL  
ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE,  
MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS,  
AND OTHER ADMINISTRATIVE ADJUSTMENTS.

PART III, LINE 4:

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF  
HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND  
GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE  
COVERAGE, AND OTHER COLLECTION INDICATORS.

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT  
RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL  
ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE,  
MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS,  
AND OTHER ADMINISTRATIVE ADJUSTMENTS.

THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS  
OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED  
IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES  
IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL  
COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE  
AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

**Part VI** Supplemental Information (Continuation)

CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID. THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE. HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE.

THE PATIENT SERVICE REVENUE FOOTNOTE WHICH DESCRIBES BAD DEBT EXPENSE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ON PAGES 12 AND 13 OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

PART III, LINE 8:

THE ORGANIZATION BELIEVES THAT A PORTION OF THE COSTS INCURRED IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR MEDICAL SERVICES PROVIDED TO MEDICARE PROGRAM BENEFICIARIES (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. PROVIDING THESE SERVICES LESSENS THE BURDENS OF THE GOVERNMENT FROM PROVIDING SUCH MEDICAL SERVICES DIRECTLY. AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, THE ORGANIZATION'S MEDICARE "ALLOWABLE COSTS" EXCEED THE MEDICARE PROGRAM PAYMENTS RECEIVED. ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS.

TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS. THE

**Part VI** Supplemental Information (Continuation)

ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST

REPORT COST TO CHARGE RATIO.

PART III, LINE 9B:

SCL HEALTH - FRONT RANGE, INC. RECOGNIZES ITS RESPONSIBILITY TO MANAGE THE

COST OF HEALTHCARE BY ASKING THOSE WHO CAN PAY TO DO SO AND IS COMMITTED

TO ASSISTING PATIENTS BY PROVIDING VARIOUS OPTIONS FOR RESOLVING THEIR

FINANCIAL OBLIGATION, INCLUDING DISCOUNTS FOR THE UNINSURED, PAYMENT

PLANS, AND REDUCED OR WAIVED RESPONSIBILITY THROUGH FINANCIAL ASSISTANCE.

SCL HEALTH - FRONT RANGE, INC. ALSO ASSISTS PATIENTS WHO ARE POTENTIALLY

ELIGIBLE FOR GOVERNMENT ASSISTANCE PROGRAMS TO APPLY FOR SUCH ASSISTANCE.

DELINQUENT ACCOUNTS MAY BE REFERRED TO EXTERNAL COLLECTION AGENCIES ONLY

AFTER REASONABLE ATTEMPTS ARE MADE TO CONTACT THE RESPONSIBLE PARTY AND NO

ARRANGEMENT HAS BEEN MADE TO PAY THE ACCOUNT BALANCE. SUCH AGENCIES ARE

EXPECTED TO TREAT PATIENTS WITH THE SAME RESPECT AND DIGNITY THAT SCL

HEALTH - FRONT RANGE, INC. AFFORDS ALL ITS PATIENTS. FOR EXAMPLE, CONTACTS

BY THE AGENCIES WILL INCLUDE FINANCIAL ASSISTANCE OPTIONS FOR PATIENTS

UNABLE TO PAY. AGENCIES ARE RESTRICTED FROM PURSUING LEGAL PROCEEDINGS TO

COLLECT DEBTS IN LIMITED CIRCUMSTANCES AND MAY ONLY DO SO UPON APPROVAL BY

SCL HEALTH - FRONT RANGE, INC. STRONGER MEASURES, SUCH AS THE COURTS, ARE

NOT USED UNLESS THERE IS EVIDENCE OF FRAUD OR A CLEAR ABILITY TO PAY

ACCOMPANIED BY A REFUSAL TO PAY.

PART VI, LINE 2:

LUTHERAN MEDICAL CENTER:

AS PART OF LMC'S CORE VALUE OF SERVICE TO THE POOR AND VULNERABLE,

**Part VI** Supplemental Information (Continuation)

STEWARDSHIP, AND CARING SPIRIT, THE HOSPITAL TAKES STEPS TO DETERMINE  
WHERE THERE IS THE MOST NEED TO PROVIDE THE GREATEST GOOD THROUGH  
INCREMENTAL REVIEW OF CURRENT NEEDS ACROSS THE COMMUNITIES SERVED. AS AN  
ACTIVE MEMBER AND LEADER OF THE NEWLY FORMED JEFFERSON COUNTY HEALTH  
ALLIANCE, THE HOSPITAL IS IN TOUCH WITH CURRENT NEEDS AND POISED TO  
RESPOND WHEN NEW NEEDS ARE IDENTIFIED. AN EXAMPLE OF THIS RESPONSIVE  
APPROACH WAS THE PIVOT TO VACCINE RESPONSE WHEN LAGS IN UPTAKE WERE  
IDENTIFIED. AS DATA REVEALED A DISPROPORTIONATELY LOW PARTICIPATION IN  
COVID-19 VACCINATION AMONG COMMUNITY MEMBERS IDENTIFYING AS HISPANIC, LMC  
INITIATED A COMMUNICATION EFFORT. WIDE DISSEMINATION OF SPANISH LANGUAGE  
FLYERS, SPANISH-SPEAKING COMMUNITY NAVIGATORS, AND CHANGES TO THE ID AND  
INSURANCE PREFERENCES. THIS EFFORT RESULTED IN A 112% INCREASE IN  
VACCINATIONS AMONG THIS POPULATION.

GOOD SAMARITAN MEDICAL CENTER:  
  
GSMC ACTIVELY PARTICIPATED IN COMMUNITY COALITIONS AND WORK GROUPS  
FOCUSING ON SPECIFIC HEALTH ISSUES WITHIN THE COMMUNITY INCLUDING LOCAL  
AND STATE HEALTH ORGANIZATIONS AND COMMUNITY-BASED ORGANIZATIONS: BOULDER  
COUNTY HEALTH DEPARTMENT, BROOMFIELD COUNTY HEALTH DEPARTMENT, ADAMS  
COUNTY HEALTH ALLIANCE, HEALTHY FUTURES COALITION, SUBSTANCE USE ADVISORY  
GROUP, MENTAL HEALTH PARTNERS, COMMUNITY REACH CENTER, COLORADO HOSPITAL  
ASSOCIATION, AND SISTER CARMEN COMMUNITY CENTER. GSMC MONITORED AND  
IDENTIFIED AREAS OF NEED IN THE COMMUNITY AND IDENTIFIED WAYS TO ENSURE  
THE NEEDS WERE MET. GSMC MONITORED AND EVALUATED GSMC PROGRAMS TO MEET  
GOALS TO ADDRESS COMMUNITY NEEDS.

IN ADDITION, GSMC IS REPRESENTED AND PARTICIPATES IN THE METRO DENVER

**Part VI** Supplemental Information (Continuation)

PARTNERSHIP FOR HEALTH, A COLLABORATIVE OF COLORADO HEALTH SYSTEMS, PUBLIC HEALTH DEPARTMENTS, AND COMMUNITY-BASED PROVIDERS. THIS COLLABORATIVE WORKS TO ADDRESS CHALLENGING COMMUNITY HEALTH NEEDS USING COLLECTIVE IMPACT STRATEGIES.

IN JANUARY 2023, GSMC BEGAN SCREENING PATIENTS FOR SOCIAL NEEDS IN FIVE AREAS: HOUSING, FOOD, UTILITIES, TRANSPORTATION, AND INTERPERSONAL SAFETY. SCREENING PROVIDED AN OPPORTUNITY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND MEDICAID PATIENTS WHO SCREENED POSITIVE WERE CONNECTED TO THE REGIONAL ACCOUNTABLE ENTITY. PATIENTS ALSO WERE CONNECTED TO COMMUNITY RESOURCES THROUGH THE TECHNOLOGY PLATFORM, FINDHELP, WHICH WAS INTEGRATED INTO GSMC'S ELECTRONIC MEDICAL RECORD AND PROVIDED A CLOSED-LOOP REFERRAL. OVERALL SCREENING RATES AT GSMC INCREASED FROM 18.3% TO 76.2% FROM JANUARY TO DECEMBER.

PART VI, LINE 3:

SCL HEALTH - FRONT RANGE, INC. (LMC & GSMC) NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE. NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL. IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS AND THROUGH THE PATIENT PORTAL, MYCHART. THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE. THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST.

SCL HEALTH - FRONT RANGE, INC. (LMC & GSMC) HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL

**Part VI** Supplemental Information (Continuation)

CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

PART VI, LINE 4:

LUTHERAN MEDICAL CENTER:

LUTHERAN MEDICAL CENTER (LMC) IS SITUATED IN THE WESTERN PORTION OF THE DENVER METROPOLITAN AREA IN THE CITY OF WHEAT RIDGE, COLORADO. THIS ACUTE CARE FACILITY HAS A SERVICE AREA THAT SERVES SEVERAL COMMUNITIES IN THE WESTERN METROPOLITAN AREA INCLUDING WHEAT RIDGE, ARVADA, GOLDEN, LAKEWOOD, AND WESTMINSTER, AS WELL AS COMMUNITIES IN THE FOOTHILLS OF THE FRONT RANGE. LMC'S PRIMARY SERVICE AREA CONSISTS OF 18 STANDARD ZIP CODES, MAINLY LOCATED IN JEFFERSON COUNTY (13 ZIP CODES) BUT ALSO REPRESENTED BY ZIP CODES IN THE COUNTIES OF DENVER (3 ZIP CODES), ADAMS (1 ZIP CODE) AND GILPIN (1 ZIP CODE). THE SECONDARY SERVICE AREA INCLUDES 20 ZIP CODES AND EXTENDS THROUGH ADAMS COUNTY, BROOMFIELD COUNTY, CLEAR CREEK COUNTY, DENVER COUNTY AND JEFFERSON COUNTY. LMC'S PRIMARY SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 75% OF ITS INPATIENT DISCHARGES AND THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON APPROXIMATELY 90% OF DISCHARGES. LMC'S MAIN CONCENTRATION OF CARE IS PROVIDED TO THE COMMUNITIES OF WHEAT RIDGE, ARVADA, AND GOLDEN. ADDITIONALLY, 50% OF THE LMC'S DISCHARGES COME FROM EIGHT ZIP CODES WITHIN THOSE CITIES. FURTHERMORE, LMC SERVICES THE MOST PATIENTS WITHIN ITS PRIMARY SERVICE AREA WHEN COMPARED TO OTHER HOSPITALS, FURNISHING CLOSE TO 30% OF THE INPATIENT CARE.

**Part VI** Supplemental Information (Continuation)

HOSPITALS IN THE SERVICE AREA: LMC AND SAINT ANTHONY HOSPITAL ARE THE  
ACUTE CARE PROVIDERS IN JEFFERSON COUNTY, WITH LMC ONLY OFFERING MATERNITY  
SERVICES. THERE ARE TWO ACUTE CARE HOSPITALS LOCATED IN THE SECONDARY  
SERVICE AREA, NORTH SUBURBAN MEDICAL CENTER (AN AFFILIATE OF THE  
FOR-PROFIT HEALTHONE SYSTEM) AND DENVER HEALTH (GOVERNMENT-OWNED). BESIDES  
LMC, THERE ARE SIX OTHER NOT-FOR-PROFIT HOSPITALS IN THE COMMUNITY: ST.  
ANTHONY NORTH HOSPITAL-CENTURA HEALTH, WESTMINSTER; ST. ANTHONY  
HOSPITAL-CENTURA HEALTH, LAKEWOOD; AVISTA ADVENTIST HOSPITAL-CENTURA  
HEALTH, LOUISVILLE; LONGMONT UNITED HOSPITAL, LONGMONT; BOULDER COMMUNITY  
HOSPITAL, BOULDER; GOOD SAMARITAN MEDICAL CENTER, LAFAYETTE.

THE COMMUNITY SERVED BY LMC CONTAINS THE FOLLOWING DEMOGRAPHIC  
INFORMATION, UPDATED FOR 2021, USING THE RESOURCES OF COUNTY HEALTH  
RANKINGS, US CENSUS DATA, STATE HEALTH DEPARTMENT DATA AND THE EXISTING  
CHNA.

POPULATION:

2015 - 2019, THE AVERAGE POPULATION OF LMC'S SERVICE AREA WAS 595,832.  
JEFFERSON COUNTY'S POPULATION WAS 574,798. COLORADO'S TOTAL POPULATION WAS  
5,610,349.

YOUTH, AGES 0 - 19, WERE 20% OF THE POPULATION IN THE SERVICE AREA.  
ADDITIONALLY, 63.5% OF THE POPULATION WERE 20 TO 64 YEARS OLD AND 16.4%  
WERE 65 YEARS AND OLDER. THE SERVICE AREA HAD A LOWER PERCENTAGE OF YOUTH,  
AGES 0 - 19, AND A HIGHER PERCENTAGE OF ADULTS, AGES 45 AND OLDER, THAN IN  
THE STATE.



**Part VI** Supplemental Information (Continuation)

IN THE SERVICE AREA, LITTLETON (80127) HAD THE LARGEST PERCENTAGE OF YOUTH, AGES 5-17 (23.7%) AND KITTREDGE HAD THE SMALLEST PERCENTAGE OF YOUTH (4.2%). BUFFALO CREEK HAD THE HIGHEST PERCENTAGE OF SENIORS (26.8%) AND KITTREDGE HAD THE LOWEST PERCENTAGE OF SENIORS IN THE SERVICE AREA (9.4%). THE MEDIAN AGE IN JEFFERSON COUNTY WAS 40.3 YEARS.

RACE AND ETHNICITY:

IN LMC'S SERVICE AREA, 80.2% OF THE POPULATION WERE WHITE, 12.9% WERE HISPANIC/LATINO, 3.0% WERE ASIAN, AND 1.1% WERE BLACK/AFRICAN AMERICAN. THE LMC SERVICE AREA HAD MORE WHITE AND ASIAN RESIDENTS THAN JEFFERSON COUNTY.

IN THE SERVICE AREA, BUFFALO CREEK HAD THE HIGHEST PERCENTAGE OF WHITE RESIDENTS (98.7%). DENVER (80226) HAD THE HIGHEST PERCENTAGE OF HISPANIC OR LATINO RESIDENTS (31.6%). IDLEDALE (80453) HAD THE HIGHEST PERCENTAGE OF ASIAN AMERICANS (17.3%) AND DENVER (80235) HAD THE HIGHEST PERCENTAGE OF BLACK/AFRICAN AMERICANS (5.8%).

LANGUAGE:

OVER THREE-QUARTERS OR 90.2% OF THE SERVICE AREA POPULATION, AGES 5 YEARS AND OLDER, SPOKE ONLY ENGLISH IN THE HOME. ADDITIONALLY, 9.8% SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME AND 5.2% OF THE POPULATION SPOKE SPANISH IN THE HOME. COLORADO'S RATES OF SPANISH SPEAKING AT THE HOME AND SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME WERE HIGHER THAN THE SERVICE AREA.

**Part VI** Supplemental Information (Continuation)

EDUCATION: 95.2% OF PERSONS AGE 25+ ARE HIGH SCHOOL GRADUATES OR HIGHER,  
49.1% OF PERSONS AGED 25 AND OLDER HAVE EARNED A BACHELOR'S DEGREE OR  
HIGHER.

MEDIAN HOUSEHOLD INCOME: \$103,167 (2022 DOLLARS) WHICH IS HIGHER THAN THE  
U.S. AVERAGE \$75,149 (2022 DOLLARS).

PERSONS LIVING IN POVERTY: 6.6% IN JEFFERSON COUNTY WHICH IS LOWER THAN  
THE U.S. AVERAGE OF 11.5%. (U.S. CENSUS).

UNINSURED RATE: 7.0% OF PEOPLE IN JEFFERSON COUNTY ARE UNINSURED, COMPARED  
WITH 9.3% ACROSS THE U.S.

