PUBLIC DISCLOSURE COPY

Form **8453-TE**

Department of the Treasury
Internal Revenue Service

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2025, or tax year beginning _____ , 2025,
and ending _____ , 20 ____
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP.
Go to www.irs.gov/Form8453TE for the latest information.

OMB No. 1545-0047

2025

Name of filer	EIN or SSN
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	84-0425720

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	**Form 990** check here [X]	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	576,293,962.
2a	**Form 990-EZ** check here [ ]	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here [ ]	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here [ ]	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here [ ]	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here [ ]	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here [ ]	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here [ ]	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here [ ]	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here [ ]	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b [ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that [X] I am an officer of the above named entity or [ ] I am the person subject to tax with respect to (name of entity) _____ , (EIN) _____ ,

and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

SIGN HERE

Signature of officer or person subject to tax | Date: 11/4/2026 | Title, if applicable: PRESIDENT

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature		Date	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN P00176386
Firm's name (or yours if self-employed), address, and ZIP code	SISTERS OF CHARITY OF LEAVENWORTH 500 ELDORADO BLVD, SUITE 4300 BROOMFIELD, CO 80021				EIN 23-7379161 Phone no. 801-842-7851

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Preparer's name LAUREN E. BENNETT	Preparer's signature L. E. Bennett	Date 10/28/2026	Check if self-employed [ ]	PTIN P01787029
Firm's name ERNST & YOUNG U.S. LLP			Firm's EIN	34-6565596
Firm's address 2005 MARKET ST., STE 700, PHILADELPHIA, PA			Phone no.	215-448-5000

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

Form **8453-TE** (2025) Created 5/2/25

LHA 502511 12-10-25

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
ST. MARY'S HOSPITAL & MEDICAL
CENTER, INC.

Taxpayer identification number (TIN)
84-0425720

Number, street, and room or suite no. If a P.O. box, see instructions.
2635 N. 7TH STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
GRAND JUNCTION, CO 81501

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

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

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

Telephone No. (801) 442-3491 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

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

C Name of organization
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2635 N. 7TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81501

F Name and address of principal officer: BRYAN JOHNSON
SAME AS C ABOVE

D Employer identification number 84-0425720

E Telephone number 801-842-7851

G Gross receipts $ 578,721,925.

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

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

H(c) Group exemption number 0928

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

J Website: SEE SCHEDULE "O" FOR WEBSITE ADDRESS

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1975

M State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	2878
6	Total number of volunteers (estimate if necessary)	6	260
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,011,408.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	946,803.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,242,907.	5,268,337.
9	Program service revenue (Part VIII, line 2g)	529,773,473.	551,079,278.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,777,777.	14,912,001.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,009,752.	5,034,346.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	555,803,909.	576,293,962.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,426,789.	23,093,398.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	182,575,420.	200,346,133.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	340,346,836.	367,869,858.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	543,349,045.	591,309,389.
19	Revenue less expenses. Subtract line 18 from line 12	12,454,864.	-15,015,427.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	889,594,455.	864,259,754.
21	Total liabilities (Part X, line 26)	26,271,495.	29,524,756.
22	Net assets or fund balances. Subtract line 21 from line 20	863,322,960.	834,734,998.

Part II Signature Block

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

Sign Here

SIGN HERE

Signature of officer — Date: 11/4/2026

BRYAN JOHNSON, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name: LAUREN E BENNETT	Preparer's signature	Date: 10/28/2026	Check ☐ if self-employed	PTIN: P01787029
Firm's name: ERNST & YOUNG U.S. LLP			Firm's EIN: 34-6565596	
Firm's address: 2005 MARKET ST., STE 700 PHILADELPHIA, PA 19103			Phone no. 215-448-5000	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses $ 500,868,981. including grants of $ 23,093,398.) (Revenue $ 554,963,753.)
ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC. ("SMGJ"), LOCATED IN GRAND JUNCTION, COLORADO, IS A FAITH-BASED, NONPROFIT HOSPITAL DEDICATED TO HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE. FOUNDED IN 1896 BY THE SISTERS OF CHARITY OF LEAVENWORTH, SMGJ HAS SERVED WESTERN COLORADO AND EASTERN UTAH FOR MORE THAN A CENTURY, PROVIDING HIGH-QUALITY CARE WHILE REMAINING ROOTED IN ITS LEGACY OF COMPASSION, SERVICE, AND SUPPORT FOR THOSE WHO ARE POOR AND VULNERABLE.

AS THE LARGEST AND MOST COMPREHENSIVE MEDICAL CENTER BETWEEN DENVER AND SALT LAKE CITY, SMGJ SERVES AS A REGIONAL HEALTHCARE HUB FOR COMMUNITIES ACROSS WESTERN COLORADO AND EASTERN UTAH. MANY PATIENTS TRAVEL LONG DISTANCES TO ACCESS SPECIALIZED SERVICES THAT ARE NOT

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

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

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

4e Total program service expenses 500,868,981.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2878		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN JOHNSON	45.00									
PRESIDENT	7.00	X		X				763,002.	0.	250,227.
(2) ELIZABETH BUISKER, MD	0.00									
FORMER KEY EMPLOYEE	52.00						X	0.	583,115.	201,906.
(3) LEE SYPHUS	0.00									
FORMER HIGHEST COMPENSATED	52.00						X	0.	530,003.	183,055.
(4) SEAN FADDEN	1.00									
TREASURER	51.00			X				0.	531,766.	176,420.
(5) MICHELE ARNOLD, MD	52.00									
CHIEF MEDICAL OFFICER SMGJ	0.00					X		530,131.	0.	169,986.
(6) GEORGE SCOTT, MD	0.00									
FORMER HIGHEST COMPENSATED	52.00						X	0.	339,950.	144,724.
(7) KELLY ADAMS	1.00									
SECRETARY	51.00			X				0.	334,498.	144,631.
(8) MICHELLE SHIAO	52.00									
VP CNO/COO SMGJ (PARTIAL)	0.00					X		356,476.	0.	120,642.
(9) RYAN JACKMAN, MD	0.00									
FORMER HIGHEST COMPENSATED	50.00						X	0.	340,635.	85,491.
(10) VINCENT DONOHUE	51.00									
AVP, FINANCE WESTERN CO MARKET	1.00			X				303,214.	0.	95,928.
(11) KELSEY WALSDORF, MD	52.00									
PHYSICIAN	0.00					X		336,836.	0.	34,589.
(12) SABRINA MITCHELL, MD	50.00									
MEDICAL DIRECTOR FAMILY MED	0.00					X		313,342.	0.	48,311.
(13) KARLYNN SIEVERS, MD	52.00									
PHYSICIAN FAMILY MEDICINE	0.00					X		299,107.	0.	48,169.
(14) AMY DAVIS, MD	1.00									
SECRETARY	51.00	X		X				256,988.	0.	77,423.
(15) AMY LEITCH	1.00									
ASSISTANT SECRETARY	51.00			X				0.	251,037.	81,794.
(17) LENNA WATSON	6.00									
TRUSTEE	0.00	X						17,089.	0.	1,519.
(18) JEFF TAETS	1.00									
CHAIR	0.00	X		X				938.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) MARK GRIFFIN, MD	1.00									
TRUSTEE	0.00	X						607.	0.	0.
(20) TOM BENTON	1.00									
TRUSTEE	3.00	X						0.	0.	0.
(21) JOE CARLSON	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(22) XAVIER CROKETT	1.00									
TRUSTEE (PARTIAL)	0.00	X						0.	0.	0.
(23) FRANK DESANTIS	1.00									
TRUSTEE (PARTIAL)	0.00	X						0.	0.	0.
(24) TIM FOSTER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(25) BRIAN HILL	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(26) ANGELA PADALECKI	1.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(27) TEYEN SHIAO	1.00									
TRUSTEE (PARTIAL)	0.00	X						0.	0.	0.
1b Subtotal								3,177,730.	2,911,004.	1,864,815.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,177,730.	2,911,004.	1,864,815.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 375

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) RICK TAGGART	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(29) VANCE WAGNER	1.00									
TRUSTEE	0.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3,415,920.				
	e Government grants (contributions)	1e	892,574.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	959,843.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			5,268,337.			
Program Service Revenue		Business Code					
	2a PATIENT REVENUE	620000		536,483,848.	536,483,848.		
	b IMAGING SERVICES	620000		6,913,491.	6,913,491.		
	c MEDICAL LAB SERVICES	620000		3,980,594.		3,980,594.	
	d AIR MEDICAL TRANSPORT	620000		2,157,656.	2,157,656.		
	e CANCER CARE SERVICES	620000		1,471,715.	1,471,715.		
	f All other program service revenue	810000		71,974.		71,974.	
	g **Total.** Add lines 2a-2f			551,079,278.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,704,900.			15,704,900.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	81,217.	1,627,975.				
	b Less: rental expenses 6b	180,301.	1,344,386.				
	c Rental income or (loss) 6c	-99,084.	283,589.				
	d Net rental income or (loss)			184,505.		88,008.	96,497.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a		44,221.				
	b Less: cost or other basis and sales expenses 7b		837,120.				
	c Gain or (loss) 7c		-792,899.				
	d Net gain or (loss)			-792,899.			-792,899.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a 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		160,690.				
	b Less: cost of goods sold 10b		66,156.				
	c Net income or (loss) from sales of inventory			94,534.			94,534.
Miscellaneous Revenue		Business Code					
	11a MANAGEMENT SERVICES	560000		2,804,579.	2,010,990.	793,589.	
	b CAFETERIA SALES	720000		1,682,376.	1,678,902.	3,474.	
	c IMAGE STORAGE	510000		268,352.	194,583.	73,769.	
	d All other revenue						
	e **Total.** Add lines 11a-11d			4,755,307.			
	12 **Total revenue.** See instructions			576,293,962.	550,911,185.	5,011,408.	15,103,032.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,823,780.	22,823,780.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	269,618.	269,618.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,305,782.	1,297,578.	8,204.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	154,868,679.	153,895,715.	972,964.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,828,842.	6,828,842.		
9 Other employee benefits	25,418,323.	25,397,655.	20,668.	
10 Payroll taxes	11,924,507.	11,858,289.	66,218.	
11 Fees for services (nonemployees):				
a Management				
b Legal	17,400.	17,400.		
c Accounting				
d Lobbying	13,912.		13,912.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,879,478.	28,507,380.	1,372,098.	
12 Advertising and promotion	7,576.	7,576.		
13 Office expenses	2,412,404.	2,268,547.	143,857.	
14 Information technology	30,144,729.	194,213.	29,950,516.	
15 Royalties				
16 Occupancy	8,871,097.	8,312,363.	558,734.	
17 Travel	816,984.	748,579.	68,405.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	224,150.	219,498.	4,652.	
20 Interest	6,478,359.	6,478,359.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,316,166.	25,316,166.		
23 Insurance	129,499.	129,499.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	129,304,101.	129,304,101.		
b SHARED SERVICES	63,735,472.	9,789,815.	53,945,657.	
c MEDICAID PROVIDER TAXES	30,141,167.	30,141,167.		
d FEDERAL INCOME TAXES	273,377.	273,377.		
e All other expenses	40,103,987.	36,789,464.	3,314,523.	
25 **Total functional expenses.** Add lines 1 through 24e	591,309,389.	500,868,981.	90,440,408.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		8,236.	1	8,450.
	2	Savings and temporary cash investments		2,948,183.	2	0.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		78,789,939.	4	93,547,391.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,017,719.	7	1,016,777.
	8	Inventories for sale or use		10,992,214.	8	12,167,891.
	9	Prepaid expenses and deferred charges		3,000,910.	9	1,968,941.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 498,003,459.			
	b	Less: accumulated depreciation	10b 88,297,919.	397,909,394.	10c	409,705,540.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		8,888,624.	12	9,459,157.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		61,811.	14	0.
	15	Other assets. See Part IV, line 11		385,977,425.	15	336,385,607.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		889,594,455.	16	864,259,754.
Liabilities	17	Accounts payable and accrued expenses		23,534,824.	17	27,705,905.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,736,671.	25	1,818,851.
	26	**Total liabilities.** Add lines 17 through 25		26,271,495.	26	29,524,756.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		863,322,960.	27	834,734,998.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		863,322,960.	32	834,734,998.
	33	Total liabilities and net assets/fund balances		889,594,455.	33	864,259,754.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	576,293,962.
2	Total expenses (must equal Part IX, column (A), line 25)	2	591,309,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,015,427.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	863,322,960.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-9,049.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-13,563,486.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	834,734,998.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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

2025

Open to Public Inspection

Name of the organization	**Employer identification number**
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	84-0425720

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 **section 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined 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.**	9b		
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.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 line 11a above?	**11b**	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**	

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
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 its upported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**	

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):			
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 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	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 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
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

Name of the organization	Employer identification number
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	84-0425720

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	84-0425720

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 2,704,257.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 711,663.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
ST. MARY'S HOSPITAL & MEDICAL
CENTER, INC.

