

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exe

Under section 501(c), 527, or 4947(a)(1) of the Internal

▶ Do not enter social security numbers on t

▶ Go to www.irs.gov/Form990 for instruc

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 1

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

C Name of organization
INTERMOUNTAIN HEALTHCARE
FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
36 SOUTH STATE STREET SUITE 2200

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

F Name and address of principal officer:
DAVID L FLOOD
36 S STATE STREET STE 2200
SLC, UT 84111

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

Part I Summary

Activities & Governance	Revenue	Expenses	Net Assets or Fund Balances
1 Briefly describe the organization's mission or most significant activities: PROVIDE STRATEGIC AND FIDUCIARY LEADERSHIP FOR PHILANTHROF	8 Contributions and grants (Part VIII, line 1h)	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20 Total assets (Part X, line 16)
2 Check this box <input type="checkbox"/>	9 Program service revenue (Part VIII, line 2g)	14 Benefits paid to or for members (Part IX, column (A), line 4)	21 Total liabilities (Part X, line 26)
3 Number of voting members of the governing body (Part VI, line 1a)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 11a–11d, 11f–24e)	22 Net assets or fund balances. Subtract line 21 from line 20
4 Number of independent voting members of the governing body (Part VI, line 1b)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16a Professional fundraising fees (Part IX, column (A), line 11e)	
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 11)	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,607,756	
6 Total number of volunteers (estimate if necessary)		17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
7a Total unrelated business revenue from Part VIII, column (C), line 12		18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
b Net unrelated business taxable income from Form 990-T, Part I, line 11		19 Revenue less expenses. Subtract line 18 from line 12	

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 provided to the preparer by the taxpayer.

Sign Here

Signature of officer

DAVID L FLOOD PRESIDENT

Type or print name and title

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

Paid Preparer Use Only

Firm's name	▶ ERNST & YOUNG US LLP
Firm's address	▶ 2005 MARKET ST STE 700 PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions) . . .
For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

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:
 PROVIDE STRATEGIC AND FIDUCIARY LEADERSHIP FOR THE PHILANTHROPIC EN

2 Did the organization undertake any significant program services during the year with the prior Form 990 or 990-EZ?
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts services?
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three and 501(c)(4) organizations are required to report the amount of grants and allocated service reported.

4a (Code:) (Expenses \$ **82,443,216** including grants of \$)
 INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. ("FOUNDATION") SUPPORTED THE F
 ENHANCING AND STRENGTHENING THE RELATIONSHIP BETWEEN THE FOUNDATION A
 SUPPORT.

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

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

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

4e Total program service expenses ▶ **82,443,216**

Form 990 (2021)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private operating foundation)?

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of any candidate for public office?
 If "Yes," complete *Schedule C, Part I*

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

- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that rec amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or acc on the distribution or investment of amounts in such funds or accounts? *If "Yes," c Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easement the environment, historic land areas, or historic structures? *If "Yes," complete Sche*
- 8 Did the organization maintain collections of works of art, historical treasures, or oth *complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial ac listed in Part X; or provide credit counseling, debt management, credit repair, or de *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in temp endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then comple applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X *Schedule D, Part VI*
 - b Did the organization report an amount for investments—other securities in Part X, Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - c Did the organization report an amount for investments—program related in Part X in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% *If "Yes," complete Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes*
 - f Did the organization's separate or consolidated financial statements for the tax year liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Sch*
- 12a Did the organization obtain separate, independent audited financial statements for *Schedule D, Parts XI and XII*
 - b Was the organization included in consolidated, independent audited financial state *If "Yes," and if the organization answered "No" to line 12a, then completing Sched*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complet*
- 14a Did the organization maintain an office, employees, or agents outside of the Unitec
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 and program service activities outside the United States, or aggregate foreign inve *complete Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gra organization? *If "Yes," complete Schedule F, Parts II and IV*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of agc individuals? *If "Yes," complete Schedule F, Parts III and IV*
- 17 Did the organization report a total of more than \$15,000 of expenses for professor and 11e? *If "Yes," complete Schedule G, Part I*. See instructions.
- 18 Did the organization report more than \$15,000 total of fundraising event gross incc *"Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activi *G, Part III*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Sch*
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial stater
- 21 Did the organization report more than \$5,000 of grants or other assistance to any c Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

Part IV Checklist of Required Schedules (continued)

- 22 Did the organization report more than \$5,000 of grants or other assistance to or fo *"Yes," complete Schedule I, Parts I and III*
- 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about com officers, directors, trustees, key employees, and highest compensated employees?
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal a year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through*
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporar
 - c Did the organization maintain an escrow account other than a refunding escrow at to defease any tax-exempt bonds?

Contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that the contributions were not tax deductible as charitable contributions?

7 Organizations that may receive deductible contributions under section 170(c)

a Did the organization receive a payment in excess of \$75 made partly as a contribution payor?

b If "Yes," did the organization notify the donor of the value of the goods or services?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property?

d If "Yes," indicate the number of Forms 8282 filed during the year.

e Did the organization receive any funds, directly or indirectly, to pay premiums on a group-term life insurance policy?

f Did the organization, during the year, pay premiums, directly or indirectly, on a group-term life insurance policy?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8879?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 4797?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966 during the year?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders.

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990-E?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Form 990.

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.

c Enter the amount of reserves on hand.

14a Did the organization receive any payments for indoor tanning services during the year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation.

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000 in excess of the base salary for any individual during the year? If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on investments? If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine have an excess business holding at any time during the year? If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to the questions below, describe the circumstances, processes, or changes in Schedule O. See the instructions for more information. Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

1a 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, enter the number of voting members of the governing body delegated broad authority to an executive committee or similar body in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent members.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with the organization? If "Yes," see the instructions.

3 Did the organization delegate control over management duties customarily performed by directors or trustees, or key employees to a management company or other person?

- 4 Did the organization make any significant changes to its governing documents since the beginning of the year?
- 5 Did the organization become aware during the year of a significant diversion of the organization's funds?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions taken by the governing body?
- a The governing body?
- b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, of this Form 990? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required to be disclosed on Form 990.)

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed:
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable) 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 in Schedule O whether (and if so, how) the organization made its governing documents available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the original Form 990:
- ▶ BRYAN HAYMOND 36 SOUTH STATE STREET SUITE 2200 SALT LAKE CITY UT 84143

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

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 Officers

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 12/31/2021.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), and key employees who received reportable compensation during the year. 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 details.
- 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, Form 1099-MISC, and/or box 7 of Form 1099-NEC) from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the calendar year, 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 individual other than an officer, director, trustee, or key employee

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box)
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	hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless per both an officer and a director)		
		Individual trustee or director	Institutional Trustee	Officer
(1) A MARC HARRISON MD TRUSTEE / VICE PRESIDENT (PARTIAL)	3.00 58.00	X		X
(2) ALBERT R ZIMMERLI TRUSTEE / VP / SEC / TREASURER	1.00 64.00	X		X
(3) ROBERT W ALLEN TRUSTEE (PARTIAL)	2.00 64.00	X		
(4) DAVID L FLOOD EX OFFICIO TRUSTEE / PRESIDENT	50.00 6.00	X		X
(5) JERRY ALLEN TRUSTEE (PARTIAL)	1.00 0.00	X		
(6) A SCOTT ANDERSON TRUSTEE / CHAIR	3.00 2.00	X		X
(7) BRAD BONHAM TRUSTEE	1.00 0.00	X		
(8) THOMAS D DEE III TRUSTEE (PARTIAL)	1.00 0.00	X		
(9) SPENCER F ECCLES TRUSTEE	1.00 2.00	X		
(10) CYNDI WOODBURY GILBERT TRUSTEE	1.00 0.00	X		
(11) JAMES D LAUB TRUSTEE / VICE CHAIR	3.00 0.00	X		X
(12) NICOLE MOUSKONDIS TRUSTEE (PARTIAL)	1.00 0.00	X		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Hig

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless per both an officer and a director)		
		Individual trustee or director	Institutional Trustee	Officer
				Key employee

Program Service Revenue	2a	Business Code	
f All other program service revenue.			
g Total. Add lines 2a-2f. ▶			

3 Investment income (including dividends, interest, and other similar amounts) ▶	
4 Income from investment of tax-exempt bond proceeds ▶	
5 Royalties ▶	

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		
d Net rental income or (loss) ▶			

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	5,128,347	
b Less: cost or other basis and sales expenses	7b	0	53,632
c Gain or (loss)	7c	5,128,347	-53,632
d Net gain or (loss) ▶			

7d Gross income from fundraising events (not including \$ <u>3,416,251</u> of contributions reported on line 1c). See Part IV, line 18	8a	1,034,190
b Less: direct expenses	8b	2,011,288
c Net income or (loss) from fundraising events ▶		

Gross income from gaming activities. See Part IV, line 19	9a	
b Less: direct expenses	9b	
c Net income or (loss) from gaming activities ▶		

10a Gross sales of inventory, less returns and allowances	10a	
b Less: cost of goods sold	10b	
c Net income or (loss) from sales of inventory ▶		