SEE CONTINUATION BELOW

PART VI, LINE 5:

LUTHERAN MEDICAL CENTER:

DURING THE REPORTING PERIOD, LMC HAD NUMEROUS PROGRAMS INCLUDING THE  
CANCER CENTER, NEUROVASCULAR CENTER, AND TRAUMA CENTER THAT OFFERED OTHER  
COMMUNITY OUTREACH. COMMUNITY EDUCATION AND OUTREACH INCLUDED A VARIETY OF  
CLASSES OFFERED ON WEIGHT MANAGEMENT AND MAINTAINING A HEALTHY LIFESTYLE,  
CANCER SUPPORT GROUPS, ROUTINE COMMUNITY HEALTH EDUCATION, SKIN CANCER  
SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, CLASSES FOR PROSPECTIVE  
PARENTS, AND DIABETES MANAGEMENT CLASSES. LMC COLLABORATED WITH SAFETY NET  
CLINICS SUCH AS STRIDE AS PART OF AN EFFORT TO ENHANCE AND IMPROVE MEDICAL  
OUTCOMES, QUALITY, AND SERVICES WITHIN THE COMMUNITY. THE OBJECTIVES OF  
THESE PROGRAMS ARE TO BE A HIGHLY RELIABLE ORGANIZATION, OFFER

**Part VI** Supplemental Information (Continuation)

HIGH-QUALITY CARE, PROVIDE SAFETY FOR PATIENTS AND STAFF, AND BE  
COST-EFFECTIVE. THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR  
PUBLICLY COMPARABLE DATABASES INCLUDING THE COLORADO HEALTH AND HOSPITAL  
ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES.

GOOD SAMARITAN MEDICAL CENTER:  
  
COLLECTIVELY WITH ITS 234 LICENSED BEDS, GOOD SAMARITAN MEDICAL CENTER  
(GSMC) HAS SERVED ITS COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL  
SERVICES INCLUDING CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY,  
EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEUROSURGERY,  
OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE,  
BEHAVIORAL HEALTH, SENIOR EMERGENCY DEPARTMENT CARE, PALLIATIVE AND  
HOSPICE CARE, AND INTEGRATIVE HEALTH SERVICES.

A VARIETY OF DIRECTORS AND ADMINISTRATORS PARTICIPATED ON COMMUNITY BOARDS  
AND CHAMBERS TO ASSIST WITH COMMUNITY BUILDING. IN 2023, GSMC ASSOCIATES  
SERVED ON THE FOLLOWING COMMUNITY BOARDS OR COMMITTEES: NORTH CENTRAL  
REGION HEALTHCARE COALITION, DONOR ALLIANCE ADVISORY BOARD, ZERO SUICIDE  
LEARNING COLLABORATIVE, FOOTHILLS REGIONAL EMERGENCY MEDICAL AND TRAUMA  
ADVISORY COUNCIL (FRETAC), BROOMFIELD LOCAL EMERGENCY PLANNING COMMITTEE,  
COLORADO TRAUMA NETWORK, ERIE CHAMBER OF COMMERCE, LAFAYETTE CHAMBER OF  
COMMERCE, BOULDER MULTI-AGENCY COORDINATION GROUP OF BOULDER OFFICE OF  
EMERGENCY MANAGEMENT, HEALTH & MEDICAL RESPONSE (HAMR) BOULDER COUNTY  
HEALTHCARE COALITION, HEALTHY FUTURES COALITION, ADAMS COUNTY HEALTH  
ALLIANCE, BROOMFIELD COUNTY OPIOID REGIONAL COUNCIL, COLORADO COMMUNITY  
HEALTH ALLIANCE PROGRAM IMPROVEMENT ADVISORY COMMITTEE, BOULDER COUNTY  
BEHAVIORAL HEALTH ROADMAP OPERATIONS GROUP, STATE EMERGENCY MEDICAL AND

**Part VI** Supplemental Information (Continuation)

TRAUMA SERVICES ADVISORY COUNCIL (SEMTAC), AND STATEWIDE TRAUMA ADVISORY  
COMMITTEE (STAC).

IN ADDITION TO PRIORITY HEALTH PROGRAMMING, GSMC ALSO ENGAGES IN THE  
FOLLOWING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES:

BABY'S FIRST RIDE: PROVIDED 1,139 CAR SEAT CHECKS.

CANCER SUPPORT GROUP OFFERED BY THE CANCER CENTERS OF COLORADO AT GSMC:  
168 ENCOUNTERS.

"DOING GOOD" GRANT: DISTRIBUTED NINE CHARITABLE CONTRIBUTIONS TO NONPROFIT  
COMMUNITY ORGANIZATIONS IN 2023 FOR A TOTAL OF \$66,000.

CONTINUING EDUCATION EMS PROGRAM: PROVIDED EDUCATION TO 2,114 LOCAL EMS  
PROVIDERS.

EDUCATIONAL FOLLOW-UP PROGRAM: PROVIDED EDUCATIONAL FOLLOW-UP AT 779  
ENCOUNTERS WITH EMS PROVIDERS FOLLOWING DROP OFF AT GSMC.

EMS RECERTIFICATION: PROVIDED PARAMEDIC REFRESHER COURSE, CPR AND AED  
TRAINING, BASIC EKG TRAINING IN 31 ENCOUNTERS.

IN-KIND DONATIONS TO PROJECT CURE: \$58,795.

STUDENT CLINICALS: 295 STUDENTS COMPLETED THEIR CLINICAL ROTATIONS IN  
LABORATORY, NURSING, PHARMACY, PHYSICAL MEDICINE, RADIOLOGY, RESPIRATORY,  
SOCIAL WORK, AND SURGERY AT GSMC.

**Part VI** Supplemental Information (Continuation)

BLOOD DRIVES: IN CONJUNCTION WITH VITALANT BLOOD DONATION, GSMC HELD FIVE

BLOOD DRIVES. EMPLOYEES AND COMMUNITY MEMBERS DONATED 137 UNITS AND 17

DOUBLE UNITS. THESE BLOOD DONATIONS ARE ESTIMATED TO HELP 417 PEOPLE.

TRAUMA OUTREACH THROUGH COMMUNITY EDUCATION: GSMC OFFERED 13 "STEPPING ON"

CLASSES WITH 86 ENCOUNTERS; 17 "STOP THE BLEED" TRAINING SESSIONS WITH 337

INDIVIDUALS COMPLETING THE COURSE; THREE "THINK FIRST" CLASSES FOR PARENTS

OF TEEN DRIVERS WITH 24 ENCOUNTERS; 14 TAI CHI CLASSES WITH 110 ENCOUNTER;

TWO CAR FIT SESSIONS FOR SENIORS WITH 5 ATTENDEES; TWO COMMUNITY BALANCE

SCREENINGS WITH 8 PARTICIPANTS; PROVIDED 25 STUDENTS WITH SCHOLARSHIPS TO

ATTEND DRIVING SCHOOL THROUGH A COLLABORATION WITH FARMER'S INSURANCE AND

THE GSMC'S FOUNDATION.

GSMC IS AN IMPORTANT PART OF THE COMMUNITY AND SERVE IN MANY WAYS IN

RESPONSE TO DIRECT REQUESTS FROM COMMUNITY ORGANIZATIONS AND RESIDENTS.

FROM DELIVERING CORE HEALTH CARE TO PREVENTIVE CARE TO SUPPORTING OTHER

CIVIC GROUPS, THE COMMUNITY INVOLVEMENT TAKES MANY FORMS. THE BOARD OF

DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AND ALL PROVIDE

HOURS OF SERVICE IN SUPPORT OF THE HOSPITAL. THEY ARE DEEPLY INVOLVED IN

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND

SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT RESIDENTS ARE INFORMED

ABOUT AVAILABLE SERVICES. WHEN GSMC HAS EXCESS REVENUE OVER OPERATING

EXPENSES, IT USES THOSE FUNDS TO OBTAIN CURRENT HEALTHCARE TECHNOLOGIES

AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION

AND RESEARCH, AND EXPAND ACCESS TO CARE FOR UNMET NEED AREAS.

PART VI, LINE 6:

**Part VI** Supplemental Information (Continuation)

THE FILING ORGANIZATION IS AN AFFILIATE OF INTERMOUNTAIN HEALTH CARE, INC.

(INTERMOUNTAIN), AN INTEGRATED HEALTH SYSTEM WHOSE VISION IS TO "BE A

MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICES

AT AN AFFORDABLE COST". INTERMOUNTAIN STRIVES TO FULFILL THAT MISSION

THROUGH ACCOMPLISHING ITS STATED MISSION OF "HELPING PEOPLE LIVE THE

HEALTHIEST LIVES POSSIBLE".

INTERMOUNTAIN IS A NONPROFIT CORPORATION EXEMPT UNDER INTERNAL REVENUE

CODE 501(C)(3). AFFILIATES WITHIN THE HEALTH SYSTEM NETWORK INCLUDE

NONPROFIT CORPORATIONS EXEMPT UNDER IRS 501(C)(3) AND 501(C)(4), TAXABLE

CORPORATIONS, PARTNERSHIPS WITH PHYSICIANS, STRATEGIC INVESTMENTS, AND

JOINT VENTURES.

HEADQUARTERED IN UTAH WITH LOCATIONS IN SEVEN STATES AND ADDITIONAL

OPERATIONS ACROSS THE WESTERN U.S., INTERMOUNTAIN IS A NONPROFIT SYSTEM OF

MORE THAN 66,000 CAREGIVERS, 33 HOSPITALS, 385 CLINICS, MEDICAL GROUPS, A

HEALTH PLAN (SELECT HEALTH) WITH MORE THAN ONE MILLION MEMBERS, AND OTHER

HEALTH SERVICES. HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE,

INTERMOUNTAIN IS COMMITTED TO IMPROVING COMMUNITY HEALTH AND IS WIDELY

RECOGNIZED AS A LEADER IN TRANSFORMING HEALTHCARE BY USING EVIDENCE-BASED

BEST PRACTICES TO CONSISTENTLY DELIVER HIGH-QUALITY OUTCOMES AT

SUSTAINABLE COSTS.

INTERMOUNTAIN IS WORKING TO IMPROVE THE HEALTH AND WELL-BEING BY IMPROVING

MENTAL WELL-BEING, PREVENTING AVOIDABLE DISEASE, IMPROVING AIR QUALITY,

ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND OTHER COMMUNITY HEALTH

INITIATIVES.

**Part VI** Supplemental Information (Continuation)

THROUGH MULTIPLE CHARITABLE FOUNDATIONS, INTERMOUNTAIN ALSO DEVELOPS  
FINANCIAL AND CHARITABLE SUPPORT FOR ITS PATIENTS WHILE ALSO SUPPORTING  
OTHER NONPROFIT ORGANIZATIONS THAT PROVIDE DIRECT MEDICAL, DENTAL, AND  
MENTAL SERVICES FOR LOW-INCOME, UNINSURED, OR MEDICALLY UNDERSERVED  
POPULATIONS.

SCHEDULE H, PART VI, LINE 4

CONTINUED NARRATIVE

GOOD SAMARITAN MEDICAL CENTER:

GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN ACUTE-CARE HOSPITAL LOCATED  
IN THE CITY OF LAFAYETTE, COLORADO, WHICH IS IN BOULDER COUNTY. THE  
HOSPITAL SERVICE AREA ALSO INCLUDES COMMUNITIES IN ADAMS, BOULDER,  
BROOMFIELD, GILPIN, JEFFERSON, AND WELD COUNTIES.

HOSPITALS IN THE SERVICE AREA: GSMC AND THE FOLLOWING ADDITIONAL  
HOSPITALS SERVE BOULDER COUNTY AND SURROUNDING COUNTIES: ST. ANTHONY  
NORTH HOSPITAL-CENTURA HEALTH, WESTMINSTER; AVISTA ADVENTIST  
HOSPITAL-CENTURA HEALTH, LOUISVILLE; LONGMONT UNITED HOSPITAL,  
LONGMONT; BOULDER COMMUNITY HOSPITAL, BOULDER; LUTHERAN MEDICAL CENTER,  
WHEAT RIDGE. IN THORNTON, THERE IS ONE FOR-PROFIT HOSPITAL, NORTH  
SUBURBAN MEDICAL CENTER-HEALTHONE.

TOTAL POPULATION: FROM 2015 TO 2019, THE AVERAGE POPULATION OF THE GSMC  
SERVICE AREA WAS 1,111,074. ADAMS COUNTY HAD A POPULATION OF 504,108,  
BOULDER COUNTY HAD A POPULATION OF 322,510, AND BROOMFIELD COUNTY HAD A  
POPULATION OF 67,886.

**Part VI** Supplemental Information (Continuation)

POPULATION BY GENDER: IN THE GSMC SERVICE AREA, 50.3% OF THE POPULATION WAS MALE AND 49.7% WAS FEMALE.

POPULATION BY AGE: IN THE GSMC SERVICE AREA, 26.5% WERE AGES 19 YEARS OLD AND YOUNGER, 61% WERE 20 TO 64 YEARS OLD, AND 12.6% WERE AGES 65 YEARS OLD AND OLDER. ADAMS AND WELD COUNTIES HAD THE HIGHEST PERCENTAGE OF YOUTH, AGES 0-19 (29.3%). GILPIN COUNTY HAD THE HIGHEST PERCENTAGE OF PEOPLE 65 YEARS OLD AND OLDER (17.9%) AS A PROPORTION OF THE TOTAL POPULATION.

RACE/ ETHNICITY: IN THE SERVICE AREA, 69.3% OF THE POPULATION WERE WHITE, 22.7% WERE HISPANIC/LATINX, 3.9% WERE ASIAN, AND 1.2% WERE BLACK/AFRICAN AMERICAN. THE SERVICE AREA HAD A GREATER PERCENTAGE OF WHITE, LATINX, AND ASIAN-AMERICAN INDIVIDUALS THAN STATE AVERAGE.

LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER: IN THE SERVICE AREA, 87.9% OF THE POPULATION, AGES 5 YEARS AND OLDER, SPOKE ONLY ENGLISH IN THE HOME. JUST UNDER 18% SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 12.1% OF THE POPULATION SPOKE SPANISH AT HOME. ADAMS COUNTY HAD THE HIGHEST RATE OF RESIDENTS SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME (29.0%) AND GILPIN COUNTY HAD THE LOWEST (6.7%). ADAMS COUNTY HAD THE HIGHEST RATE OF RESIDENTS WHO SPOKE SPANISH AT HOME (23.6%) AND GILPIN COUNTY HAD THE LOWEST RATE OF RESIDENTS WHO SPOKE SPANISH AT HOME (2.7%).

SOCIAL AND ECONOMIC FACTORS RANKINGS: COUNTY HEALTH RANKINGS EXAMINED DATA RELATED TO HEALTH FACTORS TO RANK COLORADO'S 64 COUNTIES ON SOCIAL



**Part VI** Supplemental Information (Continuation)

AND ECONOMIC INDICATORS, WITH 1 BEING THE BEST FACTORS AND 64 THE

POOREST FACTORS. THIS RANKING TOOK INTO CONSIDERATION HIGH SCHOOL

GRADUATION RATES, UNEMPLOYMENT, CHILDREN IN POVERTY, SOCIAL SUPPORT,

AND OTHERS. THE COUNTIES IN GSMC'S SERVICE AREA RANKED AS FOLLOWS:

ADAMS COUNTY RANKED 38TH, WELD COUNTY 28TH, GILPIN COUNTY AT 6TH,

JEFFERSON COUNTY AT 15TH, BOULDER COUNTY 13TH, AND BROOMFIELD COUNTY AT

2ND.

PERSONS LIVING IN POVERTY: 11.8% IN BOULDER COUNTY WHICH IS HIGHER THAN

THE U.S. AVERAGE OF 11.5%. (U.S. CENSUS).

ECONOMICS, 2020: THE MEDIAN HOUSEHOLD INCOME IN THE STATE WAS \$77,104.