Employer identification number
84-0425720

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
		$	
(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
		$	
(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
		$	

Name of organization
ST. MARY'S HOSPITAL & MEDICAL
CENTER, INC.

Employer identification number
84-0425720

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $_____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	84-0425720

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	**(a)** 2022	**(b)** 2023	**(c)** 2024	**(d)** 2025	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		13,912.
j Total. Add lines 1c through 1i			13,912.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE LOBBYING EXPENDITURES REPRESENT PORTIONS OF VARIOUS MEMBERSHIP DUES THAT ARE DESIGNATED AS LOBBYING EXPENSES BY THOSE ORGANIZATIONS IN WHICH ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. IS A MEMBER.

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number 84-0425720

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	18,859,327.	17,633,091.	16,103,536.	18,258,279.	17,128,359.
b Contributions	5,329,844.	3,404,255.	4,419,818.	3,651,938.	3,258,508.
c Net investment earnings, gains, and losses	439,567.	958,737.	1,051,305.	-1,788,101.	1,437,882.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,997,323.	3,136,756.	3,941,568.	4,018,580.	3,566,470.
f Administrative expenses					
g End of year balance	21,631,415.	18,859,327.	17,633,091.	16,103,536.	18,258,279.

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

a Board designated or quasi-endowment .0000 %
b Permanent endowment 49.9000 %
c Term endowment 50.1000 %

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

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

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

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		6,730,158.		6,730,158.
b Buildings	79,874.	372,275,645.	40,977,409.	331,378,110.
c Leasehold improvements		5,903,198.	1,888,222.	4,014,976.
d Equipment		96,544,843.	45,432,288.	51,112,555.
e Other		16,469,741.		16,469,741.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				409,705,540.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

	(a) Description	(b) Book value
(1)	INTERCOMPANY RECEIVABLES	331,888,018.
(2)	OTHER RECEIVABLES	1,046,471.
(3)	RIGHT OF USE ASSETS	3,153,323.
(4)	PREPAID ASSETS	297,795.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		336,385,607.

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED LIABILITY - OPERATING LEASE	698,714.
(3)	DEPOSITS	7,650.
(4)	ACCRUED LIABILITY - PLEDGE	591,423.
(5)	ACCRUED LIABILITY - MITIGATION	521,064.
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		1,818,851.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4

ENDOWMENT FUNDS HELD IN ST. MARY'S HOSPITAL FOUNDATION AND CATHOLIC FOUNDATION OF INTERMOUNTAIN HEALTH, INC. ARE FOR THE BENEFIT OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. THE FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. IN AREAS INCLUDING ASSOCIATE EDUCATION, GREATEST NEED, MOM/BABY & PEDIATRICS, PATIENT EXPERIENCE, RESPIRATORY, AND OTHER SERVICES AND PROGRAMS.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number 84-0425720

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			10,329,948.		10,329,948.	1.80%
b Medicaid (from Worksheet 3, column a)			119,134,395.	80,256,296.	38,878,099.	6.78%
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,641,857.	689,536.	952,321.	.17%
d **Total.** Financial assistance and means-tested government programs			131,106,200.	80,945,832.	50,160,368.	8.75%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			812,188.		812,188.	.14%
f Health professions education (from Worksheet 5)			19,391,950.	2,744,536.	16,647,414.	2.90%
g Subsidized health services (from Worksheet 6)			38,705,982.	24,459,100.	14,246,882.	2.48%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			22,164,087.		22,164,087.	3.86%
j **Total.** Other benefits			81,074,207.	27,203,636.	53,870,571.	9.38%
k **Total.** Add lines 7d and 7j			212,180,407.	108,149,468.	104,030,939.	18.13%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 17,734,389.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	200,336,536.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	249,619,536.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-49,283,000.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PAVILION IMAGING, LLC	RADIOLOGY SERVICES	75.00%	.00%	25.00%
2 GRAND VALLEY SURGERY CENTER, LLC	OUTPATIENT SURGERY	50.17%	.00%	49.83%
3 SAN JUAN CANCER CENTER, LLC	OUTPATIENT SURGERY	33.33%	.00%	33.33%
4 MONUMENT HEALTH, LLC	CLINICALLY INTEGRATED NETWORK	82.00%	.00%	18.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST. MARY'S HOSPITAL & MEDICAL CENTER, 2635 N. 7TH. STREET GRAND JUNCTION, CO 81502 HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LO STATE LICENSE #011160	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: ST. MARY'S HOSPITAL & MEDICAL CENTER,INC

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

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE PART V, SECTION C			
b [X] Other website (list url): SEE PART V, SECTION C			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ST. MARY'S HOSPITAL & MEDICAL CENTER,INC

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: ST. MARY'S HOSPITAL & MEDICAL CENTER,INC

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☒ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: ST. MARY'S HOSPITAL & MEDICAL CENTER,INC

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

Part V Facility Information *(continued)*

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

ST. MARY'S HOSPITAL & MEDICAL CENTER,INC.:
PART V, SECTION B, LINE 5: ST. MARY'S HOSPITAL & MEDICAL CENTER (SMGJ)
INTENTIONALLY SOLICITED PARTICIPATION FROM A VARIETY OF INDIVIDUALS AND
ORGANIZATIONS REPRESENTING LOCAL PUBLIC HEALTH AGENCIES AND THE MEDICALLY
UNDERSERVED AND LOW-INCOME RESIDENTS IN THE COMMUNITY. THERE WAS ALSO A
PUBLIC REQUEST FOR WRITTEN COMMENTS CONCERNING THE MOST RECENTLY CONDUCTED
CHNA AND IMPLEMENTATION STRATEGY, AND NO RESPONSES WERE RECEIVED.

THE 2024 CHNA HAD PARTICIPANTS FROM THE FOLLOWING SECTORS:

- HEALTHCARE CONSUMERS AND CONSUMER ADVOCATES
- NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS
- ACADEMIC EXPERTS
- LOCAL GOVERNMENT OFFICIALS
- LOCAL SCHOOL DISTRICTS
- HEALTHCARE PROVIDERS AND COMMUNITY HEALTH CENTERS
- PUBLIC HEALTH PROFESSIONALS
- HEALTH INSURANCE AND MANAGED CARE ORGANIZATIONS
- PRIVATE BUSINESSES
- LABOR AND WORKFORCE REPRESENTATIVES
- RESIDENTS OF THE COMMUNITY

SMGJ PARTICIPATED IN THE MESA COUNTY PUBLIC HEALTH 2024-2026 COMMUNITY
HEALTH NEEDS ASSESSMENT. THIS COLLABORATIVE CHNA PROCESS INCLUDED AN
INITIAL COLLECTION OF SECONDARY DATA THAT IDENTIFIED LOCAL HEALTH
DISPARITIES. PRIMARY DATA INCLUDED STAKEHOLDER INPUT AND A COMMUNITY
SURVEY, WHICH REFINED UNDERSTANDING OF HEALTH NEEDS AMONG
UNDERREPRESENTED, UNDERSERVED, AND LOW-INCOME COMMUNITY MEMBERS. SMGJ
CONDUCTED ITS OWN PRIORITIZATION OF THE EIGHT PRELIMINARY HEALTH NEEDS
IDENTIFIED BY THE COLLABORATIVE TO DETERMINE THE HOSPITAL'S SIGNIFICANT
HEALTH NEEDS, WHICH ARE BEING ADDRESSED IN ITS IMPLEMENTATION STRATEGY.

A FULL LIST OF PARTICIPATING ORGANIZATIONS AND A SUMMARY OF FINDINGS IS
INCLUDED IN THE MESA COUNTY PUBLIC HEALTH 2024-2026 COMMUNITY HEALTH NEEDS
ASSESSMENT, WHICH IS AVAILABLE AT THE WEBSITES:
HTTPS://WWW.MESACOUNTY.US/SITES/DEFAULT/FILES/2024-07/MESACOUNTY_CHNA_DIGIT
AL_UPDATED07112024.PDF;
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/-/MEDIA/FILES/INTERMOUNTAIN-HEALTH/COMM
UNITY-BENEFIT/CHNA-2024/ST-MARYS-REGIONAL-HOSPITAL-2024-CHNA.ASHX.

ST. MARY'S HOSPITAL & MEDICAL CENTER,INC.:
PART V, SECTION B, LINE 6A:
FAMILY HEALTH WEST
COMMUNITY HOSPITAL
VETERAN'S AFFAIRS (VA) WESTERN COLORADO HEALTH CARE SYSTEM
MIND SPRINGS HEALTH (NOW CLOSED)

ST. MARY'S HOSPITAL & MEDICAL CENTER,INC.:
PART V, SECTION B, LINE 6B: SMGJ PARTICIPATED IN A COLLABORATIVE CHNA
PROCESS LED BY MESA COUNTY PUBLIC HEALTH AND INCLUDED FAMILY HEALTH WEST,
MIND SPRINGS HEALTH, MONUMENT HEALTH, MARILLAC HEALTH, COMMUNITY HOSPITAL,

Part V Facility Information *(continued)*

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

HILLTOP COMMUNITY RESOURCES, AND THE VETERANS AFFAIRS WESTERN COLORADO HEALTH CARE SYSTEM. THE PROCESS EXAMINED HEALTH DISPARITIES AND UNMET HEALTH NEEDS IN THE SERVICE AREA. USING THE FINDINGS OF THE COLLABORATIVE CHNA, SMGJ THEN DETERMINED ITS SIGNIFICANT HEALTH NEEDS THROUGH AN EVIDENCE-BASED PRIORITIZATION PROCESS.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:
FORM 990,SECTION B, LINE 7A:
HOSPITAL FACILITY'S WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/COMMUNITY-HEALTH/CHNA-REPORTS

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:
FORM 990,SECTION B, LINE 7B:
OTHER WEBSITE:
HTTPS://WWW.MESACOUNTY.US/DEPARTMENTS-AND-SERVICES/PUBLIC-HEALTH/COMMUNITY-HEALTH-DATA/HEALTH-IMPROVEMENT-CYCLE

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:
FORM 990, SECTION B, LINE 10A:
IMPLEMENTATION STRATEGY ON WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/COMMUNITY-HEALTH/CHNA-REPORTS

ST. MARY'S HOSPITAL & MEDICAL CENTER,INC.:
PART V, SECTION B, LINE 11: THE COLLABORATIVE MESA COUNTY CHNA USED PRIMARY AND SECONDARY DATA TO IDENTIFY EIGHT PRELIMINARY HEALTH NEEDS: ALCOHOL CONSUMPTION, BEHAVIORAL HEALTH PROVIDERS, CHILDCARE, ECONOMIC STABILITY, EMERGENCY DEPARTMENT USE, FAMILY RELATIONSHIPS, HOUSING, AND SUICIDE. THE HOSPITAL THEN PRIORITIZED THESE HEALTH NEEDS TO DETERMINE THE FINAL SIGNIFICANT HEALTH NEEDS.