Miscellaneous Revenue		Business Code
11a		
b		
c		
d All other revenue		
e Total. Add lines 11a-11d ▶		

12 Total revenue. See instructions ▶	
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Other Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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

Table with 2 columns: Description of expenses (lines 1-26) and Total expense (A). Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

Assets	1	Cash—non-interest-bearing	
	2	Savings and temporary cash investments	
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	
	5	Loans and other receivables from any current or former officer, director, trust employee, creator or founder, substantial contributor, or 35% controlled entity member of any of these persons	
	6	Loans and other receivables from other disqualified persons (as defined under 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
	7	Notes and loans receivable, net	
	8	Inventories for sale or use	
	9	Prepaid expenses and deferred charges	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a
	b	Less: accumulated depreciation	10b
	11	Investments—publicly traded securities	
	12	Investments—other securities. See Part IV, line 11	
	13	Investments—program-related. See Part IV, line 11	
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	
16	Total assets. Add lines 1 through 15 (must equal line 33)		
Liabilities	17	Accounts payable and accrued expenses	
	18	Grants payable	
	19	Deferred revenue	
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	
	22	Loans and other payables to any current or former officer, director, trustee, key person, creator or founder, substantial contributor, or 35% controlled entity or family member of these persons	
	23	Secured mortgages and notes payable to unrelated third parties	
	24	Unsecured notes and loans payable to unrelated third parties	
	25	Other liabilities (including federal income tax, payables to related third parties not included on lines 17 - 24). Complete Part X of Schedule D	
	26	Total liabilities. Add lines 17 through 25	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, and 33.		
	27	Net assets without donor restrictions	
	28	Net assets with donor restrictions	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29	Capital stock or trust principal, or current funds	
	30	Paid-in or capital surplus, or land, building or equipment fund	
	31	Retained earnings, endowment, accumulated income, or other funds	
32	Total net assets or fund balances		
33	Total liabilities and net assets/fund balances		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)
2	Total expenses (must equal Part IX, column (A), line 25)
3	Revenue less expenses. Subtract line 2 from line 1

- 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column 1)
- 5 Net unrealized gains (losses) on investments
- 6 Donated services and use of facilities
- 7 Investment expenses
- 8 Prior period adjustments
- 9 Other changes in net assets or fund balances (explain in Schedule O)
- 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal line 4)

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual
If the organization changed its method of accounting from a prior year or checked 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 prepared on a consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated
- 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 consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated
- c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for 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 year, check this box
- 3a As a result of a federal award, was the organization required to undergo an audit or audits under Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not, why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2021)

Additional Data

Software ID
Software Version

Form 990, Special Condition Description:

Special Condition

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
INTERMOUNTAIN HEALTHCARE FOUNDATION INC

Employer identification number
80-0225150

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	41,006,328	100,465,092	75,840,891	80,780,901	102,960,669	401,053,881
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
4 Total. Add lines 1 through 3	41,006,328	100,465,092	75,840,891	80,780,901	102,960,669	401,053,881
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						95,690,059

6	Public support. Subtract line 5 from line 4.						305,363,822
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Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	41,006,328	100,465,092	75,840,891	80,780,901	102,960,669	401,053,881
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,057,884	5,472,524	4,401,670	7,613,762	4,183,514	26,729,354
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			82,977			82,977
11 Total support. Add lines 7 through 10						427,866,212
12 Gross receipts from related activities, etc. (see instructions)					12	6,008,326
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	71.370 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	69.360 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						

12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				
13	Total support. (Add lines 9, 10c, 11, and 12.)				
14	First 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 <input type="checkbox"/>				

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

- 19a **33 1/3% support tests-2022.** 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—2021.** 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990) .		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c 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? If "Yes," provide detail in Part VI .		

10a	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>	9c		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10a		
		10b		

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

Section B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
		2	

Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
		1	

Section D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in 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>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
		2a	
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>		
		2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
		3a	
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>		
		3b	

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	Total annual distributions. 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ 82,977. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0.

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 for the latest information.