THE COUNTY INCOMES WERE (FROM HIGHEST TO LOWEST) BROOMFIELD (\$106,892),

JEFFERSON (\$89,696), BOULDER (\$88,341), WELD (\$78,160), ADAMS

(\$75,341), AND GILPIN (\$74,806).

EDUCATIONAL ATTAINMENT FOR ADULTS AGED 25 AND OLDER: THE POPULATION IN

GSMC'S SERVICE AREA HAD A 91.6% HIGH SCHOOL GRADUATION RATE AND 8.4%

HAD NOT ATTAINED A HIGH SCHOOL DIPLOMA. ADDITIONALLY, 19.3% HAD SOME

COLLEGE WITH NO DEGREE, AND 43.9% HAD A BACHELOR'S DEGREE OR HIGHER.

BOULDER COUNTY HAD THE HIGHEST RATE OF COLLEGE EDUCATION, WITH 62.1% OF

ADULTS ATTAINING A BACHELOR'S DEGREE, AND ADAMS COUNTY HAD THE LOWEST

ATTAINMENT AT 24.3%. ADAMS COUNTY HAD THE HIGHEST RATE OF ADULTS

WITHOUT A HIGH SCHOOL DIPLOMA AT 16.2% AND GILPIN COUNTY HAD THE LOWEST

RATE AT 1.5%. GILPIN COUNTY HAD THE HIGHEST HIGH SCHOOL GRADUATION RATE

AT 98.5% AND ADAMS COUNTY HAD THE LOWEST AT 83.8%.

HEALTH INSURANCE COVERAGE, CIVILIAN NONINSTITUTIONALIZED POPULATION,

**Part VI** Supplemental Information (Continuation)

AGES 18-64: HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO  
ACCESS HEALTHCARE. THE HEALTHY PEOPLE 2030 OBJECTIVE IS THAT 92.1% OF  
THE POPULATION HAVE HEALTH INSURANCE COVERAGE. IN GSMC'S SERVICE AREA,  
93.8% OF THE POPULATION WAS INSURED. INSURANCE COVERAGE IN HSR 16  
(BOULDER AND BROOMFIELD COUNTIES) WAS 94.7%. INSURANCE COVERAGE WAS  
HIGHER IN HSR 18, WELD COUNTY (95.9%) THAN IN HSR 14, ADAMS COUNTY  
(90.9%). INSURANCE COVERAGE WAS HIGHEST IN HSR 21, JEFFERSON COUNTY  
(97.4%), AND LOWEST IN HSR 17, GILPIN COUNTY (88.2%). COLORADO AVERAGED  
93.5% INSURANCE COVERAGE.

URBAN AND RURAL AREAS OF BOULDER COUNTY: BOULDER COUNTY INCLUDES BOTH  
URBAN AREAS AND RURAL AREAS, PER U.S. HEALTH RESOURCES SERVICES  
ADMINISTRATION RURAL HEALTH GRANTS ELIGIBILITY ANALYZER  
([HTTPS://DATA.HRSA.GOV/TOOLS/RURAL-HEALTH](https://data.hrsa.gov/tools/rural-health)). THE COUNTY'S RURAL AREAS  
ARE IN THE NORTHEAST QUADRANT OF THE COUNTY, AROUND THE TOWN OF LYONS.

PART VI, LINE 7:

THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING REQUIRES  
ALL NONPROFIT HOSPITALS TO HOST AN ANNUAL PUBLIC MEETING TO REVIEW THE  
COMMUNITY HEALTH NEEDS ASSESSMENT AND PROGRESS TOWARD A COMMUNITY  
HEALTH IMPROVEMENT PLAN. FOLLOWING THE MEETING, THE HOSPITALS ARE  
REQUIRED TO SUBMIT A REPORT TO THE STATE DETAILING THE MOST RECENTLY  
FILED FORM 990 AND OTHER DETAILS ABOUT THE HOSPITAL'S PUBLIC ENGAGEMENT  
ACTIVITIES. THE MEETING IS ADVERTISED IN LOCAL NEWSPAPERS AND SOCIAL  
MEDIA, AND THE REPORT IS POSTED ON THE HOSPITAL'S CHNA WEBSITE  
([HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS](https://intermountainhealthcare.org/about/who-we-are/chna-reports)) AND  
IN SUMMARY BY THE STATE OF COLORADO  
([HTTPS://HCPF.COLORADO.GOV/HOSPITAL-COMMUNITY-BENEFIT-ACCOUNTABILITY](https://hcpf.colorado.gov/hospital-community-benefit-accountability)).

**Part VI** Supplemental Information (Continuation)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **INTERMOUNTAIN FRONT RANGE, INC.**  
**F/K/A SCL HEALTH - FRONT RANGE, INC.** Employer identification number  
**84-1103606**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033	20-8846152	501 ( C ) ( 3 )	879,270.	0.			PROGRAM SUPPORT
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 200 EXEMPLA CIRCLE - LAFAYETTE, CO 80026	84-1649162	501 ( C ) ( 3 )	562,081.	0.			PROGRAM SUPPORT
PROJECT CURE INTERNATIONAL HEADQUARTERS - 10377 E. GEDDES AVENUE - CENTENNIAL, CO 80112	84-1568566	501 ( C ) ( 3 )	0.	194,098.	BOOK	MEDICAL SUPPLIES	PROGRAM SUPPORT
BENEFITS IN ACTION 12157 W CEDAR DR, SUITE 100 LAKEWOOD, CO 80228	87-3774775	501 ( C ) ( 3 )	45,852.	0.			PROGRAM SUPPORT
JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE STREET STE 200 WHEAT RIDGE, CO 80033	84-0474717	501 ( C ) ( 3 )	28,138.	0.			PROGRAM SUPPORT
ARVADA CHAMBER OF COMMERCE 7305 GRANDVIEW AVENUE ARVADA, CO 80002	84-0422091	501 ( C ) ( 6 )	25,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **16.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **1.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DRIVE LAFAYETTE, CO 80026	84-0820308	501 ( C ) ( 3 )	15,000.	0.			PROGRAM SUPPORT
THE ACTION CENTER 8755 WEST 14TH AVE LAKEWOOD, CO 80125	23-7019679	501 ( C ) ( 3 )	15,000.	0.			PROGRAM SUPPORT
VIA MOBILITY SERVICES 2855 N 63RD STREET BOULDER, CO 80301	84-0777296	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY OF METRO DENVER, INC. - 7535 EAST HAMPDEN AVENUE SUITE 600 - DENVER, CO 80231	74-2050021	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
MENTAL HEALTH PARTNERS 1455 DIXON AVE LAFAYETTE, CO 80026	84-0520493	501 ( C ) ( 3 )	7,500.	0.			PROGRAM SUPPORT
BROOMFIELD FISH 6 GARDEN CENTER BROOMFIELD, CO 80020	84-1591870	501 ( C ) ( 3 )	7,500.	0.			PROGRAM SUPPORT
A PRECIOUS CHILD, INC. 7051 W 118TH AVENUE BROOMFIELD, CO 80020	26-3349334	501 ( C ) ( 3 )	7,000.	0.			PROGRAM SUPPORT
RISE AGAINST SUICIDE 603 S PUBLIC ROAD 846 LAFAYETTE, CO 80026	27-3029987	501 ( C ) ( 3 )	6,500.	0.			PROGRAM SUPPORT
COAL CREEK MEALS ON WHEELS 455 N BURLINGTON LAFAYETTE, CO 80026	84-0634856	501 ( C ) ( 3 )	6,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HUMANITARIAN GRANTS	1057	0.	55,538.	FMV	TRANSPORTATION

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

PART I, LINE 2:

THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED OR REASON  
 FOR SUCH SUPPORT. ELIGIBILITY FOR FUNDING IS DETERMINED ON AN INDIVIDUAL  
 BASIS, CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES TO THE  
 ORGANIZATION'S MISSION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **INTERMOUNTAIN FRONT RANGE, INC.  
F/K/A SCL HEALTH - FRONT RANGE, INC.** Employer identification number **84-1103606**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANIE WADE FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	814,843.	278,696.	4,510,754.	71,363.	22,516.	5,698,172.	691,795.
(2) LYDIA JUMONVILLE FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,335,578.	1,836,066.	625,088.	544,613.	21,976.	4,363,321.	600,047.
(3) MARK KORTH DIRECTOR (PARTIAL)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	907,305.	700,064.	203,294.	599,392.	27,360.	2,437,415.	302,323.
(4) DANIEL POSSLEY, MD PHYSICIAN	(i)	851,791.	1,031,803.	17,458.	16,500.	42,189.	1,959,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SCOTT PEEK DIR/MKT PRES, FRONT RANGE MKT	(i)	705,729.	135,762.	184,322.	365,711.	31,658.	1,423,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JESS JOYMON, MD PHYSICIAN	(i)	891,623.	364,374.	26,789.	17,602.	38,343.	1,338,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	173,427.	149,635.	822,310.	7,846.	16,598.	1,169,816.	139,635.
(8) ADAM SMITH, MD PHYSICIAN	(i)	988,183.	6,606.	86,510.	19,800.	37,922.	1,139,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES TREADWELL, MD PHYSICIAN	(i)	574,832.	489,564.	8,554.	16,500.	37,456.	1,126,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JORDAN MCCOY, MD PHYSICIAN	(i)	751,536.	247,116.	59,586.	18,644.	35,134.	1,112,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTOPHER AWTREY CMO, FRONT RANGE MED GROUP (PARTIAL)	(i)	458,263.	152,715.	24,384.	206,116.	30,112.	871,590.	68,714.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAWN ANUSZKIEWICZ PRESIDENT GSMC	(i)	449,752.	102,393.	4,894.	221,067.	27,538.	805,644.	100,893.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JENNIFER ALDERFER FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	549,575.	130,931.	76,177.	14,518.	27,603.	798,804.	203,684.
(14) SEAN FADDEN FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	373,991.	113,292.	21,646.	169,153.	28,040.	706,122.	77,261.
(15) TONI GREEN-CHEATWOOD VP CHIEF MEDICAL OFFICER GSMC	(i)	386,918.	58,830.	3,505.	191,440.	30,112.	670,805.	58,830.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANDREA BURCH VP CHIEF OP/NURSING OFFICER LMC	(i)	337,361.	52,125.	33,898.	167,008.	31,410.	621,802.	84,123.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) SCOTT DAY	(i)	0.	0.	0.	0.	0.	0.	0.
VP HUMAN RESOURCE OPS LMC (PARTIAL)	(ii)	267,091.	53,589.	124,906.	119,545.	19,809.	584,940.	40,877.
(18) ANN GANTZER	(i)	285,814.	11,541.	80,606.	134,142.	30,112.	542,215.	11,541.
VP CHIEF NURSING OFFICER GSMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STEVEN HANKINS	(i)	334,255.	24,054.	16,307.	165,641.	1,783.	542,040.	24,054.
VP CHIEF OPERATING OFFICER GSMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) TROY STOEHR	(i)	0.	0.	0.	0.	0.	0.	0.
VP, FINANCE GSMC (PARTIAL)	(ii)	287,337.	30,661.	21,789.	123,120.	29,690.	492,597.	49,545.
(21) STEVEN BROWN	(i)	0.	0.	0.	0.	0.	0.	0.
VP CHIEF MED OFFICER LMC (PARTIAL)	(ii)	240,057.	60,149.	50,899.	95,073.	14,031.	460,209.	60,149.
(22) MICHELLE SHIAO	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	246,180.	36,688.	20,775.	124,339.	31,312.	459,294.	56,202.
(23) MEGAN DURNING	(i)	0.	0.	0.	0.	0.	0.	0.
VP STRATEGY AND BUS DEVELOPMENT LMC	(ii)	242,226.	36,513.	28,416.	108,631.	8.	415,794.	59,441.
(24) ASHLEY DENTON	(i)	244,064.	29,138.	994.	108,164.	30,112.	412,472.	29,138.
VP FINANCE LMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) PATRICE FARRELL-DELINE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	199,879.	30,582.	21,746.	91,371.	19,580.	363,158.	46,947.
(26) CALVIN BEASLEY	(i)	0.	0.	0.	0.	0.	0.	0.
VP INTEGRATIVE SVCS LMC (PARTIAL)	(ii)	143,181.	26,737.	109,658.	47,028.	19,911.	346,515.	96,828.
(27) SADIE SULLIVAN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY (PARTIAL)	(ii)	216,610.	16,441.	611.	34,708.	11,277.	279,647.	16,441.
(28) LARA ZARZECKI	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY (PARTIAL)	(ii)	220,178.	4,294.	806.	28,087.	18,864.	272,229.	4,294.
(29) THOMAS DONOHOE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	33,934.	90,379.	70,306.	3,434.	2,520.	200,573.	116,571.
(30) CHRISTINA JOHNSON	(i)	142,364.	3,907.	431.	13,303.	11,898.	171,903.	3,907.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE FILING ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX  
INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION. THESE  
AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS THAT RECEIVED  
TAX GROSS-UP PAYMENTS IN 2023 WERE: SCOTT PEEK - \$52,236; ANN GANTZER -  
\$24,996.

PART I, LINE 1B:

THE FILING ORGANIZATION DOES NOT HAVE A FORMAL WRITTEN POLICY FOR TAX  
INDEMNIFICATION AND GROSS-UP PAYMENTS. HOWEVER, BEFORE ANY TAX  
INDEMNIFICATION AND GROSS-UP PAYMENTS ARE MADE; PROPER APPROVAL FROM THE  
EMPLOYEE'S MANAGER IS REQUIRED. IN ADDITION, APPROVAL IS ALSO REQUIRED FROM  
HUMAN RESOURCES.

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR:

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED

**Part III Supplemental Information**

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

ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS)

OR BY SCL HEALTH - FRONT RANGE, INC. COMPENSATION FOR THE OFFICERS AND

SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD

COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCLHS AND ALL OF ITS

AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF

THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO

INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES. THE

COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR

THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE

SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE

CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT

COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH

SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS

AND RELIES UPON CURRENT, COMPARABLE MARKET DATA OF PEER ORGANIZATIONS PRIOR

TO MAKING COMPENSATION-RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES

COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR

FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN

THE GEOGRAPHIC AREA SERVED BY INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT

COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. THE BOARD PLACES A

**Part III Supplemental Information**

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

HIGH PRIORITY ON THE NEED TO RECURIT AND RETAIN A STRONG LEADERSHIP TEAM  
AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE. COMPENSATION LEVELS  
FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS OVERSIGHT.

AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE  
FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR  
MANAGEMENT.

- 1) COMPENSATION COMMITTEE
- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) COMPENSATION SURVEYS AND STUDIES
- 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO  
ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR  
MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY  
PHILOSOPHY SET BY THE BOARD.

**Part III Supplemental Information**

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

PART I, LINES 4A-B:

SCHEDULE J, PART I, LINE 4A:

SEVERANCE PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE

PAYMENTS TO DEPARTING EMPLOYEES. THE INDIVIDUALS AND THE AMOUNTS PAID FOR

SEVERANCE IN 2023 WERE: JOHN WICKLUND - \$433,300; CALVIN BEASLEY - \$36,201;

LYDIA JUMONVILLE - \$45,708; JANIE WADE - \$3,903,603.

SCHEDULE J, PART I, LINE 4B:

PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

A RELATED ORGANIZATION PROVIDES A NONQUALIFIED DEFERRED COMPENSATION PLAN

(NQDC) KNOWN AS THE SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

CONSISTENT WITH OTHER NONPROFIT HEALTH SYSTEMS. THIS PLAN ENABLES THE

**Part III** Supplemental Information

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

EXECUTIVE TO EARN BENEFITS DURING EACH YEAR OF PARTICIPATION.

IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COSTS AND HAVE GREATER CONTROL  
OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO  
A DEFINED CONTRIBUTION (DC) DESIGN. CERTAIN MEMBERS OF SENIOR MANAGEMENT  
WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN  
DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE  
DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER  
TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS.  
THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A  
SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE  
TERMS OF THE DC SERP (I.E., AFTER THREE YEARS) AND ARE PAID TO THE  
EXECUTIVE UPON VESTING.

NQDC SERP PLAN STARTING IN 2014

STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A  
BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE  
COMPENSATION. THE VESTING PERIOD IS A ROLLING 3 YEARS OR WHEN THE

**Part III Supplemental Information**

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

PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN

BEFORE JANUARY 1, 2014. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED

BELOW.

CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2023.

VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT UPON THE END OF EMPLOYMENT. THE

VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE

TAXABLE AMOUNTS ARE INCLUDED ON THE PARTICIPANTS' W-2.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2023 WERE: MARY KORTH -

\$168,447; TROY STOEHR - \$18,884; JOHN WICKLUND - \$299,497; ANDREA BURCH -

\$31,998; MEGAN DURNING - \$22,927; SCOTT DAY - \$106,441; CALVIN BEASLEY -

\$70,091; STEVEN BROWN - \$45,860; PATRICE FARRELL-DELINE - \$16,365; SEAN

FADDEN - \$19,923; LYDIA JUMONVILLE - \$395,839; JENNIFER ALDERFER - \$72,753;

JANIE WADE - \$552,445; THOMAS DONOHOE - \$47,631; MICHELLE SHIAO - \$19,514.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

INTERMOUNTAIN HEALTH CARE, INC. AND RELATED TAX-EXEMPT ORGANIZATIONS

ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN



**Part III Supplemental Information**

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

KEEPING WITH INTERMOUNTAIN HEALTH CARE, INC.'S CORE VALUE OF  
STEWARDSHIP, INTERMOUNTAIN HEALTH CARE, INC.'S BOARD COMPENSATION  
COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT  
COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR  
ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE  
COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE  
THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT  
IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET  
BY THE BOARD.

THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF  
THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). THE  
SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE  
ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES  
TO THE HEALTH SYSTEM. HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE  
SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM  
PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number	84-1103606
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FORM 990, PART III, LINES 4A - 4D

DESCRIPTION OF PROGRAM SERVICE ACHIEVEMENTS:

SCL HEALTH - FRONT RANGE, INC. (SCLFR) OPERATES LUTHERAN MEDICAL CENTER

(LMC) SERVING PRIMARILY WESTERN AND SOUTHERN SUBURBAN AREAS OF METRO

DENVER AND GOOD SAMARITAN MEDICAL CENTER (GSMC), SERVING PRIMARILY

BOULDER AND NORTHWEST COUNTIES OF METRO DENVER, AND OTHER AFFILIATED

MEDICAL OPERATIONS. LUTHERAN MEDICAL CENTER BEGAN IN 1905 AS THE

EVANGELICAL LUTHERAN SANITARIUM, A TENT COLONY FOR TUBERCULOSIS

PATIENTS. IN 1961, LUTHERAN HOSPITAL, A GENERAL MEDICAL FACILITY

LOCATED ON A 100-ACRE CAMPUS OPENED. IN 1973, A SIX-FLOOR TOWER WAS

ADDED AND IN 1985 A CRITICAL CARE UNIT WAS ADDED, BRINGING THE NUMBER

OF LICENSED BEDS TO 338, ITS CURRENT CAPACITY.

IN JANUARY 1998, LUTHERAN MEDICAL CENTER JOINED SAINT JOSEPH HOSPITAL

AND EXEMPLA MEDICAL GROUP TO FORM EXEMPLA HEALTHCARE, A NON-PROFIT

COMMUNITY BASED ORGANIZATION, TO MANAGE OPERATIONS OF THE HOSPITAL AND

MEDICAL GROUP. IN DECEMBER 2004, GOOD SAMARITAN MEDICAL CENTER, A

COMMUNITY-BASED, ACUTE-CARE HOSPITAL, WAS CONSTRUCTED BY SISTERS OF

CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IN 2010, EXEMPLA HEALTHCARE

WAS ACQUIRED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

IN DECEMBER 2013, THE NAME WAS CHANGED FROM EXEMPLA HEALTHCARE TO SCL

HEALTH - FRONT RANGE, INC.

ON APRIL 1, 2022, INTERMOUNTAIN HEALTH CARE, INC. AND SISTERS OF

CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AFFILIATED, CREATING A MODEL

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE  
 HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA,  
 WYOMING, AND KANSAS. THE ORGANIZATION EMPLOYS MORE THAN 66,000  
 CAREGIVERS, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND  
 RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE  
 MILLION PEOPLE IN UTAH, IDAHO AND NEVADA.

AS PART OF INTERMOUNTAIN HEALTH (INTEGRATED HEALTH SYSTEM), SCLFR HAS  
 DIRECT ACCESS TO BEST PRACTICES, RESOURCES, TECHNOLOGY, TALENT AND  
 STRATEGIC CAPITAL. GOOD SAMARITAN MEDICAL CENTER IS RECOGNIZED AS ONE  
 OF THE BEST MATERNITY HOSPITALS IN THE COUNTRY BY US NEWS AND WORLD  
 REPORT. LUTHERAN MEDICAL CENTER IS NATIONALLY RECOGNIZED WITH MAGNET  
 ACCREDITATION FOR NURSING EXCELLENCE.

SCLFR. HAS A VARIETY OF PROGRAMS AND SERVICES TO SERVE THE COMMUNITY  
 INCLUDING BUT NOT LIMITED TO:

LUTHERAN MEDICAL CENTER:

- CANCER CARE (CANCER CENTERS OF COLORADO, BREAST CARE CENTER)
- CERTIFIED COMPREHENSIVE STROKE CENTER
- EMERGENCY AND TRAUMA SERVICES (LEVEL II TRAUMA CENTER)
- FAMILY MEDICINE
- HEART AND NEUROVASCULAR CENTER
- HOSPICE AND PALLIATIVE CARE
- LABOR AND DELIVERY
- ORTHOPEDICS
- RADIOLOGY, IMAGING AND ANCILLARY SERVICES

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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- SENIOR BEHAVIORAL HEALTH
- SPORTS MEDICINE
- SURGERY CENTER (INCLUDING ROBOTIC-ASSISTED SURGERY)
- REHABILITATION SERVICES
- WOMEN'S HEALTH

GOOD SAMARITAN MEDICAL CENTER:

- CANCER CARE (CANCER CENTERS OF COLORADO)
- CHEST PAIN CENTER AND CARDIOVASCULAR CENTER OF EXCELLENCE
- EMERGENCY AND TRAUMA SERVICES (LEVEL II TRAUMA CENTER)
- INTEGRATIVE HEALTH AND HEALING CENTER
- LABOR AND DELIVERY, LEVEL II NEONATAL CARE UNIT
- ORTHOPEDICS, BONE AND JOINT INSTITUTE
- PALLIATIVE CARE
- RADIOLOGY, IMAGING AND ANCILLARY SERVICES
- STROKE CENTER
- SURGERY CENTER (INCLUDING ROBOTIC-ASSISTED SURGERY)
- REHABILITATION SERVICES
- WOMEN'S HEALTH

DURING 2023, SCLFR HAD THE FOLLOWING RESULTS:

ADMISSIONS - 28,175

OUTPATIENT VISITS - 266,083

EMERGENCY ROOM VISITS - 99,313

BIRTHS - 2,905

SURGERIES - 13,701

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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LAB TESTS - 1,627,930

MISSION, VISION, AND VALUES:

MISSION:

HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.

VISION:

BE A MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICE AT AN AFFORDABLE COST.

VALUES:

- WE ARE LEADERS IN CLINICAL EXCELLENCE, DELIVERING SAFE, BEST-IN-QUALITY CARE
- WE BELIEVE IN WHAT WE DO, LIVING OUR MISSION EVERY DAY
- WE SERVE WITH EMPATHY, CARING FOR EACH CAREGIVER, PATIENT, AND MEMBER WITH COMPASSION AND RESPECT
- WE ARE PARTNERS IN HEALTH, COLLABORATING TO KEEP PEOPLE WELL
- WE DO THE RIGHT THING, LEARNING AND ACTING WITH PURPOSE
- WE ARE BETTER TOGETHER, BUILDING COMMUNITY THROUGH TEAMWORK AND BELONGING

FORM 990, PART V, LINE 1A

EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:

THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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BE FILED.

FORM 990, PART VI, SECTION A, LINE 2:

MARK KORTH / SADIE SULLIVAN / LARA ZARZECKI / JOHN WICKLUND - BUSINESS

RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN SISTERS OF CHARITY HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION).

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

POWER TO ELECT OR APPOINT MEMBERS:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC., THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE, INC., HAS THE POWER TO APPOINT MEMBERS OF THE SCL HEALTH - FRONT RANGE, INC. BOARD OF DIRECTORS, SUBJECT TO THE RATIFICATION BY THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS:

WHILE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) IS THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE, INC., RESERVED POWERS ARE PRIMARILY HELD BY INTERMOUNTAIN HEALTH CARE, INC. (INTERMOUNTAIN), WHO AS A

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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RESULT OF AFFILIATION, IS A MEMBER OF SCLHS. SCLHS HAS THE POWER TO APPOINT

TRUSTEES TO THE BOARD OF DIRECTORS, WHICH ARE SUBJECT TO RATIFICATION BY

INTERMOUNTAIN. RESERVED POWERS HELD BY INTERMOUNTAIN INCLUDE:

- ESTABLISH THE MISSION, VISION, AND VALUES FOR THE CORPORATION;

- DEVELOP, ADOPT, AND OVERSEE STRATEGY, GOALS, OBJECTIVES, POLICIES,

STANDARDS, AND GUIDELINES FOR THE CORPORATION;

- ADOPT, AMEND, OR REPEAL THE GOVERNING DOCUMENTS OF THE CORPORATION;

- FIX THE NUMBER OF TRUSTEES OF THE BOARD AND APPOINT AND REMOVE TRUSTEES

TO AND FROM THE BOARD;

- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS

OF THE CORPORATION;

- PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING

APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE

OFFICER OF THE CORPORATION;

- OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE,

INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR

THE PROPER OPERATION OF THE CORPORATION;

- OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE

DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN

ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND

EVIDENCED-BASED MEDICINE;

- APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE,

LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF

THE ASSETS OF THE CORPORATION;

- APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE

RESTRUCTURING OF THE CORPORATION;

- OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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CORPORATION; AND

- DIRECT FINANCES AND INVESTMENTS OF THE ORGANIZATION, INCLUDING CONTROLS,  
OPERATING AND CAPITAL BUDGETS, INTERCOMPANY TRANSFERS OR LOANS, AND  
SELECTION AND REMOVAL OF EXTERNAL AUDITORS.

THE OTHER MEMBER OF SCLHS IS LEAVEN MINISTRIES, WHO WAS GRANTED THE

FOLLOWING RESERVED POWERS:

- TO APPROVE THE ADOPTION, AMENDMENT OR REPEAL OF THE CIVIL ARTICLES OF  
INCORPORATION OR BYLAWS OF SCLHS, OF ANY CIVIL CORPORATION OF WHICH SCLHS  
IS THE CONTROLLING MEMBER, AND OF ANY SUBSIDIARY CORPORATION OF SCLHS;

- TO FIX THE NUMBER AND APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF  
SCLHS;

- TO REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF TRUSTEES OF  
SCLHS;

- TO APPROVE FOR SCLHS, ANY CORPORATION OF WHICH SCLHS IS THE CONTROLLING  
MEMBER, OR ANY SUBSIDIARY CORPORATION OF SCLHS, THE INCURRENCE OF  
INDEBTEDNESS OR THE SALE, TRANSFER, ASSIGNMENT, OR ENCUMBERING OF THE  
ASSETS, PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE MEMBERS  
OF LEAVEN MINISTRIES;

- TO APPROVE ANY OTHER ACTION WHICH, IN ACCORDANCE WITH THE CIVIL CORPORATE  
DOCUMENTS GOVERNING SCLHS IS RESERVED TO THE MEMBERS OF LEAVEN MINISTRIES;

- TO APPROVE ANY ALIENATION, SALE, GIFT OR OTHER TRANSFER OF THE REAL  
PROPERTY HELD BY ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES ECCLESIASTICAL  
GOODS;

- TO APPROVE ANY DISSOLUTION, FILING OF A BANKRUPTCY PETITION, MERGER,  
CONSOLIDATION OR CHANGE OF MAJORITY CONTROL OF ANY SCLHS CATHOLIC ENTITY;

- TO APPROVE ANY MORTGAGE OR OTHER SECURITY INSTRUMENT THAT DIRECTLY



Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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ENCUMBERS THE REAL PROPERTY OF ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES

ECCLESIASTICAL GOODS;

- TO MONITOR, OVERSEE AND ENFORCE THE CATHOLIC PROTECTIONS INCLUDING THOSE

ON-GOING OBLIGATIONS OF INTERMOUNTAIN HEALTH CARE, INC.SET FORTH IN THE

MERGER AGREEMENT THAT ARE FOR THE BENEFIT OF LEAVEN MINISTRIES; AND

- TO APPROVE ANY ALTERATION, REVOCATION, SUSPENSION, OR OTHER TERMINATION

OR MODIFICATION OF THE RESERVED POWERS SET FORTH HEREIN.

IN THE EVENT ANY CONFLICTS ARISE BETWEEN THE RESERVED POWERS GRANTED TO

LEAVEN MINISTRIES AND THOSE OF INTERMOUNTAIN, THE LEAVEN RESERVED POWERS

WILL CONTROL.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED TO REVIEW THE FORM 990:

THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF INTERMOUNTAIN HEALTH

CARE, INC. AND SUBSIDIARIES. THE DRAFT FORM 990 IS REVIEWED BY CERTAIN

MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FINAL FORM 990 IS PROVIDED TO

THE BOARD OF DIRECTORS PRIOR TO THE FILING WITH THE INTERNAL REVENUE

SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS

HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY

BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY

REPORTED INFORMATION CHANGES. ADDITIONALLY, BOARD MEMBERS ARE ASKED AT THE

BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF THEY ARE AWARE OF ANY

Name of the organization	INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number	84-1103606
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CONFLICTS.

ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY

INTERMOUNTAIN'S CHIEF COMPLIANCE OFFICER. POTENTIAL CONFLICTS OF INTEREST

ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT

LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT AND

THE LEGAL DEPARTMENT. IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A

CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE

MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE

ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST).

FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF

INTERMOUNTAIN HEALTH CARE, INC.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B (POLICIES) LINES 15(A) & 15(B)

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED

ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS)

OR BY SCL HEALTH - FRONT RANGE, INC. COMPENSATION FOR THE OFFICERS AND

SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD

COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCLHS AND ALL OF ITS

AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF

THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO

INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES. THE

COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR

THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE

SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT  
 COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH  
 SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS  
 AND RELIES UPON CURRENT, COMPARABLE MARKET DATA OF PEER ORGANIZATIONS PRIOR  
 TO MAKING COMPENSATION-RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES  
 COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR  
 FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN  
 THE GEOGRAPHIC AREA SERVED BY INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT  
 COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. THE BOARD PLACES A  
 HIGH PRIORITY ON THE NEED TO RECURIT AND RETAIN A STRONG LEADERSHIP TEAM  
 AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE. COMPENSATION LEVELS  
 FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS OVERSIGHT.

AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE  
 FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR  
 MANAGEMENT.

- 1) COMPENSATION COMMITTEE
- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) COMPENSATION SURVEYS AND STUDIES
- 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO  
 ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR  
 MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY  
 PHILOSOPHY SET BY THE BOARD.