SMGJ IS ADDRESSING THE FOLLOWING SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS: IMPROVING BEHAVIORAL HEALTH, ACHIEVING GREATER ECONOMIC STABILITY, INCREASING ACCESS TO CARE, AND IMPROVING CHILD AND FAMILY WELL-BEING. IN SOME INSTANCES, RELATED HEALTH NEEDS WERE UNIFIED UNDER ONE HEADING DURING PRIORITIZATION.

A DETAILED ACCOUNT OF THE AIMS, ANTICIPATED OUTCOMES, MAIN PROGRAMS, AND HOSPITAL AND COMMUNITY RESOURCES TO ADDRESS EACH HEALTH NEED IS DESCRIBED IN DETAIL IN THE IMPLEMENTATION STRATEGY REPORT FOUND AT THE PUBLIC WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/-/MEDIA/FILES/INTERMOUNTAIN-HEALTH/COMMUNITY-BENEFIT/CHIS-2025/ST-MARYS-REGIONAL-HOSPITAL-2025-IMPLEMENTATION-STRATEGY.ASHX.

IMPROVING BEHAVIORAL HEALTH (INCLUDING ALCOHOL CONSUMPTION AND SUICIDE):

- FUNDED AND COLLABORATED WITH COUNSELING & EDUCATION CENTER TO PROVIDE 3,487 THERAPY SESSIONS TO 611 COMMUNITY MEMBERS AND IMPROVED THE MENTAL HEALTH OF 92% OF CLIENTS.
- PROVIDED 45 SUBSTANCE MISUSE TRAININGS TO 1,721 COMMUNITY MEMBERS THROUGH A COLLABORATION WITH THE AREA HEALTH EDUCATION CENTER (AHEC), WHICH INCREASED THE UNDERSTANDING OF SUBSTANCE USE AND AVAILABLE RESOURCES.

Part V Facility Information *(continued)*

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

ACHIEVING GREATER ECONOMIC STABILITY (INCLUDING HOUSING):
2025 OUTCOMES:

- GUIDED 692 INDIVIDUALS TO ESSENTIAL COMMUNITY RESOURCES THROUGH PROGRAMMATIC FUNDING TO AND COLLABORATION WITH MESA COUNTY PUBLIC HEALTH, WHICH INCREASED ECONOMIC STABILITY AND ASSISTED COMMUNITY MEMBERS IN EXPLORING CAREER PATHWAYS.
- PROVIDED FUNDING TO THE COMMUNITY FOOD BANK, WHICH SERVED 10,253 FOOD INSECURE COMMUNITY MEMBERS, PROVIDED 416,000 POUNDS OF FOOD, AND CONNECTED INDIVIDUALS TO 5,392 NUTRITION ACCESS RESOURCES (E.G., GOVERNMENT FOOD PROGRAMS, OTHER SOCIAL SERVICE AGENCIES).

INCREASING ACCESS TO CARE (INCLUDING BEHAVIORAL HEALTH PROVIDERS AND EMERGENCY DEPARTMENT USE):

2025 OUTCOMES:

- COLLABORATED WITH THE LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC) TO PROVIDE OUTREACH TO 681 UNIQUE COMMUNITY MEMBERS WHO WERE CONNECTED TO 383 RESOURCES THAT REDUCED UNNECESSARY EMERGENCY DEPARTMENT USAGE AND IMPROVED ACCESS TO APPROPRIATE CARE.
- COLLABORATED WITH HOMEWARD BOUND OF THE GRAND VALLEY AND PROVIDED FUNDING TO CONNECT 382 RESIDENTS EXPERIENCING HOMELESSNESS WITH 195 MEDICAL AND BEHAVIORAL HEALTH SERVICES AND RESOURCES, WHICH IMPROVED ACCESS TO CARE FOR SOME OF THE HIGHEST RISK COMMUNITY MEMBERS.

IMPROVING CHILD AND FAMILY WELL-BEING (INCLUDING FAMILY RELATIONSHIPS AND CHILD SAFETY):

2025 OUTCOMES:

- COLLABORATED WITH HILLTOP FAMILY RESOURCES TO SERVE 69 INFANTS AND FAMILIES THROUGH THE B4 BABIES PROGRAM THAT PROVIDES PRENATAL CHECKUPS, CONNECTION WITH SOCIAL SUPPORT AND RESOURCES, AND PARENTING EDUCATION, ALL OF WHICH GREATLY IMPACT CHILDHOOD AND LONG-TERM HEALTH OUTCOMES.
- DISTRIBUTED 100 LIFE JACKETS TO THE SAVE-A-LIFE JACKET PROGRAM, A FREE BORROW AND RETURN PROGRAM THAT SERVES THE COLORADO RIVER MESA COUNTY CORRIDOR, WHERE OPEN WATER IS THE MOST FREQUENT SITE OF ACCIDENTAL DROWNING.

NEEDS NOT ADDRESSED:

SMGJ IS NOT ADDRESSING ALL THE PRELIMINARY HEALTH NEEDS IDENTIFIED DURING THE CHNA IN THE IMPLEMENTATION STRATEGY. THE FOLLOWING HEALTH NEED WAS NOT PRIORITIZED DUE TO RESOURCE CONSTRAINTS, ABILITY AND EXPERTISE, EXISTING EFFORTS BY OTHER ORGANIZATIONS, OR LACK OF EFFECTIVE SOLUTIONS; HOWEVER, IT REMAINS IMPORTANT TO THE HEALTH OF THE COMMUNITY AND IS SUPPORTED THROUGH CLINICAL OPERATIONS AND PROGRAMS, COMMUNITY BENEFIT REPORTABLE ACTIVITIES, COMMUNITY OUTREACH, AND OTHER COLLABORATIVE EFFORTS:
CHILDCARE.

PART V, SECTION B, LINES 13B & 13H:

Part V Facility Information *(continued)*

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

CATASTROPHIC ASSISTANCE: SMGJ'S ATTEMPTS TO LIMIT A PATIENT'S FINANCIAL RESPONSIBILITY WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 25% OF THE PATIENT'S GROSS HOUSEHOLD ANNUAL INCOME.

EXTENUATING CIRCUMSTANCES: SINCE EACH PATIENT'S PERSONAL CIRCUMSTANCES VARY, SMGJ'S ALLOWS FOR EXTENUATING CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES AND PROCEDURES TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE.

PART V, SECTION B, LINES 15E, 16I, 16J & 20E:

SPECIFIC INFORMATION REGARDING AN ELECTRONIC APPLICATION TO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND ON SMGJ'S WEBSITE IN ENGLISH, SPANISH, ARABIC, CHINESE, FRENCH, KOREAN, RUSSIAN, AND VIETNAMESE. DETAILS INCLUDE AN EXPLANATION OF THE PROGRAM, FREQUENTLY ASKED QUESTIONS, A TOLL-FREE NUMBER, AND A LINK TO THE APPLICATION. BROCHURES IN ENGLISH AND SPANISH ARE ALSO AVAILABLE THROUGHOUT THE PUBLIC RECEPTION AND REGISTRATION AREAS OF HOSPITALS AND CLINICS. OTHER LANGUAGES ARE AVAILABLE UPON REQUEST. THE BROCHURES DESCRIBE THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY.

ELIGIBILITY COUNSELORS AND PATIENT FINANCIAL ADVOCATES ARE AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION BEFORE, DURING, OR AFTER THE TIME OF SERVICE.

SIGNS ARE POSTED AT PUBLIC REGISTRATION AREAS, IN PRIVATE REGISTRATION ROOMS, AND IN PATIENT CARE AREAS IN BOTH ENGLISH AND SPANISH, THAT STATE THE FOLLOWING: "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY. IF YOU DON'T HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT OUR FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS."

PART V, SECTION B, LINE 22B:

SMGJ'S DETERMINED THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO A FINANCIAL ASSISTANCE ELIGIBLE PATIENT BY CALCULATING THE AMOUNT GENERALLY BILLED USING THE LOOK-BACK METHOD DESCRIBED IN TREASURY REGULATION SECTION 1.501(R)-5(B)(3).

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 13

Name and address	Type of facility (describe)
1 GRAND VALLEY SURGERY CENTER, LLC. 710 WELLINGTON AVE. GRAND JUNCTION, CO 81501	OUTPATIENT SURGERY
2 SAN JUAN CANCER CENTER, LLC. 600 SOUTH 5TH STREET MONTROSE, CO 81401	OUTPATIENT CANCER TREATMENT
3 PAVILION IMAGING, LLC. 750 WELLINGTON AVE. GRAND JUNCTION, CO 81501	RADIOLOGY SERVICES
4 CAREFLIGHT OF THE ROCKIES, LLC. 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	AIR AMBULANCE SERVICES
5 ST.MARY'S - FAMILY MEDICINE CLINIC 2698 PATTERSON RD. GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
6 WELLINGTON RADIATION ONCOLOGY CLINIC 750 WELLINGTON AVE. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
7 WELLINGTON MEDICAL ONCOLOGY CLINIC 750 WELLINGTON AVE. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
8 IH BLOOMIN' BABIES BIRTH CENTER 2241 N 7TH ST. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
9 ST. MARY'S - CANCER CENTERS OF CO 750 HOSPITAL LOOP CRAIG, CO 81625-8750	OUTPATIENT PHYSICIAN CLINIC
10 SMMG - MEDICAL ONCOLOGY 450 WILLIAMS WAY MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 13

Name and address	Type of facility (describe)
11 ST.MARY'S - AIM CLINIC 2698 PATTERSON RD. GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
12 ST.MARY'S - ADVANCED MED ONCOLOGY 750 WELLINGTON AVE. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
13 ST MARY'S - PATHWAY FAMILY WELLNESS 562 29 RD. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

PART I, LINE 3C:
MAXIMUM FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS AT OR BELOW 250% OF THE FEDERAL POVERTY GUIDELINES ("FPG"). APPLICANTS EQUAL TO OR BELOW THIS THRESHOLD RECEIVE A 100% WAIVER OF PATIENT FINANCIAL OBLIGATION.

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

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

SMGJ ALSO LIMITS CHARGES WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 25% OF THE PATIENT'S GROSS ANNUAL HOUSEHOLD INCOME.

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

PART I, LINE 6A:
THIS ORGANIZATION IS PART OF THE INTERMOUNTAIN HEALTH CARE, INC. SYSTEM, WHICH PREPARES AN ANNUAL REPORT TO THE COMMUNITY ON A CONSOLIDATED BASIS. THE REPORT IS PREPARED BY THE PARENT COMPANY, INTERMOUNTAIN HEALTH CARE, INC.

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

PART I, LINE 7, COLUMN (F):

THE ADJUSTMENTS FOR UNPAID SERVICES INCLUDED ON FORM 990, PART IX, LINE 25, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, ARE $17,734,389.

PART III, LINE 2:
MANAGEMENT ESTIMATES THE PROVISION FOR ADJUSTMENTS FOR UNPAID SERVICES BY ASSESSING THE COLLECTIBILITY, TIMING, AND AMOUNT OF PATIENT SERVICES

Part VI Supplemental Information *(Continuation)*

REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES FOR EACH MAJOR PAYER SOURCE, GENERAL ECONOMIC TRENDS, AND OTHER INDICATORS.

PART III, LINE 3:
WHEN A PATIENT OR RESPONSIBLE PARTY IS UNINSURED OR UNDERINSURED AND EXPRESSES EITHER CONCERN ABOUT THEIR ABILITY TO PAY OR INTEREST IN APPLYING FOR FINANCIAL ASSISTANCE, SMGJ'S STAFF ARE EDUCATED TO GIVE THE PATIENT AN APPLICATION FOR FINANCIAL ASSISTANCE AND INSTRUCTIONS FOR COMPLETING AND RETURNING THE APPLICATION. IN SITUATIONS WHERE THE PATIENT FAILS TO RETURN THE APPLICATION AND THE ACCOUNT PROGRESSES THROUGH THE COLLECTION CYCLE, THE ACCOUNT MAY BE WRITTEN OFF AS AN ADJUSTMENT FOR UNPAID SERVICES.