OMB No. 1545-0047
2022

Name of the organization
INTERMOUNTAIN HEALTHCARE
FOUNDATION INC

Employer identification number
80-0225150

Organization type (check one):

- Filers of:** Form 990 or 990-EZ
- Section:**
- 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Filers of:** 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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
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NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Employer identification number 80-0225150
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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
		\$	
		\$	
		\$	

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 4

Name of organization INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Employer identification number 80-0225150
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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 information once. See instructions.) ▶ \$ _____
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
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Additional Data

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2022 Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization INTERMOUNTAIN HEALTHCARE FOUNDATION INC

Employer identification number 80-0225150

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and easements on historic structures.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
d Loan or exchange programs

Scholarly research Other

Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	378,060,659	336,187,907	299,845,977	233,226,280	237,048,460
b Contributions	95,092,096	75,948,101	69,601,347	95,736,228	37,992,070
c Net investment earnings, gains, and losses	7,639,410	6,653,785	4,702,583	5,098,476	-2,237,839
d Grants or scholarships					
e Other expenditures for facilities and programs	83,395,356	40,729,134	37,962,000	34,215,007	39,576,411
f Administrative expenses					
g End of year balance	382,117,989	378,060,659	336,187,907	299,845,977	233,226,280

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

a Board designated or quasi-endowment 0 %
b Permanent endowment 16.000 %
c Term endowment 84.000 %

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

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

(i) Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

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) COMMON/COLLECTIVE TRUST FUNDS	67,324,164	F
(B)		
(C)		
(D)		
(E)		

(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	67,324,164

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.

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

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

(1)	(a) Description	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶	436,556,296

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	59,115,098
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-61,742,282
b	Donated services and use of facilities	2b	11,548,548
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-3,997,888
e	Add lines 2a through 2d	2e	-54,191,622

Subtract line 2e from line 1		3	113,306,720
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-2,064,920
c Add lines 4a and 4b		4c	-2,064,920
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	111,241,800

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	99,711,220
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,709,803
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,064,920
e Add lines 2a through 2d		2e	12,774,723
3 Subtract line 2e from line 1		3	86,936,497
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	376,362
b	Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c	376,362
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	87,312,859

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET CHANGE IN THE VALUATION OF TRUSTS RECEIVABLE (65,336) NET CHANGE IN THE VALUATION OF CHARITABLE GIFT ANNUITIES (56,190) INVESTMENT EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS (376,362) WRITE OFF OF PRIOR PERIOD PLEDGES (3,500,000)
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXP NETTED AGAINST SPECIAL EVENT REV ON THE 990 (2,011,288) LOSS ON SALE OF ASSETS REPORTED ON PART VIII OF THE 990 (53,632)
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF ASSETS REPORTED ON PART VIII OF THE 990 53,632 SPECIAL EVENT EXP NETTED AGAINST SPECIAL EVENT REV ON THE 990 2,011,288
FORM 990, SCHEDULE D, PART V, LINE 4:	THE FOUNDATION'S TEMPORARY ENDOWMENT AND EARNINGS FROM THE PERMANENT ENDOWMENT FUND ARE INTENDED FOR HEALTH SERVICES' ACTIVITIES SUCH AS PATIENT PROGRAMS (INCLUDING CHARITY CARE), MEDICAL RESEARCH, AND CAPITAL/TECHNOLOGY NEEDS.

Schedule D (Form 990) 2021

Additional Data

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization INTERMOUNTAIN HEALTHCARE FOUNDATION INC

Employer identification number 80-0225150

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

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

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

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

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes rows for NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES and a Sub-total row.

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Cat. No. 50082W

Schedule F (Form 990) 2022

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

Table with 9 columns: (a) Name of organization, (b) IRS code section, (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash, (g) Amount of noncash, (h) Description of noncash, (i) Method of valuation

SCHEDULE G (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization INTERMOUNTAIN HEALTHCARE FOUNDATION INC

Employer identification number 80-0225150

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for THE PURSUANT GROUP INC, THOMPSON & ASSOCIATES, FUTURUS, and ML NONPROFIT ADVISORS.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. UT, CO, NV, AK

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$10,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events	
		FESTIVAL OF TREES (event type)	JUBILEE OF TREES (event type)	1 (total number)	(add col. (a) through col. (c))	
1	Gross receipts	3,087,376	1,190,137	172,928	4,450,441	
2	Less: Contributions	2,230,818	1,036,337	149,096	3,416,251	
3	Gross income (line 1 minus line 2)	856,558	153,800	23,832	1,034,190	
Direct Expenses	4	Cash prizes	0	0	0	
	5	Noncash prizes	0	237	0	237
	6	Rent/facility costs	251,331	51,638	2,363	305,332
	7	Food and beverages	86,313	5,632	27,783	119,728
	8	Entertainment	0	0	800	800
	9	Other direct expenses	1,267,327	286,427	31,437	1,585,191
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,011,288	
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-977,098	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Additional Data

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Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for the latest information.

Name of the organization INTERMOUNTAIN HEALTHCARE FOUNDATION INC

Employer identification number 80-0225150

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for IHC Health Services Inc, University of Utah, Alabama Children's Hospital Foundation, Ronald McDonald House Charities, Seattle Children's Hospital, and Weber State University.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 6
3 Enter total number of other organizations listed in the line 1 table. 0

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Cat. No. 50055P

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

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.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Rows 1-7 are empty.