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL

STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION B, LINE 2

INDEPENDENT CONTRACTORS:

THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT

ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND

RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO

BE FILED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 48,217,415.

MANAGEMENT AND GENERAL EXPENSES 3,476,491.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 51,693,906.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 19,101,765.

MANAGEMENT AND GENERAL EXPENSES 1,377,243.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 20,479,008.

Name of the organization	INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number	84-1103606
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PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	63,569,125.
MANAGEMENT AND GENERAL EXPENSES	4,583,355.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,152,480.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	140,325,394.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FAIR VALUE ACQUISITION ADJUSTMENT	-5,399,644.
THIRD PARTY MEDICARE ADJUSTMENT	-1,345,934.
TRANSFER OF FUNDS TO AN AFFILIATE	-247,517.
TOTAL TO FORM 990, PART XI, LINE 9	-6,993,095.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization INTERMOUNTAIN FRONT RANGE, INC. F/K/A SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GOOD SAMARITAN MEDICAL CENTER, LLC - 43-1982139, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	HOSPITAL SERVICES	COLORADO	343,111,146.	241,978,807.	SCL HEALTH - FRONT RANGE, INC.
SCL HEALTH MEDICAL GROUP - DENVER, LLC - 46-3778226, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	230,534,711.	42,712,741.	SCL HEALTH - FRONT RANGE, INC.
SCL PHYSICIANS - RMPC, LLC - 35-2563201 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	0.	0.	SCL HEALTH MEDICAL GROUP - DENVER, LLC
SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC - 46-3778277, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81502	PHYSICIAN SERVICES	COLORADO	127,180,815.	10,882,344.	SCL HEALTH - FRONT RANGE, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. - 23-7379161, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KANSAS	501(C)(3)	LINE 12C, III-FI	INTERMOUNTAIN HEALTH CARE, INC.	X	
SCL HEALTH FOUNDATION - 82-3290526 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SISTERS OF CHARITY OF LEAVENWORTH	X	
SCL HEALTH RESEARCH INSTITUTE, INC. - 85-2014794, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL RESEARCH	COLORADO	501(C)(3)	LINE 4	SISTERS OF CHARITY OF LEAVENWORTH	X	
INTEGRITY HEALTH - 47-4520350 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12C, III-FI	SISTERS OF CHARITY OF LEAVENWORTH	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

SEE PART VII FOR CONTINUATIONS

**Part I** Continuation of 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
SCL HEALTH - FRONT RANGE NETWORK, LLC - 85-1517471, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	CLINICALLY INTEGRATED NETWORK	COLORADO	0.	0.	SCL HEALTH - FRONT RANGE, INC.

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	X	
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL	X	
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH	X	
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH	X	
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH	X	
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.	X	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.	X	
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.	X	
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH	X	
ST. MARY'S HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,	X	
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH	X	
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH	X	



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE	X	
ST. JAMES HEALTHCARE - 81-0231785 400 SOUTH CLARK STREET BUTTE, MT 59701	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH	X	
ST. JAMES HEALTHCARE FOUNDATION, INC. - 65-1202190, 400 SOUTH CLARK STREET, BUTTE, MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	ST. JAMES HEALTHCARE	X	
SCL HEALTH - MONTANA - 81-0232124 1233 NORTH 30TH STREET BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH	X	
ST. VINCENT HEALTHCARE FOUNDATION, INC. - 81-0468034, 1106 NORTH 30TH STREET, BILLINGS, MT 59101	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	SCL HEALTH - MONTANA	X	
INTERMOUNTAIN HEALTH CARE, INC. - 87-0269232 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	HOLDING COMPANY	UTAH	501(C)(3)	LINE 12B, II	N/A		X
INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC. - 94-2853320, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE, INC.	X	
SELECTHEALTH, INC. - 87-0409820 5381 GREEN STREET MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UTAH	501(C)(4)		INTERMOUNTAIN HEALTH CARE, INC.	X	
INTERMOUNTAIN HEALTH CARE RETIREE VEBA - 74-2675605, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	RETIREE BENEFIT	UTAH	501(C)(9)		INTERMOUNTAIN HEALTH CARE, INC.	X	
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. - 80-0225150, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTH SERVICES, INC.	X	
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC. - 20-0160881, 6355 SOUTH BUFFALO, LAS VEGAS, NV 89113	HOLDING COMPANY	DELAWARE	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH SERVICES, INC.	X	
IHC HEALTH SERVICES, INC. - 94-2854057 36 S STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111	HEALTHCARE	UTAH	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH CARE, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER) - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS, MT	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMIT SURGERY CENTER, LLC - 81-0536068, 434 SOUTH CLARK STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARENT LABORATORY SOLUTIONS, LLC - 32-0557616, 22240 COUNTRY ROAD 39, LASALLE, CO 80645	MEDICAL LABORATORY	CO	N/A	C CORP	N/A	N/A	N/A	X	
CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A	X	
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	REAL ESTATE MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A	X	
LEAVEN INSURANCE COMPANY, LTD. - 98-0370522 23 LIME TREE BAY AVENUE, WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK, INC. - 46-3632053, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A	X	

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OP SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MONUMENT HEALTH, LLC. - 47-4424617, 744 HORIZON CT., STE. 260, GRAND JUNCTION, CO 81506	HEALTH CARE NETWORK	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OP CANCER	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GALLATIN VALLEY SURGERY CENTER, LLC - 88-2505265, 2825 WEST MAIN STREET, SUITE C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FIRST FLIGHT OF WYOMING, LLC - 92-1785143, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MCKAY DEE SURGICAL CENTER, LLC - 26-0286308, 3895 HARRISON BLVD, STE 200, OGDEN, UT 84403	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GRANDEUR PEAK INTERNATIONAL STALWARTS, LP - 47-5468723, 136 S. MAIN STREET, STE 720, SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INNOVATION FUND HOLDINGS COMPANY, LLC - 47-1525723, 1000 WEST FULTON STREET, STE 213, CHICAGO, IL 60607	INNOVATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHBOX SALT LAKE CITY I, LLC - 46-5338772, 33 WEST MONROE STREET, STE 1700, CHICAGO, IL 60603	INNOVATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INTERMOUNTAIN VENTURES FUND, LLC - 84-4037085, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PELION OPPORTUNITY FUND III, LLC - 84-2757193, 2750 E COTTONWOOD PARKWAY, STE 600, SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP KOREA BUYOUT INVESTORS II, LP - 82-4971663, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP SPECIAL SITUATIONS II, LP - 83-2883726, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AACP KOREA BUYOUT INVESTORS IV, LP - 98-1549044, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LOGAN SURGERY CENTER, LLC - 86-1965725, 1300 NORTH 500 EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. GEORGE SURGERY CENTER, LLC - 85-3880188, 652 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HW AE CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300 WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SARATOGA SPRINGS SURGERY CENTER, LLC - 87-3875864, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PARK CITY SURGICAL CENTER REAL ESTATE, LLC - 86-2568233, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CDHC 3, LLC - 87-3215157 265 N. COUNTRY MANOR LANE ALPINE, UT 84004	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ARK GLOBAL EMERGING COMPANIES, LP - 82-3044843, 22 EAST 100 SOUTH, 3RD FLOOR, SALT LAKE CITY, UT 84111	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PELION OPPORTUNITY FUND IV, LLC - 85-3909188, 14761 S. FUTURE WAY, SUITE 500, SALT LAKE CITY, UT 84020	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LAYTON SURGERY CENTER, LLC - 92-3229013, 265 EAST LAYTON PARKWAY, LAYTON, UT 84041	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SELECTHEALTH BENEFIT ASSURANCE COMPANY - 87-0497549, 5381 GREEN STREET, MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A	X	
HEALTHCARE CAPTIVE INSURANCE COMPANY - 20-1937561, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A	X	
ALLUCEO, INC. - 82-4614934 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	MENTAL HEALTH INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A	X	
SALTZER MEDICAL GROUP, INC. - 82-0299231 215 EAST HAWAII AVENUE NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
CLASSIC MEDICAL, INC. - 46-1141912 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	X	
CLASSIC HELICOPTERS, INC. - 46-1153642 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	X	
CULMINATION BIO, INC. - 36-5016511 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A	X	
CAN YOU PLAY?, INC. - 88-0846977 1541 SOUTH 120 EAST FARMINGTON, UT 84025	SOFTWARE DEVELOPMENT	UT	N/A	C CORP	N/A	N/A	N/A	X	

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	B	562,081. CASH	
(2) LUTHERAN MEDICAL CENTER FOUNDATION	B	879,270. CASH	
(3) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	C	481,237. CASH	
(4) LUTHERAN MEDICAL CENTER FOUNDATION	C	1,841,272. CASH	
(5) SAINT JOSEPH HOSPITAL, INC.	C	6,676,432. CASH	
(6) ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	C	18,294,220. CASH	



**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	M	134,998,906.	CASH
(8) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	P	3,159,078.	CASH
(9) SAINT JOSEPH HOSPITAL, INC.	Q	7,667,307.	CASH
(10) BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Q	2,320,197.	CASH
(11) SAINT JOSEPH HOSPITAL, INC.	S	20,484,517.	CASH
(12) ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	S	24,933,661.	CASH
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH  
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SAINT JOSEPH HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH  
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH  
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL FOUNDATION

DIRECT CONTROLLING ENTITY: ST. MARYS HOSPITAL & MEDICAL CENTER, INC

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH  
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH  
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831

Electronic Filing PDF Attachment



CONSOLIDATED FINANCIAL STATEMENTS

Intermountain Health Care, Inc. and Affiliated Companies  
Years Ended December 31, 2023 and 2022  
with Independent Auditors' Report





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

## Independent Auditors' Report

Audit and Compliance Committee  
Intermountain Health Care, Inc.:

### ***Opinion***

We have audited the consolidated financial statements of Intermountain Health Care, Inc. and affiliated companies (the Health System), which comprise the consolidated balance sheets as of December 31, 2023 and 2022, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of December 31, 2023 and 2022, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Consolidated Financial Statements***

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.



### ***Auditors' Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*KPMG LLP*

Salt Lake City, Utah  
March 19, 2024

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Balance Sheets  
(In Millions)

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Assets</b>		
Current assets:		
Cash and equivalents	\$ 801	\$ 792
Assets limited as to use	1,726	1,429
Patient accounts receivable	1,437	1,388
Due from brokers for securities sold	553	300
Inventory	266	284
Other current assets	901	608
<b>Total current assets</b>	<b>5,684</b>	<b>4,801</b>
Assets limited as to use	13,638	12,438
Property and equipment, net	6,481	6,145
Other assets	1,550	1,508
<b>Total assets</b>	<b>\$ 27,353</b>	<b>\$ 24,892</b>
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 1,000	\$ 924
Compensation and related liabilities	615	579
Due to brokers for securities purchased	1,103	525
Medical claims payable	325	347
Other current liabilities	452	364
Current portion of long-term debt	54	59
Long-term debt subject to short-term remarketing arrangements	623	904
<b>Total current liabilities</b>	<b>4,172</b>	<b>3,702</b>
Long-term debt	3,784	3,628
Other liabilities	1,087	857
Net assets:		
Without donor restrictions	17,771	16,194
With donor restrictions	539	511
	<b>18,310</b>	<b>16,705</b>
<b>Total liabilities and net assets</b>	<b>\$ 27,353</b>	<b>\$ 24,892</b>

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Operations and Changes in Net Assets  
(In Millions)

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Revenues</b>		
Patient services	\$ 9,474	\$ 8,074
Premiums and capitation	5,646	5,112
Other revenues	940	751
	<u>16,060</u>	<u>13,937</u>
<b>Expenses</b>		
Employee compensation and benefits	6,933	5,988
Supplies	2,897	2,466
Medical claims	2,800	2,574
Other expenses	2,575	2,135
	<u>15,205</u>	<u>13,163</u>
<b>Earnings before interest, depreciation and amortization</b>	855	774
Depreciation and amortization	615	552
Interest	103	101
	<u>718</u>	<u>653</u>
<b>Net operating income</b>	137	121
<b>Nonoperating income</b>		
Investment income (loss)	1,505	(1,568)
Contribution from affiliation	(36)	4,078
	<u>1,469</u>	<u>2,510</u>
<b>Excess of revenues over expenses</b>	<u>\$ 1,606</u>	<u>\$ 2,631</u>

*(continued)*

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Operations and Changes in Net Assets (continued)  
(In Millions)

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Net assets without donor restrictions</b>		
Excess of revenues over expenses	\$ 1,606	\$ 2,631
Unrecognized changes in funded status of postretirement benefit plans	(56)	335
Other	27	34
<b>Increase in net assets without donor restrictions</b>	<u>1,577</u>	<u>3,000</u>
<b>Net assets with donor restrictions</b>		
Contributions	75	123
Investment income (loss)	13	(13)
Restricted contribution from affiliation	—	97
Net assets released from restrictions and other	(60)	(99)
<b>Increase in net assets with donor restrictions</b>	<u>28</u>	<u>108</u>
<b>Increase in net assets</b>	1,605	3,108
Net assets at beginning of year	<u>16,705</u>	<u>13,597</u>
<b>Net assets at end of year</b>	<u>\$ 18,310</u>	<u>\$ 16,705</u>

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Cash Flows  
(In Millions)

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Reconciliation of increase in net assets to net cash provided by operating activities</b>		
Increase in net assets	\$ 1,605	\$ 3,108
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Investment losses (gains), net	(1,232)	1,922
Contribution from affiliation	36	(4,175)
Net change in fair value of interest rate swaps	3	(149)
Unrecognized changes in funded status of postretirement benefit plans	56	(335)
Postretirement benefit plans expense, net of contributions	71	(8)
Restricted contributions	(31)	(42)
Depreciation and amortization	615	552
Net change in current assets and liabilities:		
Patient accounts receivable	(73)	(98)
Inventory	18	(14)
Other current assets	(293)	(46)
Accounts payable and accrued liabilities	76	47
Compensation and related liabilities	36	(25)
Medical claims payable	(22)	72
Other current liabilities	81	(272)
Other	26	(136)
<b>Net cash provided by operating activities</b>	<b>\$ 972</b>	<b>\$ 401</b>

*(continued)*

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Cash Flows (continued)  
(In Millions)

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Investing activities</b>		
Purchases of property and equipment	\$ (930)	\$ (814)
Net sales (purchases) of investments	77	(100)
Cash acquired through affiliation	—	104
<b>Net cash used in investing activities</b>	<u>(853)</u>	<u>(810)</u>
<b>Financing activities</b>		
Proceeds from issuance of debt	13	1,448
Repayment of debt	(107)	(671)
Borrowings under term loan agreement	—	234
Repayment of borrowings under term loan agreement	—	(234)
Restricted contributions and other	31	42
<b>Net cash provided by (used in) financing activities</b>	<u>(63)</u>	<u>819</u>
<b>Net increase in cash and equivalents</b>	56	410
Cash and equivalents at beginning of year	833	423
<b>Cash and equivalents at end of year</b>	<u>\$ 889</u>	<u>\$ 833</u>
<b>Reconciliation of cash and equivalents</b>		
Cash and equivalents	\$ 801	\$ 792
Cash in assets limited as to use	88	41
<b>Cash and equivalents</b>	<u>\$ 889</u>	<u>\$ 833</u>

See accompanying notes to consolidated financial statements.

# Intermountain Health Care, Inc. and Affiliated Companies

## Notes to Consolidated Financial Statements

*(Dollars in Millions)*

### **1. Organization**

The mission of Intermountain Health Care, Inc. (Intermountain) is “helping people live the healthiest lives possible.” Intermountain is a Utah nonprofit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Internal Revenue Code (Code). Intermountain is the sole corporate member or parent company of several nonprofit companies, the most significant of which is IHC Health Services, Inc. (Health Services). Health Services, which has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, owns and manages hospitals, clinics and other health-related operations, principally in Utah and Idaho. Intermountain is the sole corporate member of SelectHealth, Inc. (Select Health), a licensed health maintenance organization and third-party administrator that has been granted an exemption from federal income tax as a social welfare organization under Section 501(c)(4) of the Code. Intermountain is also the sole corporate member of Intermountain Medical Holdings Nevada, Inc. (Intermountain Nevada), which provides medical services to members under capitation agreements and operates clinics in the state of Nevada. Health Services’ membership interest in Intermountain Nevada was assigned to Intermountain on January 1, 2022.