SMGJ UTILIZES DATA SOURCES TO IDENTIFY NONRESPONDING PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE. ACCOUNTS BELONGING TO QUALIFIED PATIENTS ARE ADJUSTED TO CHARITY CARE RATHER THAN ADJUSTMENTS FOR UNPAID SERVICES AT THE END OF THE INTERNAL COLLECTIONS CYCLE. SMGJ ALSO ANALYZES THIS DATA TO ESTIMATE THE NUMBER OF PATIENTS THAT COULD POTENTIALLY QUALIFY FOR FINANCIAL ASSISTANCE IF ADDITIONAL INFORMATION WERE AVAILABLE OR PROVIDED BY THE PATIENT.

THE CHARITY CARE AMOUNTS INCLUDED IN THE FINANCIAL STATEMENTS ARE SEPARATE AND DISTINCT FROM ADJUSTMENTS FOR UNPAID SERVICES, WHICH GENERALLY REPRESENTS PATIENT SERVICES REVENUES THAT ARE NOT COLLECTIBLE DUE TO EITHER AN UNWILLINGNESS TO PAY BY THOSE RESPONSIBLE FOR PAYMENT OR AN INABILITY BY SMGJ TO OBTAIN DOCUMENTATION FROM THOSE RESPONSIBLE FOR PAYMENT THAT WOULD SUBSTANTIATE THE PATIENT'S QUALIFICATION FOR CHARITY CONSIDERATION. ADJUSTMENTS FOR UNPAID SERVICES ARE REFLECTED AS REDUCTIONS TO PATIENT SERVICES REVENUES IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AND WERE $11,959,727 AND $17,734,389 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2025, RESPECTIVELY.

PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE AT ANY POINT OF THE REGISTRATION, BILLING, OR COLLECTION PROCESSES.

PART III, LINE 4:
BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF SMGJ'S UNINSURED AND UNDERINSURED PATIENTS ARE UNABLE TO PAY FOR THE SERVICES PROVIDED. ACCORDINGLY, SMGJ RECORDS ADJUSTMENTS TO PATIENT SERVICES REVENUES IN THE PERIOD SERVICES ARE RENDERED FOR AMOUNTS NOT EXPECTED TO BE PAID.

MANAGEMENT ESTIMATES THE ADJUSTMENTS RECORDED FOR THESE UNPAID SERVICES BY ASSESSING THE COLLECTIBILITY, TIMING, AND AMOUNT OF PATIENT SERVICES REVENUES BY CONSIDERING HISTORICAL COLLECTION RATES FOR EACH MAJOR PAYER SOURCE, GENERAL ECONOMIC TRENDS, AND OTHER INDICATORS. MANAGEMENT ALSO ASSESSES THE ADEQUACY OF THE ADJUSTMENTS FOR UNPAID SERVICES BASED ON HISTORICAL WRITE-OFFS, ACCOUNTS RECEIVABLE AGING, AND OTHER FACTORS.

PART III, LINE 8:
MANAGEMENT BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS THE ORGANIZATION INCURS IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. PROVIDING THESE SERVICES LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES. AS

Part VI Supplemental Information *(Continuation)*

DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6, AND 7, OUR MEDICARE "ALLOWABLE COSTS" EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM.

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

MEDICARE SHORTFALLS SHOULD BE TREATED AND REPORTED ON SCHEDULE H AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

(1) ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS;

(2) BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, BURDENS BORNE BY GOVERNMENTS ARE RELIEVED;

(3) A SIGNIFICANT POSSIBILITY EXISTS THAT CONTINUED REDUCTIONS TO MEDICARE PAYMENTS MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS; AND

(4) THE AMOUNT SPENT TO COVER THE REPORTED MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER CHARITY CARE AND OTHER COMMUNITY BENEFIT NEEDS.

PART III, LINE 9B:
SMGJ RECOGNIZES ITS RESPONSIBILITY TO MANAGE THE COST OF HEALTHCARE BY ASKING THOSE WHO CAN PAY TO DO SO AND IS COMMITTED TO ASSISTING PATIENTS BY PROVIDING VARIOUS OPTIONS FOR RESOLVING THEIR FINANCIAL OBLIGATION, INCLUDING DISCOUNTS FOR THE UNINSURED, PAYMENT PLANS, AND REDUCED OR WAIVED RESPONSIBILITY THROUGH FINANCIAL ASSISTANCE. SMGJ ALSO ASSISTS PATIENTS WHO ARE POTENTIALLY ELIGIBLE FOR GOVERNMENT ASSISTANCE PROGRAMS TO APPLY FOR SUCH ASSISTANCE.

DELINQUENT ACCOUNTS MAY BE REFERRED TO EXTERNAL COLLECTION AGENCIES ONLY AFTER REASONABLE ATTEMPTS ARE MADE TO CONTACT THE RESPONSIBLE PARTY AND NO ARRANGEMENT HAS BEEN MADE TO PAY THE ACCOUNT BALANCE. SUCH AGENCIES ARE EXPECTED TO TREAT PATIENTS WITH THE SAME RESPECT AND DIGNITY THAT SMGJ AFFORDS ALL ITS PATIENTS. FOR EXAMPLE, CONTACTS BY THE AGENCIES WILL INCLUDE FINANCIAL ASSISTANCE OPTIONS FOR PATIENTS UNABLE TO PAY. AGENCIES ARE RESTRICTED FROM PURSUING LEGAL PROCEEDINGS TO COLLECT DEBTS IN LIMITED CIRCUMSTANCES AND MAY ONLY DO SO UPON APPROVAL BY SMGJ. STRONGER MEASURES, SUCH AS THE COURTS, ARE NOT USED UNLESS THERE IS EVIDENCE OF FRAUD OR A CLEAR ABILITY TO PAY ACCOMPANIED BY A REFUSAL TO PAY.

PART VI, LINE 2:
SMGJ MONITORS AND EVALUATES THE PERFORMANCE, REACH, AND IMPACT OF THE MOST RECENT CHNA AND IMPLEMENTATION STRATEGY USING STANDARDIZED PROCESSES AND ADAPTS ACTIVITIES, COLLABORATIONS, AND FUNDING TO RESPOND TO CHANGING NEEDS OR IMPROVE IMPACT.

BEING PART OF THE INTERMOUNTAIN HEALTH SYSTEM, SMGJ HAS COMPREHENSIVE ACCESS TO SECONDARY HEALTH DATA USING THE DATA SYSTEM, METOPIO, WHICH ALLOWS ONGOING EVALUATION OF COMMUNITY HEALTH STATUS BETWEEN CHNA CYCLES. IT ALSO MONITORS EMERGING COMMUNITY HEALTH NEEDS BY ASSESSING TRENDS IN

Part VI Supplemental Information *(Continuation)*

PATIENT DATA, I.E., EMERGENCY DEPARTMENT VISITS, INPATIENT HOSPITALIZATIONS, AND SOCIAL NEED SCREENINGS.

IN ADDITION, SMGJ CONTINUALLY ASSESSES THE COMMUNITY'S HEALTH NEEDS THROUGH SOCIAL NEEDS SCREENING, ENGAGEMENT WITH EXTERNAL NEEDS ASSESSMENTS INITIATED BY ACADEMIA, STATE OR LOCAL HEALTH DEPARTMENTS, HEALTHCARE SYSTEMS, OR COMMUNITY-BASED ORGANIZATIONS.

PART VI, LINE 3:
BY POLICY, SMGJ PROVIDES HEALTHCARE SERVICES TO RESIDENTS IN THE COMMUNITY BASED ON MEDICAL NEED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, DISABILITY, PROTECTED VETERAN STATUS, OR ABILITY TO PAY. AN UNINSURED OR UNDERINSURED LOW-INCOME PERSON WILL RECEIVE THOSE SERVICES GENERALLY AVAILABLE FOR NO CHARGE OR A REDUCED CHARGE BASED UPON SUCH PERSON'S ABILITY TO PAY IF, IN THE JUDGMENT OF THE ADMITTING PHYSICIAN, THE SERVICES ARE MEDICALLY NECESSARY AND GENERALLY AVAILABLE AT THE HOSPITALS AND CLINICS.

SPECIFIC INFORMATION REGARDING AND AN ELECTRONIC APPLICATION TO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND ON SMGJ'S WEBSITE IN ENGLISH, SPANISH, ARABIC, CHINESE, FRENCH, KOREAN, RUSSIAN, AND VIETNAMESE. DETAILS INCLUDE A PLAIN LANGUAGE EXPLANATION OF THE PROGRAM, FREQUENTLY ASKED QUESTIONS, A TOLL-FREE NUMBER, AND A LINK TO THE APPLICATION. BROCHURES, IN ENGLISH AND SPANISH, ARE ALSO AVAILABLE THROUGHOUT THE PUBLIC RECEPTION AND REGISTRATION AREAS OF HOSPITALS AND CLINICS. THE BROCHURES DESCRIBE THE AVAILABILITY OF FINANCIAL ASSISTANCE, WHO QUALIFIES, AND HOW TO APPLY. ELIGIBILITY COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION BEFORE, DURING, AND AFTER THE TIME OF SERVICE. THE PROCESS OFTEN BEGINS WITH THE PATIENT'S PRE-REGISTRATION PRIOR TO SERVICE.

SIGNS ARE POSTED AT PUBLIC REGISTRATION AREAS, IN PRIVATE REGISTRATION ROOMS AND IN PATIENT CARE AREAS IN BOTH ENGLISH AND SPANISH, THAT STATE THE FOLLOWING: "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY. IF YOU DON'T HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT SMGJ'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS." COMMUNICATION ASSISTANCE, SUCH AS ADDITIONAL TRANSLATION SERVICES AND AMERICAN SIGN-LANGUAGE, IS ALSO AVAILABLE TO PATIENTS, AS NEEDED.

A BILLING STATEMENT INSERT INCLUDES A PLAIN LANGUAGE SUMMARY IN ENGLISH AND SPANISH THAT PROVIDES SIMPLIFIED INSTRUCTIONS ON HOW TO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM, AS WELL AS LANGUAGE THAT STATES "WHEN THOSE WHO LIVE IN OUR COMMUNITIES NEED CARE, FINANCIAL CONCERNS SHOULD NOT PREVENT THEM FROM RECEIVING TREATMENT. SMGJ IS COMMITTED TO PROVIDING MEDICALLY NECESSARY CARE BY OFFERING FINANCIAL ASSISTANCE TO INDIVIDUALS THAT QUALIFY. PEOPLE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NOT BE CHARGED MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNTS GENERALLY BILLED TO INSURED PEOPLE." A TOLL-FREE NUMBER AND A PHYSICAL ADDRESS WHERE PATIENTS CAN RECEIVE HELP APPLYING FOR ASSISTANCE ARE ALSO INCLUDED WITH THE BILLING STATEMENT INSERT. THIS INSERT IS INCLUDED WITH THE FIRST SELF-PAY STATEMENT.

EVERY BILLING STATEMENT STATES THE FOLLOWING: "FINANCIAL ASSISTANCE IS

Part VI Supplemental Information *(Continuation)*

AVAILABLE FOR THOSE WHO QUALIFY. VISIT OUR WEBSITE OR CONTACT US AT OUR OFFICE FOR MORE INFORMATION." A WEB ADDRESS IS PROVIDED THAT WILL DIRECT THE PATIENT TO THE FINANCIAL ASSISTANCE LANDING PAGE ON THE PUBLIC WEBSITE. THIS STATEMENT IS PROVIDED ON THE FRONT OF EACH STATEMENT IN CONSPICUOUS FONT.