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: GRANT REQUESTS ARE MADE THROUGH AN APPLICATION PROCESS AND ARE GENERALLY LIMITED TO ORGANIZATIONS EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). GRANTEEES ARE REQUIRED TO REPORT HOW THE FUNDS WERE USED TO THE FOUNDATION.

Schedule I (Form 990) 2022

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Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	IHC HEALTH SERVICES, INC., A RELATED TAX-EXEMPT ORGANIZATION, OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO EMPLOYEES DESIGNATED BY THE BOARD. THE AMOUNTS IN THE PLAN ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE. AMOUNTS DEFERRED DURING 2022 FOR THE INDIVIDUALS REPORTED ON PART VII OF THE FORM 990 HAVE BEEN INCLUDED IN THE SCHEDULE J, PART II, COLUMN (C) TOTAL. THE FOLLOWING INDIVIDUAL RECEIVED A SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENT FROM IHC HEALTH SERVICES, INC. IN 2022: - DAVID L. FLOOD \$300,000 - ALBERT R. ZIMMERLI \$360,375 THE 2022 SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENT REPORTED ABOVE IS INCLUDED IN THE PART II, COLUMN (B)(III) TOTALS.
PART II, COLUMN (C):	DURING 2022, BENEFITS FOR SEVERAL INDIVIDUALS WERE INCLUDED IN PART II, COLUMN (C) AS PART OF A RETENTION AGREEMENT PACKAGE.

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SCHEDULE M (Form 990)
 Department of the Treasury
 Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047
2022
 Open to Public Inspection

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
 INTERMOUNTAIN HEALTHCARE
 FOUNDATION INC

Employer identification number
 80-0225150

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	36,400	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,000	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	470,851	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	1,021,875	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	20	27,258	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC. ITEMS)	X	0	3,300,700	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NONCASH CONTRIBUTIONS RECORDED ON LINE 1 REPRESENTS THE NUMBER OF CONTRIBUTIONS. THE NONCASH CONTRIBUTIONS RECORDED ON LINE 9 REPRESENTS THE NUMBER OF CONTRIBUTIONS. THE NONCASH CONTRIBUTIONS RECORDED ON LINE 16 REPRESENTS THE NUMBER OF CONTRIBUTIONS. THE NONCASH CONTRIBUTIONS RECORDED ON LINE 19 REPRESENTS THE NUMBER OF CONTRIBUTIONS. THE NUMBER OF NONCASH CONTRIBUTIONS OR ITEMS CONTRIBUTED RECORDED ON LINE 25 IS NOT REASONABLY DETERMINABLE.
PART I, LINE 32B:	INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. HIRED AN ORGANIZATION TO RECEIVE AND MONETIZE CRYPTOCURRENCY DONATIONS.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**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 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
INTERMOUNTAIN HEALTHCARE
FOUNDATION INC