Effective April 1, 2022, Sisters of Charity of Leavenworth Health System, Inc. (SCL Health), a Catholic ministry that operates as a Kansas nonprofit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, affiliated with Intermountain and the combined entity began doing business as Intermountain Health. SCL Health operates hospitals and clinics in Colorado, Montana, Kansas and Wyoming. Leaven Ministries is a canonical entity and the sponsor of SCL Health. The mission of SCL Health is to reveal and foster God’s healing love by improving the health of the people and communities that SCL Health serves, especially those who are poor and vulnerable. The applicable SCL Health care sites continue to operate in accordance with the Catholic ethical and religious directives.

SCL Health contributed \$4,042 of net assets without donor restrictions and \$97 of net assets with donor restrictions to Intermountain, inclusive of adjustments during the one-year measurement period, which are reported as contributions from affiliation in the consolidated statements of operations and changes in net assets. See Note 3.

### **2. Significant Accounting Policies**

#### Principles of Consolidation

The consolidated financial statements include the operations of Intermountain and its affiliated companies (the Health System), which include Health Services, SCL Health, Select Health and Intermountain Nevada. Intercompany balances and transactions have been eliminated in consolidation.



Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires certain estimates that affect the reported amounts of assets, liabilities, revenues and expenses and amounts disclosed in the notes to the consolidated financial statements. Due to uncertainties inherent in these estimation processes, there is at least a reasonable possibility that actual results may differ materially from these estimates in the near term.

Charity Care

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

Cash and Equivalents

Cash and equivalents consist of deposits with banks and highly liquid investments in interest-bearing securities with original maturity dates of three months or less at the date of purchase. Certain cash equivalents included in assets limited as to use in the consolidated balance sheets are intended to be invested on a long-term basis and are therefore excluded from cash and equivalents in the consolidated statements of cash flows.

Assets Limited as to Use

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

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Assets Limited as to Use (continued)

The Health System accounts for its investments on a trade-date basis. Investment sales and purchases initiated prior to the consolidated balance sheet date that are to be settled subsequent to the consolidated balance sheet date result in amounts due from and to brokers. Changes in these assets and liabilities represent noncash investing activities excluded from the consolidated statements of cash flows. The cost of investments sold is determined in accordance with the average-cost method. Realized gains and losses are included in investment income (loss) in the consolidated statements of operations and changes in net assets.

Fair Value of Financial Instruments

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction among market participants on the measurement date. The carrying amounts of patient accounts receivable and accounts payable and accrued liabilities approximate fair value due to the short-term nature of these instruments. Cash and equivalents and assets limited as to use are carried at fair value.

Concentrations of Credit Risk

Financial instruments that potentially subject the Health System to concentrations of credit risk consist primarily of patient accounts receivable. Medicare and Medicaid accounts, including amounts receivable from government-sponsored plans through Select Health, represent 51% and 47% of net patient accounts receivable as of December 31, 2023 and 2022, respectively. Management does not believe there are any other significant concentrations of credit risk as of December 31, 2023 or 2022.

Inventory

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

Property and Equipment

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

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Long-lived Assets

Long-lived assets are reviewed for impairment when there is evidence that events or changes in circumstances indicate the carrying amount of such assets may not be fully recoverable. Recoverability of an asset or asset group is assessed by comparing the carrying amount to the estimated undiscounted future net cash flows. If impairment is indicated, then the carrying amount of long-lived assets is reduced to the approximate fair value. In addition, remaining estimated useful lives of long-lived assets are reduced based on planned changes in the intended use of the assets.

Goodwill

Goodwill is reviewed for impairment on an annual basis or sooner if indicators of impairment arise. Indicators of impairment are generally based on market conditions and operational performance.

Medical Claims Payable

Medical claims payable represents amounts payable to unaffiliated healthcare providers for claims reported to Select Health and Intermountain Nevada and actuarial estimates of claims incurred but not reported as of the consolidated balance sheet dates. The liability for these medical benefits is reviewed on a regular basis and reflects management's best estimate of claims Select Health and Intermountain Nevada expect to pay.

Leases

The Health System determines if an arrangement is a lease at the inception of the contract and recognizes rights and obligations of lease contracts as right-of-use assets and lease liabilities, respectively, at the contract commencement date based on the present value of the lease payments over the expected lease term. In the absence of a stated interest rate in the lease contract, the Health System uses its incremental borrowing rate to determine the present value of the lease payments. The Health System does not separate lease components from nonlease components of the lease contract when determining lease rights and obligations.

Pension and Other Postretirement Plans

Intermountain records amounts related to its pension and other postretirement plans based on estimates that incorporate various actuarial and other assumptions, including discount rates, mortality, rates of return, compensation increases and employee turnover rates. Management reviews these assumptions on an annual basis and modifies them based on current rates and trends, as appropriate. The financial impact of modifications to the assumptions is recorded as a change in net assets without donor restrictions excluded from excess of revenues over expenses and is amortized to nonoperating income over future periods using the corridor method. Management believes that the assumptions utilized in recording its obligations under its pension and other postretirement plans are reasonable based on the experience of these plans and market conditions.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Net Assets

Net assets not restricted by donors are reported as net assets without donor restrictions in the consolidated balance sheets.

Net assets restricted by donors for specified purposes or investment in perpetuity are reported as net assets with donor restrictions in the consolidated balance sheets. When donor-specified purposes are satisfied, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as other revenues or other changes in unrestricted net assets, depending on the nature of the restriction.

Patient Services Revenues

Patient services revenues are derived from contracts for healthcare services provided by the Health System to patients. The Health System receives payments directly from patients or on behalf of patients from the federal government under the Medicare program, state governments under their Medicaid programs, private insurance companies and managed care programs. The Health System recognizes patient services revenues from patients and third-party payers at amounts it expects to receive (net of contractual adjustments, adjustments for unpaid services and discounts), including variable consideration for certain estimated retroactive adjustments under payment programs with third-party payers, in exchange for providing patient care. Estimates of contractual adjustments for third-party payers are based on payment terms in the associated contractual agreements and payment history. Patient services revenues are also adjusted in future periods as final settlements and reconciliations with third-party payers are determined. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient services revenues in the period of the change.

For uninsured patients who do not qualify for charity care, the Health System recognizes patient services revenues for services provided on a discounted basis from its established rates, as provided by policy. Accordingly, the Health System records adjustments to patient services revenues in the period services are rendered for amounts not expected to be paid.

Management estimates the adjustments recorded for these unpaid services by assessing the collectibility, timing and amount of patient services revenues by considering historical collection rates for each major payer source, general economic trends and other indicators. Management also assesses the adequacy of the adjustments for unpaid services based on historical write-offs, patient accounts receivable aging and other factors.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Patient Services Revenues (continued)

Performance obligations for healthcare services provided to patients generally relate to contracts of one year or less. Performance obligations for inpatient services are generally completed at the time the patients are discharged. Performance obligations for outpatient services are generally satisfied over a period of less than a day. Because its performance obligations relate to contracts with a duration of less than one year, the Health System has not disclosed the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period. The unsatisfied or partially satisfied performance obligations are primarily related to inpatient services at the end of the reporting period.

Premiums and Capitation

Premium revenues are derived from Select Health membership contracts with employer groups, individuals and government entities that are generally written on an annual basis. The associated premiums are recognized as revenue in the period in which enrolled members are entitled to receive healthcare services. Amounts received by Select Health prior to the period of coverage are included in other current liabilities in the consolidated balance sheets.

Intermountain Nevada has capitation contracts with third-party payers that pay annual fixed amounts per enrolled member to effectively subcontract a significant portion of the responsibilities and risks for managing patient care to Intermountain Nevada. Intermountain Nevada recognizes capitation revenues from third-party payers at amounts it expects to receive in exchange for providing patient care, including variable consideration for certain estimated retroactive adjustments under these capitation contracts. Capitation revenues are also adjusted in future periods as final settlements and reconciliations with third-party payers are determined. Subsequent changes to the estimates of the transaction price are generally recorded as adjustments to capitation revenues in the period of the change. Performance obligations for capitation revenues are generally satisfied over a period of one year or less.

Other Revenues

Other revenues primarily include pharmacy sales, lab services to unaffiliated healthcare providers, foundation funds released from restriction, population health at-risk contracts, third-party administration fees, medical office rentals and cafeteria sales. The Health System recognizes other revenues at amounts that reflect the consideration it has received, or to which it expects to be entitled, in exchange for providing products or services. Performance obligations for other revenues are generally satisfied over a period of one year or less.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Operating and Nonoperating Activities

The Health System's primary objective is to meet the health needs of individuals through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, clinical services, health insurance and other healthcare services. Activities directly associated with the furtherance of this objective are considered to be operating activities. Nonoperating activities are included in nonoperating income in the consolidated statements of operations and changes in net assets and include investment activities, contributions from affiliation and the financial results of certain affiliates for which the Health System has controlling ownership interests, but are peripheral to the Health System's primary objective.

Excess of Revenues over Expenses

Excess of revenues over expenses includes the Health System's operating and nonoperating activities. Changes in net assets without donor restrictions not included in excess of revenues over expenses primarily include unrecognized changes in funded status of postretirement benefit plans.

**3. Organizational Changes**

As described in Note 1, effective April 1, 2022, Intermountain affiliated with SCL Health. This strategic affiliation was designed to provide expanded access to healthcare services and greater affordability in the communities served within the geographic footprint of the Health System.

The affiliation was accounted for under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-805, *Not-for-Profit Entities – Business Combinations*. The affiliation did not involve the payment of consideration and resulted in an excess of assets contributed over liabilities assumed, which are reported as contributions from affiliation in the consolidated statements of operations and changes in net assets. The Health System finalized all adjustments associated with the business combination in 2023.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**3. Organizational Changes (continued)**

The following table summarizes the fair value of the SCL Health assets contributed and liabilities assumed as of April 1, 2022, inclusive of adjustments during the one-year measurement period:

Cash and equivalents	\$ 104
Assets limited as to use, current	152
Patient accounts receivable	332
Due from brokers for securities sold	60
Inventory	58
Other current assets	166
Assets limited as to use, noncurrent	2,646
Property and equipment, net	2,432
Other assets	238
Accounts payable and accrued liabilities	(211)
Compensation and related liabilities	(143)
Due to brokers for securities purchased	(127)
Other current liabilities	(172)
Current portion of long-term debt	(32)
Long-term debt subject to short-term remarketing arrangements	(111)
Long-term debt	(1,042)
Other liabilities	(211)
Fair value of assets and liabilities	<u>4,139</u>
Net assets without donor restrictions	4,042
Net assets with donor restrictions	97
Total contribution from affiliation	<u>\$ 4,139</u>

The following table summarizes the financial results of SCL Health, subsequent to the affiliation on April 1, 2022, included in the Health System's consolidated statement of operations and changes in net assets for the year ended December 31, 2022:

Revenues	\$ 2,391
Expenses	<u>(2,538)</u>
Net operating loss	(147)
Nonoperating loss	<u>(237)</u>
Deficit of revenues over expenses	<u>\$ (384)</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**3. Organizational Changes (continued)**

The following financial information presents the consolidated Health System results as if the affiliation had occurred as of the beginning of the Health System’s fiscal year for the year ended December 31, 2022:

	<u>Actual</u>	<u>Pro forma (unaudited)</u>
Revenues	\$ 13,937	\$ 14,728
Expenses	<u>(13,816)</u>	<u>(14,674)</u>
Net operating income	121	54
Nonoperating income (loss)	<u>2,510</u>	<u>(1,705)</u>
Excess (deficit) of revenues over expenses	<u>\$ 2,631</u>	<u>\$ (1,651)</u>

**4. Charity Care and Community Benefit**

The estimated cost of charity care provided by the Health System was \$236 and \$215 in 2023 and 2022, respectively. The cost to provide charity care for patients who qualify under the Health System’s financial assistance policy was estimated by multiplying the charges incurred at established rates for services rendered by the Health System’s cost-to-charge ratio. In addition to charity care, the Health System also provides significant financial support to improve the health of individuals in the communities it serves.

The Health System also incurs shortfalls between its established rates and amounts paid by the Medicare (principally related to elderly patients) and Medicaid (principally related to low-income patients) programs. These shortfalls are not included in charity care or other community services.

The Health System provides community benefit services that address significant health priorities identified by the Health System. Services include community health education and community-based health initiatives focusing on prediabetes prevention, high blood pressure, depression, suicide, and prescription opioid misuse as well as increasing access to health and behavioral health services. The Health System supports upstream initiatives, such as social care and nutrition security, through ongoing expansion of programs that screen for social care needs, building collaborations to address needs and utilization of predictive data for proactive outreach. Other community benefit services include community and school-based health clinics, intern and resident training, health professions education and medical research. The Health System owns and operates 7 community and school-based health clinics in Colorado, Utah and Kansas to meet the needs of uninsured, low-income and homeless patients in locations where there are no other healthcare providers. The Health System also provides financial and in-kind support to 69 independently owned community safety-net clinics in Utah, Colorado, Idaho, Montana and Arizona that provide healthcare services to medically underserved patients. In addition, the Health System is committed to providing healthcare services to rural communities, operating 11 hospitals in rural locations.



Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**4. Charity Care and Community Benefit (continued)**

The Health System provides a number of services that are not financially self-supporting, in that patient services revenues are less than the costs required to provide the services. Such negative margin services benefit uninsured and low-income patients as well as the broader community. For example, the Health System is the principal or only provider of behavioral health services, certain medical specialties and select primary care services in many of the communities in which it operates.

Select Health provides cost-effective insurance programs to underserved markets, including individuals and small employer groups. Select Health offers plans in Utah, Idaho and Nevada in the insurance marketplaces resulting from the Patient Protection and Affordable Care Act. The communities Select Health serves also benefit from a variety of sponsored health and wellness activities, including online and work-site health programs, health fairs and flu shot clinics. In addition, Select Health provides annual grants to outside organizations that promote health.

The communities the Health System serve also benefit from services provided by volunteers, trustees and medical staff that might otherwise require the use of compensated employees and trustees. Volunteer services are not reported as operating expenses in the consolidated statements of operations and changes in net assets because no payment is made.

**5. Liquidity and Availability of Financial Resources**

A summary of financial assets available to meet cash needs for general expenditures within one year is as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Cash and equivalents	\$ 801	\$ 792
Assets limited as to use	15,364	13,867
Patient accounts receivable	1,437	1,388
Due from brokers for securities sold	553	300
Other current assets	901	608
Less amounts not available to be used within one year:		
Private debt, private equity, real asset and strategic development funds	(2,913)	(2,243)
Donor-restricted funds	(434)	(359)
Prepaid assets and other	(215)	(160)
Bond funds held in trust	(199)	(551)
Investments held by a trustee per statutory requirements	(49)	(47)
	<u>\$ 15,246</u>	<u>\$ 13,595</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**5. Liquidity and Availability of Financial Resources (continued)**

Donor-restricted funds are available for expenditure upon satisfaction of the restriction, the expected timing of which is not generally determinable in advance. The Health System also has lines of credit available as described in Note 11.

**6. Fair Value Measurements**

The methods used to determine the fair value of financial instruments reflect market participant objectives and are based on the application of a valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The hierarchy is based on the reliability of inputs as follows:

- Level 1 – Valuation is based on quoted prices for identical financial instruments in active markets. The Health System does not adjust the quoted price for Level 1 financial instruments.
- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and independent pricing models or other model-based valuation techniques using observable inputs.
- Level 3 – Certain types of financial instruments are classified as Level 3 within the valuation hierarchy because these financial instruments trade infrequently and, therefore, have little or no price transparency.