A PRE-RECORDED HOLD MESSAGE STATES THE FOLLOWING: "SMGJ OFFERS FINANCIAL ASSISTANCE TO THOSE WHO CANNOT PAY THEIR BILL, AND WHO QUALIFY FOR ASSISTANCE. FOR MORE INFORMATION ASK YOUR REPRESENTATIVE."

PART VI, LINE 4:
THIS GEOGRAPHIC AND DEMOGRAPHIC INFORMATION REFLECTS THE DATA AVAILABLE DURING THE MOST RECENT CHNA AND WAS USED TO DETERMINE THE CURRENT SIGNIFICANT HEALTH NEEDS.

SMGJ IS LOCATED IN GRAND JUNCTION, COLORADO, AND THE PRIMARY SERVICE AREA IS COMMUNITIES WITHIN THE 19 ZIP CODES OF MESA COUNTY WHERE THE MAJORITY OF PATIENT ADMISSIONS ORIGINATE. THE HOSPITAL'S SECONDARY SERVICE AREA INCLUDES DELTA, EAGLE, GARFIELD, GUNNISON, MONTROSE, AND PITKIN COUNTIES IN COLORADO AND GRAND COUNTY IN UTAH. ADDITIONALLY, SMGJ SERVES AS A TERTIARY REFERRAL HOSPITAL FOR DOLORES, HINSDALE, LA PLATA, MOFFAT, MONTEZUMA, OURAY, RIO BLANCO, ROUTT, SAN JUAN, AND SAN MIGUEL COUNTIES IN COLORADO; SAN JUAN COUNTY, NEW MEXICO; APACHE COUNTY, ARIZONA; SAN JUAN COUNTY, UTAH; AND SWEETWATER COUNTY, WYOMING.

POPULATION: 156,131
PERSONS UNDER 18 YEARS: 18.0%
PERSONS 65 YEARS AND OVER: 20.44%
FEMALE PERSONS: 50.3%
HIGH SCHOOL GRADUATE OR HIGHER (AGE 25 YEARS+): 92.3%
PERSONS IN POVERTY (100% FEDERAL POVERTY LEVEL): 11.2%
MEDIAN HOUSEHOLD INCOME: $68,077
PERSONS WITHOUT HEALTH INSURANCE (UNDER AGE 65): 8.4%
WHITE, NOT HISPANIC OR LATINO: 79.6%
HISPANIC OR LATINO: 15.1%
BLACK OR AFRICAN AMERICAN: 0.7%
MULTIRACIAL: 2.7%
ASIAN: 1.0%
AMERICAN INDIAN AND ALASKA NATIVE: 0.5%
SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME: 5.0%

NONPROFIT HOSPITALS IN THE SERVICE AREA: COMMUNITY HOSPITAL, FAMILY HEALTH WEST, GRAND JUNCTION VETERANS AFFAIRS HEALTH CARE SYSTEM, AND WEST SPRINGS HOSPITAL.

PART VI, LINE 5:
SMGJ PROMOTES THE HEALTH OF THE COMMUNITY THROUGH LEADERSHIP, COLLABORATION, AND INVESTMENTS THAT IMPROVE ACCESS TO CARE AND ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. HOSPITAL LEADERS AND EMPLOYEES ACTIVELY PARTICIPATE IN NUMEROUS COMMUNITY COALITIONS, ADVISORY GROUPS, AND HEALTH-FOCUSED INITIATIVES THAT ADDRESS BEHAVIORAL HEALTH, ECONOMIC STABILITY, ACCESS TO CARE, CHILD AND FAMILY WELL-BEING, AND OTHER COMMUNITY PRIORITIES. THESE PARTNERSHIPS SUPPORT COORDINATED EFFORTS TO IMPROVE HEALTH OUTCOMES AND REDUCE DISPARITIES AMONG UNINSURED, UNDERSERVED, AND LOW-INCOME POPULATIONS. THE HOSPITAL ALSO COLLABORATES WITH LOCAL PUBLIC HEALTH AGENCIES, HEALTHCARE PROVIDERS, SCHOOLS,

Part VI Supplemental Information *(Continuation)*

NONPROFIT ORGANIZATIONS, AND COMMUNITY-BASED PARTNERS TO IMPLEMENT EVIDENCE-BASED STRATEGIES IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).

THE MAJORITY OF SMGJ'S VOLUNTEER GOVERNING BODY IS COMPOSED OF INDIVIDUALS WHO RESIDE WITHIN THE HOSPITAL'S SERVICE AREA AND REPRESENT DIVERSE COMMUNITY PERSPECTIVES AND INTERESTS. THE BOARD ACTIVELY SUPPORTS AND OVERSEES THE HOSPITAL'S COMMUNITY BENEFIT, CHNA, AND IMPLEMENTATION STRATEGY ACTIVITIES TO ENSURE ALIGNMENT WITH COMMUNITY NEEDS AND THE ORGANIZATION'S CHARITABLE MISSION.

AS PART OF INTERMOUNTAIN HEALTH, SMGJ ALSO SERVES AS AN ANCHOR INSTITUTION BY INVESTING IN LOCAL HIRING, PURCHASING, AND COMMUNITY PARTNERSHIPS THAT CONTRIBUTE TO THE LONG-TERM HEALTH AND ECONOMIC VITALITY OF THE REGION. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS, PROVIDES EMERGENCY SERVICES REGARDLESS OF ABILITY TO PAY, PARTICIPATES IN MEDICARE, MEDICAID, AND OTHER GOVERNMENT-SPONSORED HEALTHCARE PROGRAMS, AND SUPPORTS THE EDUCATION AND TRAINING OF HEALTHCARE PROFESSIONALS.

AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), SMGJ REINVESTS SURPLUS FUNDS INTO PATIENT CARE, FACILITY AND TECHNOLOGY IMPROVEMENTS, FINANCIAL ASSISTANCE PROGRAMS, HEALTHCARE EDUCATION, RESEARCH, AND COMMUNITY BENEFIT ACTIVITIES THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES.

PART VI, LINE 6:
THE FILING ORGANIZATION IS PART OF INTERMOUNTAIN HEALTH ("IH"), AN INTEGRATED HEALTH SYSTEM WHOSE VISION IS TO "BE A MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICE AT AN AFFORDABLE COST." IH STRIVES TO FULFILL THAT MISSION THROUGH ACCOMPLISHING ITS STATED MISSION OF "HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE."

IH IS MANAGED BY A PARENT ORGANIZATION, INTERMOUNTAIN HEALTH CARE, INC., A NONPROFIT CORPORATION EXEMPT UNDER IRC SECTION 501(C)(3). AFFILIATES WITHIN THE IH NETWORK INCLUDE NONPROFIT CORPORATIONS EXEMPT UNDER IRC SECTIONS 501(C)(3) AND 501(C)(4), TAXABLE CORPORATIONS, PARTNERSHIPS WITH PHYSICIANS, STRATEGIC INVESTMENTS, AND JOINT VENTURES.

HEADQUARTERED IN UTAH WITH LOCATIONS IN SIX STATES AND ADDITIONAL OPERATIONS ACROSS THE WESTERN U.S., INTERMOUNTAIN HEALTH IS A NONPROFIT SYSTEM OF MORE THAN 69,000 EMPLOYEES, 34 HOSPITALS, APPROXIMATELY 400 CLINICS, MEDICAL GROUPS WITH MORE THAN 4,600 EMPLOYED PHYSICIANS AND ADVANCED CARE PROVIDERS, A HEALTH PLAN CALLED SELECT HEALTH WITH MORE THAN ONE MILLION MEMBERS, AND OTHER HEALTH SERVICES. HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE, INTERMOUNTAIN IS COMMITTED TO IMPROVING COMMUNITY HEALTH AND IS WIDELY RECOGNIZED AS A LEADER IN TRANSFORMING HEALTHCARE BY USING EVIDENCE-BASED BEST PRACTICES TO CONSISTENTLY DELIVER HIGH-QUALITY OUTCOMES AT SUSTAINABLE COSTS.

IH IS WORKING TO IMPROVE HEALTH AND WELL-BEING BY IMPROVING MENTAL WELL-BEING, PREVENTING AVOIDABLE DISEASE, IMPROVING AIR QUALITY, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND OTHER COMMUNITY HEALTH INITIATIVES. THROUGH MULTIPLE CHARITABLE FOUNDATIONS, IH ALSO DEVELOPS FINANCIAL AND CHARITABLE SUPPORT FOR ITS PATIENTS WHILE ALSO SUPPORTING OTHER NONPROFIT ORGANIZATIONS THAT PROVIDE DIRECT MEDICAL, DENTAL, AND MENTAL WELL-BEING SERVICES FOR LOW-INCOME, UNINSURED, OR MEDICALLY

Part VI Supplemental Information *(Continuation)*

UNDERSERVED POPULATIONS.

PART VI, LINE 7:
COLORADO - THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING REQUIRES ALL NONPROFIT HOSPITALS TO HOST AN ANNUAL PUBLIC MEETING TO REVIEW THE COMMUNITY HEALTH NEEDS ASSESSMENT AND PROGRESS TOWARD A COMMUNITY HEALTH IMPROVEMENT PLAN. FOLLOWING THE MEETING, THE HOSPITALS ARE REQUIRED TO SUBMIT A REPORT TO THE STATE DETAILING THE MOST RECENTLY FILED FORM 990 AND OTHER DETAILS ABOUT THE HOSPITAL'S PUBLIC ENGAGEMENT ACTIVITIES. THE MEETING IS ADVERTISED IN LOCAL NEWSPAPERS AND SOCIAL MEDIA, AND THE REPORT IS USED BY THE STATE OF COLORADO IN AN ANNUAL SUMMARY TO THE STATE LEGISLATURE (HTTPS://HCPF.COLORADO.GOV/HOSPITAL-COMMUNITY-BENEFIT-ACCOUNTABILITY).