Employer identification number

80-0225150

Return Reference	Explanation
FORM 990, PART V, LINE 1A:	ALL OF THE FORM 1099'S FOR INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. ARE ISSUED BY A RELATED TAX-EXEMPT ORGANIZATION, IHC HEALTH SERVICES, INC.
FORM 990, PART VI, SECTION A, LINE 2	ROBERT W. ALLEN / DAVID L. FLOOD / A. MARC HARRISON, MD / ALBERT R. ZIMMERLI - BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN IHC HEALTH SERVICES, INC., A RELATED TAX-EXEMPT CORPORATION) ROBERT W. ALLEN / A. MARC HARRISON, MD / ALBERT R. ZIMMERLI - BUSINESS RELATIONSHIP (BOARD MEMBERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, INC., A TAXABLE CORPORATION THAT IS WHOLLY OWNED BY AN AFFILIATE OF THE FILING ORGANIZATION) ROBERT W. ALLEN / ALBERT R. ZIMMERLI- BUSINESS RELATIONSHIP (BOARD MEMBERS OF SALTZER MEDICAL GROUP, INC., A RELATED TAXABLE CORPORATION)
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. IS IHC HEALTH SERVICES, INC., A RELATED UTAH NONPROFIT CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE APPROVED BYLAWS, THE FILING ORGANIZATION'S TRUSTEES ARE ELECTED BY THE SOLE MEMBER AT AN ANNUAL MEMBERSHIP MEETING.
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE ARTICLES OF INCORPORATION, THE SOLE MEMBER EXERCISES ALL PROPERTY, VOTING, AND OTHER RIGHTS, INTERESTS AND POWERS CONFERRED UNDER LOCAL STATUTE, INCLUDING THE ELECTION OF INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETE FORM 990 AND ALL REQUIRED SCHEDULES WERE MADE AVAILABLE TO THE ENTIRE GOVERNING BODY FOR REVIEW PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER, DIRECTOR, AND TRUSTEE 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 CONFLICTS. ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY IHC HEALTH SERVICES, INC.'S VICE PRESIDENT OF BUSINESS ETHICS AND COMPLIANCE. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT AND THE LEGAL DEPARTMENT OF IHC HEALTH SERVICES, INC. IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST OR REQUIRING A CHOICE OF THE INDIVIDUAL'S ROLE WITH THE FILING ORGANIZATION OR THE OUTSIDE ENTITY). FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF IHC HEALTH SERVICES, INC.
FORM 990, PART VI, SECTION B, LINE 15	INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. DID NOT COMPENSATE ANY OFFICER, DIRECTOR, OR TRUSTEE. COMPENSATION AMOUNTS LISTED ON PART VII WERE PAID BY A RELATED ORGANIZATION AND WERE DETERMINED IN ACCORDANCE WITH IRS GUIDELINES, INCLUDING REVIEWS AND APPROVALS BY INDEPENDENT PERSONS, USE OF COMPARABLE DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATIONS AND DECISIONS.
FORM 990, PART VI, SECTION C, LINE 19	INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS.
FORM 990, PART XI, LINE 9:	NET CHANGE IN THE VALUATION OF TRUSTS RECEIVABLE -65,336. NET CHANGE IN THE VALUATION OF CHARITABLE GIFT ANNUITIES -56,190. WRITE OFF OF PRIOR PERIOD PLEDGES -3,500,000.

Additional Data

Return to Form

Software ID:
Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERMOUNTAIN HEALTHCARE
FOUNDATION INC

Employer identification number

80-0225150

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

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
(1)INTERMOUNTAIN HEALTH CARE INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0269232	HOLDING COMPANY	UT	501(C)3	LINE 12B, II	N/A		No
(2)IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	HEALTHCARE	UT	501(C)3	LINE 3	INTERMOUNTAIN HEALTH CARE INC	Yes	
(3)INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)3	LINE 12B, II	INTERMOUNTAIN HEALTH CARE INC	Yes	
(4)INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREMENT BENEFITS	UT	501(C)9	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(5)SELECTHEALTH INC 5381 GREEN STREET MURRAY, UT 84123 87-0409820	DELIVERY OF HEALTH BENEFITS	UT	501(C)4	N/A	INTERMOUNTAIN HEALTH CARE INC	Yes	
(6)INTERMOUNTAIN MEDICAL HOLDINGS NEVADA INC 6355 SOUTH BUFFALO DRIVE LAS VEGAS, NV 89113 20-0160881	HEALTHCARE	DE	501(C)3	N/A	IHC HEALTH SERVICES INC	Yes	
(7)SCL HEALTH FOUNDATION 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 82-3290526	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)3	LINE 7	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(8)SCL HEALTH RESEARCH INSTITUTE INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 85-2014794	MEDICAL RESEARCH	CO	501(C)3	LINE 4	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(9)INTEGRITY HEALTH 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-4520350	SUPPORTING ORGANIZATION	CO	501(C)3	LINE 12C, III-FI	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(10)BRIGHTON COMMUNITY HOSPITAL ASSOCIATION 1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 84-0482695	HOSPITAL SERVICES	CO	501(C)3	LINE 3	INTEGRITY HEALTH	Yes	
(11)PLATTE VALLEY MEDICAL CENTER FOUNDATION 1600 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 74-2255936	SUPPORTING ORGANIZATION	CO	501(C)3	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Yes	
(12)MOUNT ST VINCENT HOME INC 4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)3	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(13)N-JH-SJH INC 500 ELDORADO BLVD SUITE 4300 DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)3	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(14)SAINT JOSEPH HOSPITAL INC 1375 EAST 19TH AVENUE DENVER, CO 80218 84-0417134	HOSPITAL SERVICES	CO	501(C)3	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(15)SAINT JOSEPH HOSPITAL FOUNDATION 1375 EAST 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)3	LINE 7	SAINT JOSEPH HOSPITAL INC	Yes	
(16)SCL HEALTH - FRONT RANGE INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 84-1103606	HOSPITAL SERVICES	CO	501(C)3	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	
(17)GOOD SAMARITAN MEDICAL CENTER FOUNDATION 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)3	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
(18)LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)3	LINE 7	SCL HEALTH-FRONT RANGE INC	Yes	
(19)ST MARY'S HOSPITAL & MEDICAL CENTER INC 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	CO	501(C)3	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes	