Valuation for certain investments is based on the net asset value (NAV) per share or its equivalent provided by fund administrators.

The following table presents a categorization, based on the foregoing valuation hierarchy, of financial instruments measured at fair value as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Assets limited as to use:				
Cash investments	\$ 362	\$ –	\$ –	\$ 362
Equity securities	4,927	–	–	4,927
Fixed-income securities	921	2,890	5	3,816
Asset allocation funds	34	–	–	34
Global/international debt funds	226	–	–	226
Investment derivatives, net	–	(30)	–	(30)
	<u>\$ 6,470</u>	<u>\$ 2,860</u>	<u>\$ 5</u>	9,335
Investments measured using NAV per share or its equivalent				<u>6,029</u>
Fair value of assets limited as to use				<u>\$ 15,364</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**6. Fair Value Measurements (continued)**

The following table presents a categorization, based on the foregoing valuation hierarchy, of financial instruments measured at fair value as of December 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Assets limited as to use:				
Cash investments	\$ 220	\$ –	\$ –	\$ 220
Equity securities	3,603	1	–	3,604
Fixed-income securities	626	2,524	5	3,155
Asset allocation funds	125	–	–	125
Global/international debt funds	191	–	–	191
Investment derivatives, net	–	(7)	–	(7)
	<u>\$ 4,765</u>	<u>\$ 2,518</u>	<u>\$ 5</u>	<u>7,288</u>
Investments measured using NAV per share or its equivalent				<u>6,579</u>
Fair value of assets limited as to use				<u>\$ 13,867</u>

Changes in Level 3 financial instruments were not significant.

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

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**6. Fair Value Measurements (continued)**

The practical expedient used by the Health System for certain financial instruments is the NAV per share equivalent. For these financial instruments, the valuation of the transaction price is initially used as the best estimate of fair value. Accordingly, when a private debt, private equity, real asset or strategic development fund administrator provides a valuation, it is adjusted so the value at inception equals the transaction price. The initial valuation is adjusted when changes to inputs and assumptions are corroborated by evidence, such as transactions of similar financial instruments; completed or pending third-party transactions in the underlying security; offerings in the capital markets; or changes in financial results, data or cash flows. For positions that are not traded in active markets or are subject to notice provisions, valuations are adjusted to reflect such provisions, and the adjustments are generally based on available market evidence.

The Health System used the NAV per share or its equivalent to measure fair value of the following types of investments as of December 31:

	<u>2023</u>	<u>2022</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Global/international debt funds	\$ 84	\$ 79	Daily	15 days
Common/collective trust funds	1,522	1,323	Monthly	5 to 30 days
Global/international equity funds	271	291	Monthly	10 to 60 days
Absolute return and hedge funds	1,239	868	Monthly, quarterly	5 to 90 days
Private debt, private equity, real asset and strategic development funds	2,913	2,243	Event driven	—
Investments held in the Comprehensive Investment Program (CIP)	—	1,775	Event driven	—
	<u>\$ 6,029</u>	<u>\$ 6,579</u>		

The Health System's interest in the CIP represented 100% and 82% of all the CIP units as of December 31, 2023 and 2022, respectively. Because the Health System owned 100% of the CIP units as of December 31, 2023, the Health System included the underlying investments within the fair value hierarchy rather than measuring the CIP units using NAV per share and recorded the fair value of the investments in assets limited as to use in the consolidated balance sheets. As of December 31, 2022, the fair value of the Health System's interest in the CIP, measured using NAV per share, was recorded in assets limited as to use in the consolidated balance sheets.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**6. Fair Value Measurements (continued)**

Investments held in the CIP are comprised of various asset classes, including domestic and alternative fixed-income and equity funds. At least annually, asset allocations in the CIP are reviewed to determine whether it continues to be appropriate for the Health System's circumstances. Fund managers may have various restrictions and policies in place as it pertains to redemption requests. These restrictions vary by asset class within the CIP.

The fair values of private debt, private equity, real asset and strategic development funds were estimated using the most current information available, which is as of September 30 of the year listed or later, adjusted for cash flows and other known events impacting fair value since the valuation date. The Health System has committed up to \$5,090 for investment in these funds through 2031, of which \$3,122 had been funded as of December 31, 2023.

Under the provisions of a master netting arrangement, Health Services offsets the fair value of certain investment derivative instruments transacted with the same counterparty. Health Services invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its contracts for futures and forward currency purchases and sales whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

The following table presents gross investment derivative assets and liabilities, categorized as Level 2 of the valuation hierarchy, reported on a net basis included in assets limited as to use in the consolidated balance sheets:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Derivative assets:		
Futures contracts	\$ 160	\$ 94
Interest rate swap agreements and other contracts	581	716
	<u>741</u>	<u>810</u>
Derivative liabilities:		
Futures contracts	(160)	(94)
Interest rate swap agreements and other contracts	(611)	(723)
	<u>(771)</u>	<u>(817)</u>
Investment derivatives, net	<u>\$ (30)</u>	<u>\$ (7)</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
*(Dollars in Millions)*

**7. Assets Limited as to Use**

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

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Internally designated	\$ 14,682	\$ 12,910
Donor-restricted funds	434	359
Bond funds held in trust	199	551
Investments held by a trustee per statutory requirements	49	47
	<u>\$ 15,364</u>	<u>\$ 13,867</u>

Assets limited as to use include other-than-trading fixed-income securities of \$247 and \$620 as of December 31, 2023 and 2022, respectively.

Assets limited as to use reported as current include certain internally designated investments. These investments are available for the payment of amounts due to brokers for securities purchased and for the repayment of long-term debt subject to short-term remarketing arrangements should such repayment become necessary.

Assets limited as to use reported as noncurrent include certain internally designated investments, donor-restricted funds, bond funds held in trust and investments held by a trustee per statutory requirements. Internally designated investments are available for the acquisition of property and equipment, repayment of long-term debt and the payment of professional and general liability and workers' compensation self-insurance claims. Donor-restricted funds include amounts held by consolidated foundations that will be used for various healthcare programs and services, buildings and equipment, research activities or local community needs. Bond funds held in trust include amounts held by a trustee in accordance with bond trust indentures, the use of which is primarily restricted to reimbursing the Health System for the costs of certain capital projects. Investments held by a trustee per statutory requirements include amounts held by a trustee to ensure that Select Health meets the statutory requirements of the State of Utah Insurance Department.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**8. Property and Equipment**

A summary of property and equipment is as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Buildings and improvements	\$ 6,279	\$ 6,052
Equipment and software	2,709	2,418
	<u>8,988</u>	<u>8,470</u>
Less accumulated depreciation	(4,506)	(3,949)
	<u>4,482</u>	<u>4,521</u>
Land	741	700
Construction in progress	1,258	924
	<u>\$ 6,481</u>	<u>\$ 6,145</u>

The estimated useful life is 10 to 50 years for buildings and improvements, 3 to 15 years for equipment and 3 to 7 years for software. As of December 31, 2023, the Health System had remaining contractual obligations of \$211 for various construction and software development projects.

**9. Other Assets**

A summary of other noncurrent assets is as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Goodwill	\$ 478	\$ 463
Right-of-use assets, net	341	388
Investments in unconsolidated entities	274	139
Intangible assets, net	141	158
Contributions receivable, net	104	110
Prepaid health and welfare plan benefit	75	62
Prepaid pension benefit	—	121
Other	137	67
	<u>\$ 1,550</u>	<u>\$ 1,508</u>

The remaining weighted average intangible asset amortization period was 10.4 and 11.4 years as of December 31, 2023 and 2022, respectively.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
*(Dollars in Millions)*

**10. Other Current Liabilities**

A summary of other current liabilities is as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Unearned revenue	\$ 132	\$ 78
Medicare and Medicaid settlements	120	133
Self-insurance liabilities, current portion	79	47
Lease liabilities, current portion	68	75
Other	53	31
	<u>\$ 452</u>	<u>\$ 364</u>

Medicare and Medicaid settlements represent estimated cost report and other third-party settlements. Laws and regulations governing Medicare and Medicaid change frequently, are complex, and are subject to interpretation. Administrative procedures for both Medicare and Medicaid preclude final settlement until the related cost reports have been audited by the sponsoring agency and settled.

**11. Lines of Credit**

The Health System had aggregate lines of credit of \$600 available as of December 31, 2023 and 2022, respectively. As of December 31, 2023, the Health System had a syndicated line of credit of \$400 and a line of credit of \$200, both expiring on November 18, 2027. As of December 31, 2023 and 2022, there were no amounts outstanding on the lines of credit.

**12. Self-insurance Liabilities**

Self-insurance programs include professional and general liability, workers' compensation, and directors' and officers' liability coverage through self-insurance programs and commercial excess liability insurance. Total undiscounted self-insurance liabilities, including current and noncurrent liabilities, were \$349 and \$258 as of December 31, 2023 and 2022, respectively. The noncurrent portion of self-insurance liabilities is included in other liabilities in the consolidated balance sheets. The liabilities for the professional liability and workers' compensation programs are based on actuarial estimates.



Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**13. Long-term Debt**

Revenue bonds are issued by municipalities, counties, or state authorities on behalf of the Health System and are secured by notes issued under a master trust indenture (MTI), which is referred to as the Health System MTI. Under the terms of the Health System MTI, the requirement to repay long-term debt evidenced by the notes is a general obligation of an obligated group established by the Health System MTI, but is not secured by a pledge, grant, or mortgage of any assets of the obligated group. Prior to August 2022, Health Services was the sole member of the obligated group. In August 2022, the obligated group was modified to include the following entities (excluding affiliates and subsidiaries), which are jointly and severally liable with respect to all outstanding obligations under the Health System MTI:

- Good Samaritan Medical Center, LLC, a Colorado limited liability company
- Holy Rosary Healthcare, a Montana nonprofit corporation
- IHC Health Services, Inc., a Utah nonprofit corporation
- Intermountain Health Care, Inc., a Utah nonprofit corporation
- Saint Joseph Hospital, Inc., a Colorado nonprofit corporation
- SCL Health – Front Range, Inc., a Colorado nonprofit corporation
- SCL Health – Montana, a Montana nonprofit corporation
- Sisters of Charity of Leavenworth Health System, Inc., a Kansas nonprofit corporation
- St. James Healthcare, a Montana nonprofit corporation
- St. Mary's Hospital & Medical Center, Inc., a Colorado nonprofit corporation

Concurrent with the restructuring of the obligated group, Intermountain was designated as the credit group representative under the Health System MTI, replacing Health Services in such capacity.

Prior to August 2022, SCL Health was the sole member of a separate obligated group established under the SCL Health MTI. In August 2022, in accordance with the SCL Health MTI, the Health System MTI was designated as a replacement MTI for the SCL Health MTI, and Health System obligated group notes were issued in exchange for the outstanding obligations under the SCL Health MTI. Concurrent with the exchange, the SCL Health MTI obligations were cancelled and the SCL Health MTI and the security thereof was discharged, terminated, and ceased to be of force and effect.

The Health System MTI and other credit and liquidity facility agreements contain certain financial covenants, including maintaining a minimum debt service coverage ratio.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**13. Long-term Debt (continued)**

The Health System's long-term debt is summarized as follows:

	<b>Annual Interest Rates</b>	<b>December 31</b>	
		<b>2023</b>	<b>2022</b>
Revenue bond issues (subject to the MTI):			
2003, due through 2036	Variable <sup>1</sup>	\$ 202	\$ 202
2005, due through 2037	Variable <sup>1</sup>	135	135
2012A, due through 2039	4.38%	200	200
2014A, due through 2045	4.00% to 5.00%	158	158
2014B and 2014C, due through 2049	Variable <sup>1</sup>	80	80
2016A, due through 2026	5.00%	4	30
2016B, due through 2047	3.00% to 5.00%	158	161
2016B and 2016D, due through 2045 <sup>2</sup>	Variable <sup>1</sup>	111	111
2016C, 2016D and 2016E, due through 2051	Variable <sup>1</sup>	200	200
2018A, due through 2041	4.00% to 5.00%	181	181
2018B, due through 2057	5.00%	50	50
2018C, due in 2058	Variable <sup>1</sup>	50	50
2019, due through 2040 <sup>2</sup>	4.00% to 5.00%	557	580
2020A, due through 2050	3.00% to 5.00%	200	200
2020B, due through 2060	5.00%	150	150
2022A, 2022B and 2022C, due through 2062	4.00% to 5.00%	945	945
2022D, 2022E and 2022F, due through 2062	Variable <sup>1</sup>	425	425
Taxable bond issue (subject to the MTI):			
2018, due in 2048	4.13%	401	401
Other notes payable		13	55
		<u>4,220</u>	<u>4,314</u>
Add net unamortized premiums, discounts and debt issuance costs		241	277
Less current portion of long-term debt		(54)	(59)
Less long-term debt subject to short-term remarketing arrangements		<u>(623)</u>	<u>(904)</u>
Long-term debt		<u>\$ 3,784</u>	<u>\$ 3,628</u>

<sup>1</sup>Variable rates as of December 31, 2023 and 2022 were 3.75% to 4.42% and 3.35% to 4.21%, respectively.

<sup>2</sup>These bonds were previously issued on behalf of SCL Health prior to the affiliation and are an obligation of the Health System due to the SCL Health MTI being replaced by the Health System MTI.

As of December 31, 2023, the Health System had certain interest rate swap agreements that effectively convert \$536 of the principal balances of \$1,203 of its variable-rate debt to a fixed-rate basis.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**13. Long-term Debt (continued)**

In March 2022, Health Services entered into a variable-rate term loan agreement (Term Loan). Proceeds of \$234 from this loan were used to extinguish all outstanding Series 2000 bonds, all outstanding Series 2002 bonds and a portion of the outstanding Series 2003 bonds. This Term Loan was fully repaid in August 2022 with proceeds from the Series 2022A bonds and with internal funds.

In July 2022, \$50 of internal funds were used to extinguish all outstanding SCL Health Series 2011A bonds.

In August 2022, Intermountain issued \$499 of Series 2022A Revenue Bonds at a premium of \$28, \$223 of Series 2022B Revenue Bonds at a premium of \$22, \$223 of Series 2022C Revenue Bonds at a premium of \$28, \$125 of Series 2022D Revenue Bonds at par, \$150 of Series 2022E Revenue Bonds at par, and \$150 of Series 2022F Revenue Bonds at par. Proceeds from the Series 2022A bonds were used to refund \$300 of SCL Health Series 2013A bonds, repay \$192 of the Term Loan, and fund construction costs for certain of the Health System's healthcare facilities. Proceeds from the Series 2022B and 2022C bonds were used to refund \$50 of Series 2018B bonds and fund construction costs for certain of the Health System's healthcare facilities. Proceeds from the Series 2022D, 2022E, and 2022F bonds are being used to fund construction costs for certain of the Health System's healthcare facilities.

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

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

2024	\$	54
2025		71
2026		63
2027		67
2028		73
Thereafter		<u>3,892</u>
Long-term debt principal payments	\$	<u><u>4,220</u></u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**14. Interest Rate Swap Agreements**

The Health System has certain interest rate swap agreements related to its long-term debt to manage its exposure to fluctuations in interest rates. These interest rate swap agreements are reported in other liabilities in the consolidated balance sheets. The valuation of these agreements is determined using accepted valuation techniques, including an analysis of the discounted expected cash flows of each interest rate swap. This analysis reflects the contractual terms of the interest rate swaps, including the period to maturity or call, and uses observable market-based inputs, including interest rate curves and implied volatilities. In addition, the Health System has incorporated the risks of its own and the counterparties' nonperformance in the fair value measurements.