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number 84-0425720

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN FRONT RANGE, INC. 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	84-1103606	501 (C)(3)	20,412,698.	0.			SUPPORT COLORADO CLINICS
ST. MARY'S HOSPITAL FOUNDATION 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	23-7001007	501 (C)(3)	567,936.	0.			SUPPORT OPERATIONS
ROSE COMMUNITY FOUNDATION 4500 CHERRY CREEK DR SOUTH 900 DENVER, CO 80246	84-0920862	501 (C)(3)	634,951.	0.			DONATION TO THE COLORADO HEALTHCARE SAFETY NET STABILIZATION FUND
BENEVOLENT HEALTHCARE FOUNDATION DBA PROJECT CURE - 10377 E GEDDES AVENUE 200 - CENTENNIAL, CO 80112	84-1568566	501 (C)(3)	0.	256,182.	BOOK	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION
MIND SPRINGS FOUNDATION INC 515 28 34 RD BLDG A GRAND JUNCTION, CO 81501	35-2667413	501 (C)(3)	250,000.	0.			CAPITAL CAMPAIGN PLEDGE
HILLTOP HEALTH SERVICES CORPORATION DBA HILLTOP COMMUNITY RESOURCES INC - 1331 HERMOSA STREET - GRAND JUNCTION, CO 81506	74-2321009	501 (C)(3)	125,000.	0.			SUPPORT THE RECIPIENT'S RESOURCE CTR NAVIGATION PRGM/B4 BABIES PRGM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 25.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESA COUNTY 544 ROAD AVENUE GRAND JUNCTION, CO 81501	84-6000783	GOVERNMENT	114,663.	0.			SUPPORT THE GRAND VALLEY CONNECTS PROGRAM/DONATION PATHWAY STARTUP
HOMEWARD BOUND OF THE GRAND VALLEY INC - 2853 NORTH AVENUE - GRAND JUNCTION, CO 81501	26-0052916	501 (C)(3)	70,000.	0.			SUPPORT FOR SHELTER/CONN TO MEDICAL CARE RESOURCES FOR THE UNHOUSED POPULATION
MARILLAC CLINIC INC DBA MARILLAC HEALTH - 2333 NORTH 6TH STREET - GRAND JUNCTION, CO 81501	84-1085822	501 (C)(3)	60,000.	0.			SUPPORT FOR ACCESS TO CARE ACROSS PRIMEHEALTH+ CLINICS AND SCHOOL-BASED HEALTH CENTERS
CENTER FOR ENRICHED COMMUNICATION 2708 PATTERSON RD GRAND JUNCTION, CO 81506	74-2232416	501 (C)(3)	30,500.	0.			SUPPORT THE HEALTH WORKFORCE DEVELOPMENT PROGRAM/ASSIST TRAINING SPONSORSHIP
COMMUNITY FOOD BANK PO BOX 3614 GRAND JUNCTION, CO 81502	84-0817696	501 (C)(3)	25,000.	0.			SUPPORT THE FOOD ASSISTANCE AND RESOURCE NAVIGATION PROGRAMS
GRAND JUNCTION CHAMBER OF COMMERCE 360 GRAND AVENUE GRAND JUNCTION, CO 81501	84-0215575	501 (C)(6)	20,000.	0.			VARIOUS SPONSORSHIPS/AUCTION PURCHASE
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502-3978	84-1128554	501 (C)(3)	20,000.	0.			SUPPORT THE STEWARDS OF CHILDREN PROGRAM/SANE COORDINATOR DONATION
RIVERSIDE EDUCATION CENTER PO BOX 4367 GRAND JUNCTION, CO 81502	20-5451495	501 (C)(3)	20,000.	0.			SUPPORT FOR HIRING ADDITIONAL TUTORS TO INCREASE ACCESS TO SERVICES
GRAND JUNCTION ECONOMIC PARTNERSHIP - 122 N 6TH STREET - GRAND JUNCTION, CO 81501	84-0972492	501 (C)(3)	20,000.	0.			ANNUAL INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY CATHOLIC SCHOOL 786 26 1/2 ROAD GRAND JUNCTION, CO 81506	86-0297730	501 (C)(3)	15,000.	0.			SUPPORT THE SCHOOL-BASED MENTAL HEALTH PROGRAM
HOPEWEST 3090 NORTH 12TS ST UNIT B GRAND JUNCTION, CO 81506	84-1207388	501 (C)(3)	14,500.	0.			GALA 2026 UNDERWRITER TO SUPPORT NEW DEMENTIA PRGM/EVENT UNDERWRITER TO SUPPORT MISSION
GRAND VALLEY CATHOLIC OUTREACH 245 S 1ST STREET GRAND JUNCTION, CO 81501	20-0064007	501 (C)(3)	12,500.	0.			SUPPORT THE EVICTION PROTECTION PRGM IN MESA COUNTY/30TH ANNUAL EMPTY BOWLS 2025 SPONSORSHIP
FOOD BANK OF THE ROCKIES 10700 EAST 45TH AVENUE DENVER, CO 80239	84-0772672	501 (C)(3)	10,000.	0.			SUPPORT THE FOOD FOR HEALTH PROGRAM
WESTERN COLORADO AREA HEALTH EDUCATION CENTER - 2938B NORTH AVE - GRAND JUNCTION, CO 81504	74-2044175	501 (C)(3)	10,000.	0.			SUPPORT THE OPIOD RESPONSE PROGRAM
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE ROAD SUITE C CENTENNIAL, CO 80112	84-0713739	501 (C)(3)	10,000.	0.			STATE SUMMER GAMES HEALTHY ATHLETES SPONSORSHIP
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501 (C)(3)	10,000.	0.			SW GALA LOFI F25 PLEDGE TO SUPPORT LIFESAVING RESEARCH AND CPR TRAINING ACROSS COLORADO
LA PLAZA PO BOX 1038 PALISADE, CO 81526	84-0831830	501 (C)(3)	10,000.	0.			SUPPORT THE HEALTH ACCESS AND ECONOMIC STABILITY PROGRAM
CITY OF GRAND JUNCTION DBA DOWNTOWN GRAND JUNCTION - 101 SOUTH 3RD STREET, STE 100 - GRAND JUNCTION, CO 81501	84-6000592	GOVERNMENT	7,500.	0.			2025 DOWNTOWN GJ - MARKET ON MAIN TITLE SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN OF THE GRAND VALLEY - 202 NORTH AVENUE 284 - GRAND JUNCTION, CO 81501	83-0342620	501 (C)(3)	7,000.	0.			SUPPORT FOR THE SPR 2026 SEASON PROVIDING SCHLRSHP FOR GIRLS IN GR 3-8/GIRLS ON THE RUN SMR CAMP SPONS
QUALITY HEALTH NETWORK 744 HORIZON COURT 210 GRAND JUNCTION, CO 81506-3939	20-1632384	501 (C)(3)	6,000.	0.			2025 HIE SUMMIT & TRADE SHOW LUNCHEON SPONSORSHIP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSPORTATION SERVICES	1454	0.	177,959.	FMV	TRANSPORTATION FOR INDIVIDUALS IN NEED TO SEE CAREGIVERS
HOMELESS SHELTER LAUNDRY SERVICE	425	86,676.	0.	FMV	HOMELESS SHELTER LAUNDRY SERVICE
LODGING	1	3,698.	0.	FMV	LODGING ASSISTANCE
PATIENT ASSISTANCE	32	1,000.	0.	FMV	GAS AND FOOD GIFT CARDS
MEDICAL ASSISTANCE	1	285.	0.	FMV	HEARING AID COST ASSISTANCE

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

PART I, LINE 2:
PROCESS FOR MONITORING GRANTS AND AWARDS

THE ORGANIZATION'S PROCESS FOR MONITORING GRANTS AND AWARDS REQUIRES THAT EACH GRANT APPLICANT COMPLETE A LETTER OF REQUEST EXPLAINING THE NEED THAT THE ORGANIZATION WOULD LIKE TO ADDRESS. AFTER A MEETING WITH THE APPLYING ORGANIZATION'S REPRESENTATIVE, THE REQUESTOR MUST COMPLETE A COMMUNITY BENEFIT CONTRIBUTION RESTRICTION FORM, PROVIDED BY THE HOSPITAL, WHICH DETAILS IN WRITING HOW THE CONTRIBUTION IS TO BE USED FOR AN ACTIVITY OR PROGRAM THAT MEETS THE HOSPITAL'S COMMUNITY BENEFIT REQUIREMENTS.

WITH THIS LETTER OF REQUEST, THE APPLICANT MUST SUBMIT A LISTING OF ITS BOARD OF DIRECTORS, A YEARLY FINANCIAL STATEMENT AND AN EXPLANATION OF HOW THE MONIES AWARDED FROM PREVIOUS GRANTS WERE USED. IF THE GRANT IS AWARDED, THE HOSPITAL INQUIRES OF THE RECIPIENT THE FOLLOWING YEAR FOR DOCUMENTATION ON HOW THE GRANT MONIES WERE USED.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number: 84-0425720

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) BRYAN JOHNSON	(i)	533,048.	166,664.	63,290.	199,587.	50,640.	1,013,229.	225,249.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH BUISKER, MD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	455,387.	86,306.	41,422.	153,716.	48,190.	785,021.	39,913.
(3) LEE SYPHUS	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER HIGHEST COMPENSATED	(ii)	407,936.	93,351.	28,716.	139,688.	43,367.	713,058.	119,565.
(4) SEAN FADDEN	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	408,202.	92,503.	31,061.	139,701.	36,719.	708,186.	121,456.
(5) MICHELE ARNOLD, MD	(i)	422,434.	105,104.	2,593.	122,723.	47,263.	700,117.	0.
CHIEF MEDICAL OFFICER SMGJ	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GEORGE SCOTT, MD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER HIGHEST COMPENSATED	(ii)	305,811.	32,299.	1,840.	99,835.	44,889.	484,674.	0.
(7) KELLY ADAMS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	280,935.	52,403.	1,160.	96,560.	48,071.	479,129.	41,843.
(8) MICHELLE SHIAO	(i)	267,439.	54,995.	34,042.	80,609.	40,033.	477,118.	78,718.
VP CNO/COO SMGJ (PARTIAL)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RYAN JACKMAN, MD	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER HIGHEST COMPENSATED	(ii)	301,935.	890.	37,810.	44,747.	40,744.	426,126.	0.
(10) VINCENT DONOHUE	(i)	179,625.	19,834.	103,755.	52,075.	43,853.	399,142.	19,834.
AVP, FINANCE WESTERN CO MARKET	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KELSEY WALSDORF, MD	(i)	294,011.	14,898.	27,927.	14,745.	19,844.	371,425.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SABRINA MITCHELL, MD	(i)	288,873.	17,130.	7,339.	16,998.	31,313.	361,653.	0.
MEDICAL DIRECTOR FAMILY MED	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KARLYNN SIEVERS, MD	(i)	277,690.	17,130.	4,287.	9,227.	38,942.	347,276.	0.
PHYSICIAN FAMILY MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) AMY DAVIS, MD	(i)	236,236.	17,401.	3,351.	42,291.	35,132.	334,411.	0.
SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) AMY LEITCH	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY	(ii)	236,277.	0.	14,760.	63,973.	17,821.	332,831.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE FILING ORGANIZATION ALLOWS FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON A FORM W-2 OR 1099. THE INDIVIDUALS THAT RECEIVED TAX GROSS-UP PAYMENTS IN 2025 WERE: VINCENT DONOHUE - $33,295.

PART I, LINE 1B:

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

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

THE FILING ORGANIZATION IS AN AFFILIATE OF INTERMOUNTAIN HEALTH, AN INTEGRATED HEALTH SYSTEM THAT IS NATIONALLY RECOGNIZED FOR PROVIDING QUALITY MEDICAL CARE THAT RANKS AMONG THE HIGHEST IN THE NATION WITH CHARGES THAT ARE AMONG THE LOWEST IN THE NATION. INTERMOUNTAIN HEALTH'S POLICY IS TO COMPENSATE ITS EMPLOYEES, INCLUDING SENIOR MANAGEMENT, AT MARKET COMPETITIVE RATES.

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY THE FILING ORGANIZATION OR A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCLHS AND ALL OF ITS AFFILIATES.

THE COMPENSATION COMMITTEE OF THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC. (INTERMOUNTAIN) RETAINS OUTSIDE CONSULTANTS TO PROVIDE OBJECTIVE DATA ON COMPENSATION LEVELS AND PRACTICES. THE COMMITTEE ANNUALLY ANALYZES THIS DATA AND MAKES COMPENSATION DECISIONS, WHICH ARE REVIEWED BY THE FULL BOARD OF TRUSTEES. THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL PERFORMANCE TO BECOME A TOP-TIER INTEGRATED HEALTHCARE DELIVERY SYSTEM. COMPENSATION LEVELS FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS OVERSIGHT.

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.

A PORTION OF THE COMPENSATION REPORTED ON THIS FORM REFLECTS DEFERRED AMOUNTS THAT ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE.

THE REPORTABLE COMPENSATION ON SCHEDULE J INCLUDES CERTAIN AMOUNTS THAT HAVE BEEN OR WILL BE REPORTED TWICE, BOTH IN THE YEAR ACCRUED AND AGAIN IN THE YEAR PAID, AS REQUIRED IN THE REPORTING SCHEDULE INSTRUCTIONS.

PART I, LINE 4B:
PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES A NONQUALIFIED DEFERRED COMPENSATION PLAN (NQDC) KNOWN AS THE SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NONPROFIT HEALTH SYSTEMS. THIS PLAN ENABLES THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR OF PARTICIPATION.