(20) ST MARY'S HOSPITAL FOUNDATION 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 12A, I	ST MARY'S HOSPITAL & MEDICAL CENTER INC	Yes
(21) CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes
(22) MARIAN CLINIC INC 3164 SE 6TH AVENUE TOPEKA, KS 66607 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes
(23) HOLY ROSARY HEALTHCARE 2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes
(24) HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE	Yes
(25) ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes
(26) ST JAMES HEALTHCARE FOUNDATION INC 400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 12A, I	ST JAMES HEALTHCARE	Yes
(27) SCL HEALTH - MONTANA 1233 NORTH 30TH STREET BILLINGS, MT 59101 81-0232124	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC	Yes
(28) ST VINCENT HEALTHCARE FOUNDATION INC 1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	SCL HEALTH - MONTANA	Yes
(29) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE INC	Yes

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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	
(1) MCKAY DEE SURGICAL CENTER LLC 3895 HARRISON BLVD OGDEN, UT 84403 26-0286308	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(2) GRANDEUR PEAK INTERNATIONAL STALWARTS LP 136 S MAIN STREET STE 720 SALT LAKE CITY, UT 84101 47-5468723	INVESTMENTS	DE	N/A	N/A				No			No	
(3) INNOVATION FUND HOLDINGS COMPANY LLC 1000 W FULTON STREET CHICAGO, IL 60607 47-1525723	INNOVATION	DE	N/A	N/A				No			No	
(4) HEALTHBOX SALT LAKE CITY I LLC 1000 W FULTON MARKET STE 213 CHICAGO, IL 60607 46-5338772	INNOVATION	DE	N/A	N/A				No			No	
(5) INTERMOUNTAIN VENTURES FUND LLC 36 S STATE STREET STE 2200 SALT LAKE CITY, UT 84111 84-4037085	INVESTMENTS	DE	N/A	N/A				No			No	
(6) PELION OPPORTUNITY FUND III LLC 2750 E COTTONWOOD PARKWAY STE 600 SALT LAKE CITY, UT 84121 84-2757193	INVESTMENTS	DE	N/A	N/A				No			No	
(7) AACP KOREA BUYOUT INVESTORS II LP ONE EMBARCADERO 16TH FLOOR SAN FRANCISCO, CA 94111 82-4971663	INVESTMENTS	CJ	N/A	N/A				No			No	
(8) AACP SPECIAL SITUATIONS II LP ONE EMBARCADERO 16TH FLOOR SAN FRANCISCO, CA 94111 83-2883726	INVESTMENTS	CJ	N/A	N/A				No			No	
(9) AACP KOREA BUYOUT INVESTORS IV LP ONE EMBARCADERO 16TH FLOOR SAN FRANCISCO, CA 94111 98-1549044	INVESTMENTS	CJ	N/A	N/A				No			No	
(10) LOGAN SURGERY CENTER LLC 1300 NORTH 500 EAST LOGAN, UT 84341 86-1965725	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(11) ST GEORGE SURGERY CENTER LLC 652 SOUTH MEDICAL CENTER DRIVE ST GEORGE, UT 84790 85-3880188	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(12) SALTZER ASC TEN MILE LLC 875 S VANGUARD WAY STE 120 MERIDIAN, ID 83642 84-5119941	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(13) NORTHPOINTE SURGICAL CENTER LLC 2326 NORTH 400 EAST SUITE 100 TOOELE, UT 84074 46-1487986	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(14) HW AE CO-INVESTMENT PARTNERS LP 2500 N MILITARY TRAIL 470 BOCA RATON, FL 33431 87-3405511	INVESTMENTS	DE	N/A	N/A				No			No	
(15) PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND LP	INVESTMENTS	DE	N/A	N/A				No			No	