Changes in the fair value of these swap agreements are recognized in investment income (loss) in the consolidated statements of operations and changes in net assets. For the year ended December 31, 2023, unrealized losses associated with interest rate swaps not designated as hedges were \$3. For the year ended December 31, 2022, unrealized gains associated with interest rate swaps not designated as hedges were \$149. Notional amounts of these interest rate swap agreements were \$958 as of December 31, 2023. None of these interest rate swap agreements were designated as cash flow hedges as of December 31, 2023 or 2022.

Accumulated net losses from interest rate swap agreements previously designated as cash flow hedges that have not been recognized in excess of revenues over expenses in the consolidated statements of operations and changes in net assets were \$34 as of December 31, 2023. These accumulated net losses will be amortized to investment income (loss) in the consolidated statements of operations and changes in net assets through 2037 using the effective interest method.

The fair value of these interest rate swap liabilities, categorized as Level 2 of the valuation hierarchy and recorded in other liabilities in the consolidated balance sheets, was \$77 and \$74 as of December 31, 2023 and 2022, respectively.

Intermountain and certain affiliated companies have International Swap Dealers Association (ISDA) Master Agreements with six counterparties. Under the provisions of one of the ISDA agreements, as amended, Health Services is required to deposit collateral with the counterparty when the net liability position of Health Services for all interest rate swap agreements held with the counterparty exceeds \$75, exclusive of any fair value adjustments to the liability positions for nonperformance risk. As of December 31, 2023 and 2022, no collateral was required to be posted under the provisions of this ISDA agreement. The provisions of the other ISDA agreements do not require collateral deposits.

Under master netting provisions of each ISDA agreement, Intermountain and certain affiliated companies are permitted to settle with the counterparty on a net basis. Due to the right of offset under these master netting provisions, the fair value of certain interest rate swap agreements and any related collateral deposited with the counterparty is offset in the consolidated balance sheets.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**15. Leases**

The Health System leases medical and administrative office space, equipment, and vehicles to support operations. The present values of right-of-use assets, included in other assets, and lease liabilities, included in other current liabilities and other liabilities, reported in the consolidated balance sheets as of December 31 were as follows:

	<b>2023</b>		<b>2022</b>	
	<b>Operating Leases</b>	<b>Financing Leases</b>	<b>Operating Leases</b>	<b>Financing Leases</b>
Other assets	\$ 315	\$ 26	\$ 355	\$ 33
Other current liabilities	63	5	66	9
Other liabilities	314	23	298	26

The weighted average terms and discount rates of operating and financing leases as of December 31 were as follows:

	<b>2023</b>		<b>2022</b>	
	<b>Operating Leases</b>	<b>Financing Leases</b>	<b>Operating Leases</b>	<b>Financing Leases</b>
Terms (years)	9.8	10.7	10.0	9.8
Discount rates	2.3%	2.8%	2.1%	2.6%

Lease expenses incurred by the Health System were as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Operating lease expense	\$ 83	\$ 73
Financing lease expense	11	10
	<u>\$ 94</u>	<u>\$ 83</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**15. Leases (continued)**

Future lease payments under operating and financing leases for the next five years and thereafter are as follows:

	<b>Operating Leases</b>	<b>Financing Leases</b>
2024	\$ 70	\$ 5
2025	65	4
2026	48	3
2027	42	2
2028	37	2
Thereafter	176	16
	<hr/> 438	<hr/> 32
Present value adjustment	(61)	(4)
	<hr/> <u>\$ 377</u>	<hr/> <u>\$ 28</u>

**16. Net Assets with Donor Restrictions**

Net assets with donor restrictions are available for the following purposes:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Subject to expenditure for specified purposes:		
Healthcare programs and services	\$ 236	\$ 219
Buildings and equipment	137	131
Research	29	29
Community benefit	9	11
	<hr/> 411	<hr/> 390
Donor-restricted endowments subject to spending policy and appropriation:		
Healthcare programs and services	92	85
Research	32	32
Mental health initiatives	4	4
	<hr/> 128	<hr/> 121
	<hr/> <u>\$ 539</u>	<hr/> <u>\$ 511</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
*(Dollars in Millions)*

**17. Litigation and Other Matters**

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

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

**18. Revenues**

Patient Services Revenues

Payments received under Medicare, Medicaid and other programs are generally based on predetermined rates or the allowable cost of services. Overall, Medicare and Medicaid payments are less than the Health System's established rates and corresponding contractual adjustments are recognized in the period services are rendered. Changes in estimated Medicare and Medicaid settlements for prior years were not significant in 2023 and 2022.

Patient services revenues by major payer source were as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Commercial insurance and other	\$ 5,051	\$ 4,605
Medicare	2,841	2,423
Medicaid	1,410	910
Self-pay	172	136
	<u>\$ 9,474</u>	<u>\$ 8,074</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**18. Revenues (continued)**

Premiums and Capitation Revenues

Premiums and capitation revenues by major product line were as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Premiums:		
Individual	\$ 1,647	\$ 1,306
Large employer	1,007	1,018
Small employer	635	613
Medicaid	633	692
Medicare Advantage	553	453
	<u>4,475</u>	<u>4,082</u>
Capitation – Medicare Advantage	1,171	1,030
	<u>\$ 5,646</u>	<u>\$ 5,112</u>

**19. Functional Expenses**

A summary of expenses by nature and function for the year ended December 31, 2023 is as follows:

	<b>Program Services</b>				<b>Total Expenses</b>
	<b>Hospitals</b>	<b>Clinics and Other</b>	<b>Healthcare Benefits</b>	<b>Admini- strative</b>	
Employee compensation and benefits	\$ 3,769	\$ 2,003	\$ 498	\$ 663	\$ 6,933
Supplies	1,989	753	67	88	2,897
Medical claims	–	–	2,800	–	2,800
Other operating expenses	907	359	308	1,001	2,575
Depreciation and amortization	441	79	21	74	615
Interest	90	13	–	–	103
	<u>\$ 7,196</u>	<u>\$ 3,207</u>	<u>\$ 3,694</u>	<u>\$ 1,826</u>	<u>\$ 15,923</u>



Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**19. Functional Expenses (continued)**

A summary of expenses by nature and function for the year ended December 31, 2022 is as follows:

	<u>Program Services</u>				<u>Total Expenses</u>
	<u>Hospitals</u>	<u>Clinics and Other</u>	<u>Healthcare Benefits</u>	<u>Administrative</u>	
Employee compensation and benefits	\$ 3,722	\$ 1,117	\$ 435	\$ 714	\$ 5,988
Supplies	1,704	166	57	539	2,466
Medical claims	–	–	2,574	–	2,574
Other operating expenses	538	204	333	1,060	2,135
Depreciation and amortization	373	63	17	99	552
Interest	89	12	–	–	101
	<u>\$ 6,426</u>	<u>\$ 1,562</u>	<u>\$ 3,416</u>	<u>\$ 2,412</u>	<u>\$ 13,816</u>

The consolidated financial statements report certain categories of expenses that are attributable to one or more programs or supporting activities of the Health System. These expenses include shared support services and are generally allocated based on the relative size of the operating unit receiving the allocations.

Program services include a broad range of general and specialized healthcare activities and health insurance for patients and members within the various geographic areas supported by the Health System's operations. Healthcare benefits include costs incurred related to providing healthcare services to insured members and payments of claims under capitation arrangements and population health at-risk contracts. Administrative expenses consist of activities essential to providing healthcare services including costs related to billing and collecting for patient services provided, procuring supplies for patient services, professional liability insurance coverage and other administrative activities.

For the year ended December 31, 2023, the Health System adjusted the categorization of certain activities, including imaging, telemedicine, and air and ground transport, from administrative to clinics and other program services.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**20. Employee Retirement and Other Postretirement Plans**

Intermountain sponsors a noncontributory defined benefit pension plan covering certain employees of Health Services and Select Health who are at least 21 years of age and have a minimum of one year of qualifying service. This plan closed on April 4, 2020. Employees hired on or after April 5, 2020 are not participants in the plan. Eligibility and benefits under the plan are unchanged for employees hired on or prior to the closing date.

A summary of changes in the benefit obligations, fair value of plan assets, and the net pension asset (liability) is as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 2,770	\$ 3,628
Actuarial loss (gain)	215	(956)
Interest cost	152	108
Service cost	130	184
Benefits paid	(174)	(194)
Benefit obligation at end of year	<u>3,093</u>	<u>2,770</u>
Change in fair value of plan assets:		
Fair value of plan assets at beginning of year	2,891	3,398
Actual return on plan assets, net of expenses	358	(486)
Employer contributions	–	173
Benefits paid	(174)	(194)
Fair value of plan assets at end of year	<u>3,075</u>	<u>2,891</u>
Funded status – net asset (liability)	<u>\$ (18)</u>	<u>\$ 121</u>

The accumulated benefit obligation of the pension plan was \$2,741 and \$2,489 as of December 31, 2023 and 2022, respectively.

Amounts included in net assets without donor restrictions that will be recognized in pension cost in future periods were as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Unrecognized net actuarial loss	\$ (664)	\$ (603)
Unrecognized net prior service credit	3	3
	<u>\$ (661)</u>	<u>\$ (600)</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**20. Employee Retirement and Other Postretirement Plans (continued)**

Changes in net assets without donor restrictions for the pension plan were as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Amortized during the year:		
Net actuarial loss	\$ —	\$ 79
Net prior service credit	—	(2)
Occurring during the year:		
Net actuarial gain (loss)	(61)	275
Increase (decrease) in net assets without donor restrictions	<u>\$ (61)</u>	<u>\$ 352</u>

Net actuarial gains and losses incurred in the pension plan during 2023 and 2022 resulted primarily from changes in the discount rate and differences between the actual returns on plan assets and the assumed returns.

Assumptions used to determine the benefit obligation in the pension plan were as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Discount rate	5.25%	5.69%
Rate of compensation increase	4.50	4.50

A summary of pension cost is as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Interest cost	\$ 152	\$ 108
Service cost	130	184
Amortization of net actuarial loss	—	79
Amortization of net prior service credit	—	(2)
Expected return on plan assets	(203)	(196)
	<u>\$ 79</u>	<u>\$ 173</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**20. Employee Retirement and Other Postretirement Plans (continued)**

Assumptions used to determine pension cost were as follows:

	<b>Year Ended December 31</b>	
	<b>2023</b>	<b>2022</b>
Discount rate	5.69%	3.06%
Expected return on plan assets	6.50	6.50
Rate of compensation increase	4.50	4.50

The overall rate of return on assets assumption is based on historical returns, adhering to the asset allocations set forth in the investment policies of the pension plan. The expected return on plan assets is 7.00% for determining pension cost for the year ending December 31, 2024.

Methods for determining the fair value of financial instruments held by the pension plan are consistent with those described in Note 6. The following table presents a categorization, based on the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2023:

	<b>Level 1</b>	<b>Level 2</b>	<b>Fair Value</b>
Cash investments	\$ 65	\$ –	\$ 65
Equity securities	909	–	909
Fixed-income securities	206	532	738
Investment derivatives, net	–	(7)	(7)
	<u>\$ 1,180</u>	<u>\$ 525</u>	1,705
Investments measured using NAV per share or its equivalent			1,465
Transactions pending settlement, net			(95)
Fair value of plan assets			<u>\$ 3,075</u>

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**20. Employee Retirement and Other Postretirement Plans (continued)**

The following table presents a categorization, based on the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>
Cash investments	\$ 46	\$ –	\$ 46
Equity securities	862	–	862
Fixed-income securities	166	442	608
Investment derivatives, net	–	3	3
	<u>\$ 1,074</u>	<u>\$ 445</u>	1,519
Investments measured using NAV per share or its equivalent			1,464
Transactions pending settlement, net			<u>(92)</u>
Fair value of plan assets			<u>\$ 2,891</u>

The pension plan uses the NAV per share or its equivalent to measure fair value of the following types of financial instruments as of December 31, as described in Note 6:

	<u>2023</u>	<u>2022</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust funds	\$ 469	\$ 432	Monthly	5 to 30 days
Global/international equity funds	73	69	Monthly	60 days
Absolute return and hedge funds	226	261	Monthly, quarterly, annually	5 to 90 days
Private debt, private equity and real asset funds	697	702	Event driven	—
	<u>\$ 1,465</u>	<u>\$ 1,464</u>		

Health Services and Select Health have committed up to \$1,259 for investment in these funds through 2032, of which \$904 had been funded as of December 31, 2023.

Consistent with practices described in Note 6, the pension plan offsets the fair value of various investment derivative instruments when executed with the same counterparty under a master netting arrangement whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**20. Employee Retirement and Other Postretirement Plans (continued)**

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

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Derivative assets:		
Futures contracts	\$ 116	\$ 127
Forward currency and other contracts	35	32
	<u>151</u>	<u>159</u>
Derivative liabilities:		
Futures contracts	(116)	(127)
Forward currency and other contracts	(42)	(29)
	<u>(158)</u>	<u>(156)</u>
Investment derivatives, net	<u>\$ (7)</u>	<u>\$ 3</u>

Intermountain has not yet determined the amount it will contribute to the pension plan in 2024.

Benefit payments of the pension plan are expected to be paid as follows:

2024	\$ 206
2025	210
2026	218
2027	228
2028	232
2029–2033	1,238

Intermountain also sponsors a 401(k) defined contribution plan for eligible employees. Employee contributions are matched up to a maximum of 4% of each participant's eligible compensation. Intermountain also contributes 2% of eligible compensation for participants hired subsequent to the pension plan closing date. Intermountain contributed \$185 and \$117 to the 401(k) plan in 2023 and 2022, respectively.

Additionally, Intermountain sponsors a 457(b) defined contribution plan. Employee contributions invested in the 457(b) plan were \$255 and \$172 as of December 31, 2023 and 2022, respectively, and are included in noncurrent assets limited as to use and other liabilities in the consolidated balance sheets.

Furthermore, Intermountain sponsors a contributory health and welfare benefit plan that offers postretirement benefits including medical, dental and group term life insurance to eligible employees who have at least 10 years of qualified service and have attained age 55 while in service with Intermountain. The plan also provides disability benefits for eligible active employees including medical, dental and short-term income replacement.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
*(Dollars in Millions)*

**20. Employee Retirement and Other Postretirement Plans (continued)**

A summary of the benefit obligation, fair value of plan assets and unrecognized net actuarial gain that will be recognized in future periods for the postretirement health and welfare benefits is as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Fair value of plan assets	\$ 88	\$ 76
Unrecognized net actuarial gain	61	55
Benefit obligation	13	14

Intermountain has frozen certain postretirement health and welfare benefits; therefore, the effect of future healthcare cost trend rates is not significant.

Methods for determining the fair value of financial instruments held for the postretirement health and welfare benefits are consistent with those described in Note 6. All financial instruments as of December 31, 2023 and 2022 were classified as Level 1 or used NAV as a practical expedient.

Prior to the affiliation described in Note 1, the SCL Health board of directors approved the termination of the SCL Health's consolidated defined benefit retirement plan, which was completed in June 2022.

Through March 31, 2023, SCL Health sponsored a 401(k) defined contribution plan for eligible employees. Employee contributions were matched up to 5% of eligible pay based on employment compensation levels, time of service and hours worked. As of April 1, 2023, the SCL Health 401(k) plan was merged with the Intermountain 401(k) plan. SCL Health contributed \$13 and \$36 to the SCL Health 401(k) plan for the periods from January 1, 2023 through March 31, 2023 and from April 1, 2022 through December 31, 2022, respectively.

Additionally, SCL Health sponsored a 457(b) defined contribution plan through March 31, 2023. As of April 1, 2023, the SCL Health 457(b) plan was merged with the Intermountain 457(b) plan. Employee contributions invested in the SCL 457(b) plan were \$33 as of December 31, 2022.

**21. Subsequent Events**

The Health System evaluated subsequent events through March 19, 2024, the date the consolidated financial statements were issued, and determined that no additional disclosures were necessary.