NQDC SERP PLAN STARTING IN 2014

STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS A ROLLING 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2025. VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT UPON THE END OF EMPLOYMENT. WHEN THE AMOUNTS BECOME TAXABLE THEY ARE INCLUDED ON THE PARTICIPANTS' W-2

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2025 WERE: BRYAN JOHNSON - $60,203; ELIZABETH BUISKER, MD - $39,913; SEAN FADDEN - $29,852; LEE SYPHUS - $27,120; MICHELLE SHIAO - $24,256.

ADDITIONAL OFFICER AND BOARD DISCLOSURES
THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). THE

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.

SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH SYSTEM. HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number: 84-0425720

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

FORM 990, PAGE 1, BOX J
ORGANIZATION WEBSITE:

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LOCATIONS/INTERMOUNTAIN-HEALTH-ST-MARYS-REGIONAL-HOSPITAL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AVAILABLE IN THEIR HOMETOWNS. SMGJ IS LICENSED FOR 346 BEDS AND PROVIDES A FULL CONTINUUM OF INPATIENT, OUTPATIENT, EMERGENCY, AND SPECIALTY SERVICES REGARDLESS OF A PERSON'S ABILITY TO PAY.

AT THE HEART OF SMGJ'S MISSION IS A COMMITMENT TO PROVIDING ADVANCED CARE CLOSE TO HOME. THE HOSPITAL OPERATES THE REGION'S ONLY LEVEL II TRAUMA CENTER AND LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU), DELIVERING LIFE-SAVING CARE TO PATIENTS WHO OTHERWISE WOULD FACE LENGTHY TRANSFERS TO URBAN MEDICAL CENTERS. THE EMERGENCY DEPARTMENT IS STAFFED AROUND THE CLOCK BY HIGHLY TRAINED PHYSICIANS, NURSES, AND SPECIALISTS WHO TREAT EVERYTHING FROM SERIOUS INJURIES AND STROKES TO ACUTE ILLNESSES AND MEDICAL EMERGENCIES. AIR MEDICAL TRANSPORT SERVICES EXTEND THIS REACH EVEN FURTHER, CONNECTING REMOTE COMMUNITIES WITH CRITICAL CARE AND SUPPORTING SEARCH-AND-RESCUE AND EMERGENCY EVACUATION EFFORTS THROUGHOUT THE REGION.

SMGJ PROVIDES COMPREHENSIVE CARE THROUGH EVERY STAGE OF LIFE. EXPECTANT MOTHERS AND NEWBORNS RECEIVE SPECIALIZED OBSTETRICAL CARE, HIGH-RISK MATERNAL SERVICES, AND ACCESS TO A LEVEL III NICU FOR INFANTS REQUIRING ADVANCED CARE. PATIENTS FACING CANCER HAVE ACCESS TO COMPREHENSIVE ONCOLOGY SERVICES INCLUDING SURGICAL, MEDICAL, AND RADIATION TREATMENTS CLOSE TO HOME. INDIVIDUALS EXPERIENCING HEART DISEASE, STROKE, OR VASCULAR CONDITIONS BENEFIT FROM ADVANCED CARDIOVASCULAR SERVICES, SPECIALIZED INTERVENTIONS, AND HIGHLY TRAINED CARE TEAMS. SMGJ ALSO PROVIDES ORTHOPEDIC CARE, SPORTS MEDICINE, SURGICAL SERVICES, FAMILY MEDICINE, WOMEN'S HEALTH, IMAGING, DIAGNOSTICS, LABORATORY SERVICES, REHABILITATION, AND PALLIATIVE CARE THAT HELP PATIENTS ACHIEVE BETTER HEALTH THROUGH PREVENTION, EARLY DIAGNOSIS, TREATMENT, AND RECOVERY. AS A REGIONAL REFERRAL CENTER, SMGJ OFFERS MANY ADVANCED SERVICES NOT OTHERWISE AVAILABLE IN THE REGION, ALLOWING PATIENTS TO RECEIVE HIGH-QUALITY CARE CLOSER TO HOME AND FAMILY.

THE SCOPE OF THIS WORK IS REFLECTED IN THE CARE PROVIDED DURING 2025.
SMGJ REPORTED THE FOLLOWING SERVICE VOLUMES:

13,707 HOSPITAL ADMISSIONS
287,061 OUTPATIENT VISITS
42,564 EMERGENCY DEPARTMENT VISITS
1,163 BIRTHS
9,153 SURGERIES

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

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1,145,207 LABORATORY TESTS

THESE NUMBERS REPRESENT THOUSANDS OF INDIVIDUAL STORIES OF HEALING, RECOVERY, PREVENTION, AND SUPPORT FOR PATIENTS AND FAMILIES ACROSS WESTERN COLORADO AND EASTERN UTAH.

SMGJ RECOGNIZES THAT CARING FOR PEOPLE REQUIRES MORE THAN EXCELLENT MEDICAL TREATMENT. MANY PATIENTS AND FAMILIES TRAVEL HOURS TO RECEIVE SPECIALIZED CARE, OFTEN FACING FINANCIAL, LOGISTICAL, AND EMOTIONAL CHALLENGES ALONG THE WAY. TO HELP ADDRESS THESE BARRIERS, SMGJ SUPPORTS ROSE HILL HOSPITALITY HOUSE, A HOME-AWAY-FROM-HOME FOR PATIENTS AND FAMILIES RECEIVING CARE IN GRAND JUNCTION. LOCATED WALKING DISTRANCE TO THE HOSPITAL, ROSE HILL PROVIDES COMFORTABLE LODGING, COMMUNITY SUPPORT, AND A PLACE OF REST FOR THOSE WHO NEED TO REMAIN CLOSE TO LOVED ONES DURING MEDICAL TREATMENT. IN 2025, ROSE HILL HOSTED 1,658 GUESTS, PROVIDED 9,654 NIGHTS OF LODGING, AND WELCOMED VISITORS FROM 44 STATES AND THREE COUNTRIES. THROUGH THIS PROGRAM, SMGJ HELPS ENSURE THAT DISTANCE AND FINANCIAL CIRCUMSTANCES DO NOT PREVENT INDIVIDUALS FROM ACCESSING NEEDED CARE.

BEYOND DIRECT PATIENT CARE, SMGJ INVESTS IN THE LONG-TERM HEALTH OF THE COMMUNITIES IT SERVES THROUGH STRATEGIC COMMUNITY PARTNERSHIPS, HEALTH IMPROVEMENT INITIATIVES, AND COMMUNITY BENEFIT PROGRAMS. WORKING COLLABORATIVELY WITH PUBLIC HEALTH AGENCIES, SCHOOLS, LOCAL GOVERNMENTS, NONPROFIT ORGANIZATIONS, AND COMMUNITY LEADERS, SMGJ HELPS ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS, INCLUDING ACCESS TO CARE, CHILD AND FAMILY WELL-BEING, BEHAVIORAL HEALTH, INJURY PREVENTION, AND ECONOMIC STABILITY. THESE PARTNERSHIPS HELP IMPROVE HEALTH OUTCOMES BY ADDRESSING FACTORS THAT INFLUENCE HEALTH LONG BEFORE AN INDIVIDUAL REQUIRES HOSPITAL CARE.

ONE EXAMPLE OF THIS COMMITMENT IS SMGJ'S LONGSTANDING COLLABORATION WITH HILLTOP COMMUNITY RESOURCES THROUGH THE B4 BABIES PROGRAM. FOR MORE THAN THREE DECADES, THIS PARTNERSHIP HAS HELPED THOUSANDS OF MESA COUNTY FAMILIES ACCESS PRENATAL CARE, HEALTH INSURANCE ENROLLMENT ASSISTANCE, EDUCATION, TRANSPORTATION RESOURCES, AND OTHER SERVICES THAT SUPPORT HEALTHY PREGNANCIES AND POSITIVE BIRTH OUTCOMES. ESTABLISHED TO ADDRESS BARRIERS THAT PREVENTED MANY EXPECTANT MOTHERS FROM RECEIVING TIMELY PRENATAL CARE, THE PROGRAM HAS EVOLVED INTO A COMPREHENSIVE RESOURCE FOR FAMILIES DURING PREGNANCY AND EARLY CHILDHOOD. THROUGH THIS COLLABORATION, SMGJ HELPS GIVE CHILDREN A HEALTHIER START IN LIFE WHILE IMPROVING THE HEALTH OF FAMILIES THROUGHOUT THE COMMUNITY.

SMGJ ALSO ADVANCES COMMUNITY HEALTH THROUGH OUTREACH, EDUCATION, AND PREVENTION INITIATIVES DESIGNED TO HELP PEOPLE ACCESS TRUSTED HEALTH INFORMATION AND SERVICES BEFORE A HEALTH CRISIS OCCURS. CAREGIVERS REGULARLY BRING HEALTH EDUCATION AND WELLNESS RESOURCES DIRECTLY INTO THE COMMUNITY THROUGH HEALTH FAIRS, FARMERS MARKETS, SCREENING EVENTS, EDUCATIONAL PRESENTATIONS, WELLNESS PROGRAMS, AND COMMUNITY OUTREACH ACTIVITIES. THESE EFFORTS PROVIDE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO LEARN ABOUT PREVENTIVE CARE, HEART HEALTH, CANCER SCREENINGS, MATERNAL AND CHILD HEALTH, CHRONIC DISEASE MANAGEMENT, INJURY PREVENTION, BEHAVIORAL HEALTH RESOURCES, AND OTHER TOPICS THAT SUPPORT LIFELONG WELL-BEING. BY MEETING PEOPLE WHERE THEY LIVE, WORK, LEARN, AND GATHER, SMGJ HELPS IMPROVE HEALTH LITERACY, REDUCE BARRIERS

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TO CARE, CONNECT INDIVIDUALS TO LOCAL RESOURCES, AND EMPOWER COMMUNITY MEMBERS TO TAKE AN ACTIVE ROLE IN THEIR HEALTH AND WELLNESS.

SMGJ FURTHER ADVANCES COMMUNITY HEALTH THROUGH COLLABORATIONS THAT EXPAND ACCESS TO WELLNESS, PREVENTION, AND CARE CLOSE TO HOME. THE HOSPITAL PARTNERS WITH COMMUNITY ORGANIZATIONS TO IMPROVE ACCESS TO PRIMARY CARE, PREVENTIVE HEALTH SERVICES, EARLY CHILDHOOD RESOURCES, HEALTH EDUCATION, WELLNESS PROGRAMS, AND COMMUNITY-BASED SUPPORT SERVICES THAT HELP INDIVIDUALS AND FAMILIES LIVE HEALTHIER LIVES. THESE EFFORTS REFLECT SMGJ'S BELIEF THAT HEALTHIER COMMUNITIES ARE BUILT THROUGH COLLABORATION, PREVENTION, AND INVESTMENT IN THE WELL-BEING OF FUTURE GENERATIONS.

SMGJ ALSO STRIVES TO CREATE A SAFE, HEALING, AND WELCOMING ENVIRONMENT FOR PATIENTS, VISITORS, AND CAREGIVERS. ONE EXAMPLE IS ITS INNOVATIVE K9 PROGRAM, WHICH PAIRS SPECIALLY TRAINED DOGS WITH SECURITY PROFESSIONALS WHO WALK THE HOSPITAL AND GROUNDS. THESE K9 TEAMS HELP ENHANCE SAFETY, DE-ESCALATE POTENTIALLY HARMFUL SITUATIONS, AND PROVIDE COMFORT TO PATIENTS, FAMILIES, AND CAREGIVERS DURING STRESSFUL OR CHALLENGING CIRCUMSTANCES. THE PROGRAM REFLECTS SMGJ'S COMMITMENT TO SUPPORTING BOTH THE PHYSICAL AND EMOTIONAL WELL-BEING OF THOSE IT SERVES WHILE FOSTERING A CULTURE OF COMPASSION AND SAFETY.