GREENWICH OFFICE PARK THIRD FLOOR GREENWICH, CT 06831 85-3942801												
(16) MURRAY SURGERY CENTER LLC 5848 SOUTH FASHION BOULEVARD MURRAY, UT 84107 87-3940183	OUTPATIENT SURGERY	UT	N/A	N/A					No			No
(17) PROVO SURGERY CENTER LLC 1157 NORTH 300 WEST PROVO, UT 84604 87-3623664	OUTPATIENT SURGERY	UT	N/A	N/A					No			No
(18) SARATOGA SPRINGS SURGERY CENTER LLC 36 S STATE STREET STE 2200 SALT LAKE CITY, UT 84111 87-3875864	OUTPATIENT SURGERY	UT	N/A	N/A					No			No
(19) PARK CITY SURGERY CENTER LLC 900 ROUND VALLEY DRIVE PARK CITY, UT 84060 84-4898736	OUTPATIENT SURGERY	UT	N/A	N/A					No			No
(20) PARK CITY SURGICAL CENTER REAL ESTATE LLC 900 ROUND VALLEY DRIVE PARK CITY, UT 84060 86-2568233	OUTPATIENT SURGERY	UT	N/A	N/A					No			No
(21) SCLH-GI ENDOSCOPY HOLDINGS LLC 382 S ARTHUR AVENUE LOUISVILLE, CO 80027 81-2979243	OP ENDOSCOPY	CO	N/A	N/A					No			No
(22) SCLTDI JV LLC 4200 SIX FORKS ROAD SUITE 1000 RALEIGH, NC 27609 47-2294770	RADIOLOGY	DE	N/A	N/A					No			No
(23) ATHLETIC MEDICINE & PERFORMANCE LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 27-2270640	PHYSICAL THERAPY	MT	N/A	N/A					No			No
(24) SUMMIT SURGERY CENTER LLC 434 SOUTH CLARK STREET BUTTE, MT 59701 81-0536068	OP SURGERY	MT	N/A	N/A					No			No
(25) GRAND VALLEY SURGICAL CENTER LLC 710 WELLINGTON AVENUE SUITE 21 GRAND JUNCTION, CO 81501 84-1505075	OP SURGERY	CO	N/A	N/A					No			No
(26) HEALTHCARE MANAGEMENT LLC PO BOX 1929 GRAND JUNCTION, CO 81502 84-1238904	MANAGEMENT SERVICES	CO	N/A	N/A					No			No
(27) PAVILION IMAGING LLC 750 WELLINGTON AVENUE GRAND JUNCTION, CO 81501 03-0516198	RADIOLOGY	CO	N/A	N/A					No			No
(28) SAN JUAN CANCER CENTER LLC 600 SOUTH 5TH STREET MONTROSE, CO 81401 20-2856331	OP CANCER	CO	N/A	N/A					No			No
(29) CAREFLIGHT OF THE ROCKIES LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 80021 47-3525381	MEDICAL AIR TRANSPORT	CO	N/A	N/A					No			No
(30) MED-MAP LLC PO BOX 1295 BILLINGS, MT 59103 81-0491356	RENTAL REAL ESTATE	MT	N/A	N/A					No			No
(31) YELLOWSTONE SURGERY CENTER LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 72-1519467	OP SURGERY	MT	N/A	N/A					No			No
(32) GALLATIN VALLEY SURGERY CENTER LLC 2825 WEST MAIN STREET SUITE C BOZEMAN, MT 59718 88-2505265	OP SURGERY	MT	N/A	N/A					No			No
(33) FIRST FLIGHT OF WYOMING LLC 500 ELDORADO BLVD SUITE 4300 BROOMFIELD, CO 81401 92-1785143	MEDICAL AIR TRANSPORT	CO	N/A	N/A					No			No
(34) CDHC 3 LLC 265 N COUNTRY MANOR LANE ALPINE, UT 84004 87-3215157	INVESTMENTS	UT	N/A	N/A					No			No
(35) ARK GLOBAL EMERGING COMPANIES LP 22 EAST 100 SOUTH 3RD FLOOR SALT LAKE CITY, UT 84111 82-3044843	INVESTMENTS	UT	N/A	N/A					No			No
(36) MONUMENT HEALTH LLC 744 HORIZON COURT STE 260 GRAND JUNCTION, CO 81506 47-4424617	HEALTH CARE NETWORK	CO	N/A	N/A					No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C				Yes	
(2)SELECTHEALTH BENEFIT ASSURANCE COMPANY INC 5381 GREEN STREET MURRAY, UT 84123 87-0497579	DELIVERY OF HEALTH BENEFITS	UT	N/A	C				Yes	
(3)NAVICAN GENOMICS INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 81-4153832	CANCER TREATMENT	DE	N/A	C				Yes	
(4)ALLUCEO INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 82-4614934	MENTAL HEALTH INTEGRATION SERVICES	DE	N/A	C				Yes	
(5)SALTZER MEDICAL GROUP INC 215 EAST HAWAII AVENUE NAMPA, ID 83686 82-0299231	MEDICAL SERVICES	ID	N/A	C				Yes	
(6)CLASSIC MEDICAL INC 1021 SOUTH DOUGLAS STREET	MEDICAL AIR TRANSPORT	UT	N/A	C				Yes	