SMGJ IS RELATED TO INTERMOUNTAIN MEDICAL GROUP-GRAND JUNCTION, LLC FORMERLY KNOWN AS SCL HEALTH MEDICAL GROUP-GRAND JUNCTION, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY A RELATED ORGANIZATION, INTERMOUNTAIN FRONT RANGE, INC. FORMERLY KNOWN AS SCL HEALTH-FRONT RANGE, INC. INTERMOUNTAIN MEDICAL GROUP-GRAND JUNCTION, LLC IS A GROUP OF PHYSICIAN CLINICS THAT PROVIDE PROFESSIONAL SERVICES TO THE SMGJHOSPITAL COMMUNITY AND SUPPORTS THE MISSION OF SMGJ.

ALTHOUGH INTERMOUNTAIN MEDICAL GROUP-GRAND JUNCTION, LLC IS NOT OWNED DIRECTLY BY SMGJ, SMGJ IS REQUIRED TO FUND ALL OPERATING LOSSES OF INTERMOUNTAIN MEDICAL GROUP-GRAND JUNCTION, LLC. THROUGH EQUITY TRANSFERS TO INTERMOUNTAIN FRONT RANGE, INC. IN 2025, THE HOSPITAL PROVIDED $60,277,728 IN SUPPORT OF THE LOSSES OF THE PHYSICIAN CLINICS.

SMGJ IS PART OF INTERMOUNTAIN HEALTH, A NONPROFIT, INTEGRATED HEALTH SYSTEM DEDICATED TO MAKING HEALTHCARE MORE ACCESSIBLE, AFFORDABLE, AND EFFECTIVE. THIS AFFILIATION PROVIDES ACCESS TO CLINICAL EXPERTISE, TECHNOLOGY, RESEARCH, INNOVATION, AND BEST PRACTICES THAT HELP SMGJ CONTINUE TO ADVANCE THE QUALITY OF CARE AVAILABLE TO THE COMMUNITIES IT SERVES.

FORM 990, PART III, LINE 4A (CONTINUED)
SMGJ'S COMMITMENT TO CLINICAL EXCELLENCE HAS BEEN RECOGNIZED THROUGH NUMEROUS ACCREDITATIONS, CERTIFICATIONS, AND QUALITY DISTINCTIONS. THE HOSPITAL HAS RECEIVED AN "A" SAFETY GRADE FROM THE LEAPFROG GROUP, A FOUR-STAR QUALITY RATING FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES, AND HIGH-PERFORMING RECOGNITION FROM U.S. NEWS & WORLD REPORT IN MULTIPLE CLINICAL SPECIALTIES. SMGJ ALSO ACHIEVED THE HIGHEST LEVEL OF VERIFICATION THROUGH THE AMERICAN COLLEGE OF SURGEONS AND THE SOCIETY FOR VASCULAR SURGERY'S COMPREHENSIVE INPATIENT VASCULAR VERIFICATION PROGRAM, REFLECTING ITS COMMITMENT TO PROVIDING SAFE, HIGH-QUALITY CARE CLOSE TO HOME.

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THROUGH ITS HOSPITAL, PHYSICIAN CLINICS, SPECIALTY SERVICES, COMMUNITY PARTNERSHIPS, AND SUPPORT PROGRAMS, SMGJ CONTINUES ITS LONGSTANDING TRADITION OF IMPROVING HEALTH AND STRENGTHENING COMMUNITIES ACROSS WESTERN COLORADO AND EASTERN UTAH. WHETHER CARING FOR A PREMATURE INFANT IN THE NICU, TREATING A TRAUMA PATIENT, SUPPORTING A FAMILY THROUGH CANCER TREATMENT, PROVIDING A SAFE PLACE TO STAY AT ROSE HILL, HELPING EXPECTANT PARENTS PREPARE FOR A HEALTHY START THROUGH B4 BABIES, SHARING HEALTH EDUCATION AT A COMMUNITY HEALTH FAIR OR FARMERS MARKET, OR SUPPORTING A PATIENT THROUGH A CHALLENGING HEALTH JOURNEY, SMGJ REMAINS COMMITTED TO SERVING ITS COMMUNITIES WITH COMPASSION, EXCELLENCE, AND RESPECT.

MISSION, VISION & VALUES

MISSION:
INTERMOUNTAIN MISSION - HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.
CATHOLIC MISSION - WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

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

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

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

- CANCER CARE
- CARDIAC AND VASCULAR SERVICES
- EMERGENCY AND TRAUMA SERVICES (LEVEL II TRAUMA CENTER)
- FAMILY MEDICINE
- LABOR AND DELIVERY (LEVEL III NEONATAL INTENSIVE CARE UNIT)
- LEVEL III NICU
- ORTHOPEDICS
- PALLIATIVE CARE
- RADIOLOGY, IMAGING AND ANCILLARY SERVICES
- SPORTS MEDICINE
- SURGERY CENTER
- WOMEN'S HEALTH

SMGJ IS AN ACCREDITED CHEST PAIN CENTER, COMPREHENSIVE STROKE CENTER, MAGNET DESIGNATED, JOINT COMMISSION MEMBER, AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY, CERTIFIED BREAST CANCER CENTER, AND APEX

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

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ACCREDITATION FOR RADIATION ONCOLOGY.

FORM 990, PART V, LINE 1A
EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:

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

FORM 990, PART VI, SECTION A, LINE 2:
KELLY ADAMS / AMY LEITCH / SEAN FADDEN - BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION).

TOM BENTON / ANGELA PADALECKI - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS OR STOCKHOLDERS

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

FORM 990, PART VI, SECTION A, LINE 7A:
POWER TO ELECT OR APPOINT MEMBERS

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC., THE SOLE MEMBER OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., HAS THE POWER TO APPOINT TRUSTEES OF THE ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. BOARD OF TRUSTEES, SUBJECT TO THE RATIFICATION BY THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC.

FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS

WHILE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) IS THE SOLE MEMBER OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., RESERVED POWERS ARE PRIMARILY HELD BY INTERMOUNTAIN HEALTH CARE, INC. (INTERMOUNTAIN), WHO AS A RESULT OF AFFILIATION, IS A MEMBER OF SCLHS. SCLHS HAS THE POWER TO APPOINT TRUSTEES TO THE BOARD OF TRUSTEES, WHICH ARE SUBJECT TO RATIFICATION BY INTERMOUNTAIN. RESERVED POWERS HELD BY INTERMOUNTAIN INCLUDE:

- ESTABLISH THE MISSION, VISION, AND VALUES FOR THE CORPORATION;
- DEVELOP, ADOPT, AND OVERSEE STRATEGY, GOALS, OBJECTIVES, POLICIES, STANDARDS, AND GUIDELINES FOR THE CORPORATION;
- ADOPT, AMEND, OR REPEAL THE GOVERNING DOCUMENTS OF THE CORPORATION;
- FIX THE NUMBER OF TRUSTEES OF THE BOARD AND APPOINT AND REMOVE TRUSTEES TO AND FROM THE BOARD;
- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS OF THE CORPORATION;
- PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION;

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

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- OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE, INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR THE PROPER OPERATION OF THE CORPORATION;
- OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND EVIDENCED-BASED MEDICINE;
- APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE, LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;
- APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE RESTRUCTURING OF THE CORPORATION;
- OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE CORPORATION; AND
- DIRECT FINANCES AND INVESTMENTS OF THE CORPORATION, INCLUDING CONTROLS, OPERATING AND CAPITAL BUDGETS, INTERCOMPANY TRANSFERS OR LOANS, AND SELECTION AND REMOVAL OF EXTERNAL AUDITORS.

THE OTHER MEMBER OF SCLHS IS LEAVEN MINISTRIES, WHO WAS GRANTED THE FOLLOWING RESERVED POWERS:

- TO APPROVE THE ADOPTION, AMENDMENT OR REPEAL OF THE CIVIL ARTICLES OF INCORPORATION OR BYLAWS OF SCLHS, OF ANY CIVIL CORPORATION OF WHICH SCLHS IS THE CONTROLLING MEMBER, AND OF ANY SUBSIDIARY CORPORATION OF SCLHS;
- TO FIX THE NUMBER AND APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF SCLHS;
- TO REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF TRUSTEES OF SCLHS;
- TO APPROVE FOR SCLHS, ANY CORPORATION OF WHICH SCLHS IS THE CONTROLLING MEMBER, OR ANY SUBSIDIARY CORPORATION OF SCLHS, THE INCURRENCE OF INDEBTEDNESS OR THE SALE, TRANSFER, ASSIGNMENT, OR ENCUMBERING OF THE ASSETS, PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE MEMBERS OF LEAVEN MINISTRIES;
- TO APPROVE ANY OTHER ACTION WHICH, IN ACCORDANCE WITH THE CIVIL CORPORATE DOCUMENTS GOVERNING SCLHS IS RESERVED TO THE MEMBERS OF LEAVEN MINISTRIES;
- TO APPROVE ANY ALIENATION, SALE, GIFT OR OTHER TRANSFER OF THE REAL PROPERTY HELD BY ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES ECCLESIASTICAL GOODS;
- TO APPROVE ANY DISSOLUTION, FILING OF A BANKRUPTCY PETITION, MERGER, CONSOLIDATION OR CHANGE OF MAJORITY CONTROL OF ANY SCLHS CATHOLIC ENTITY;
- TO APPROVE ANY MORTGAGE OR OTHER SECURITY INSTRUMENT THAT DIRECTLY ENCUMBERS THE REAL PROPERTY OF ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES ECCLESIASTICAL GOODS;
- TO MONITOR, OVERSEE AND ENFORCE THE CATHOLIC PROTECTIONS INCLUDING THOSE ON-GOING OBLIGATIONS OF INTERMOUNTAIN HEALTH CARE, INC. SET FORTH IN THE MERGER AGREEMENT THAT ARE FOR THE BENEFIT OF LEAVEN MINISTRIES; AND
- TO APPROVE ANY ALTERATION, REVOCATION, SUSPENSION, OR OTHER TERMINATION OR MODIFICATION OF THE RESERVED POWERS SET FORTH HEREIN.

IN THE EVENT ANY CONFLICTS ARISE BETWEEN THE RESERVED POWERS GRANTED TO LEAVEN MINISTRIES AND THOSE OF INTERMOUNTAIN, THE LEAVEN RESERVED POWERS WILL CONTROL.

FORM 990, PART VI, SECTION B, LINE 11B:
PROCESS USED TO REVIEW THE FORM 990

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number 84-0425720

THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF INTERMOUNTAIN HEALTH CARE, INC. AND SUBSIDIARIES. THE DRAFT FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY

EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY REPORTED INFORMATION CHANGES. ADDITIONALLY, BOARD MEMBERS ARE ASKED AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF THEY ARE AWARE OF ANY CONFLICTS.

ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY INTERMOUNTAIN'S CHIEF COMPLIANCE OFFICER. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT, AND THE LEGAL DEPARTMENT. IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST).

FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF INTERMOUNTAIN HEALTH CARE, INC. THE MINUTES FROM THAT REPORT ARE SUBMITTED TO THE BOARD OF TRUSTEES.

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

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

THE COMPENSATION COMMITTEE ("COMPENSATION COMMITTEE"), A SUBSET OF INTERMOUNTAIN HEALTH CARE, INC.'S GOVERNING BODY (A RELATED NONPROFIT ORGANIZATION), IS RESPONSIBLE FOR THE PROCESS OF ANNUALLY DETERMINING THE TOTAL COMPENSATION PACKAGES (INCLUDING CASH AND NONCASH BENEFITS) FOR THE FOLLOWING OFFICERS:

- PRESIDENT
- EXECUTIVE VICE PRESIDENTS

THE COMPENSATION COMMITTEE ANNUALLY RETAINS AN INDEPENDENT, EXTERNAL CONSULTING FIRM TO PROVIDE AN ANALYSIS OF COMPARABLE MARKET DATA. THE CONSULTANTS REVIEW THE VARIOUS TYPES OF DIRECT COMPENSATION, INCLUDING BASE SALARY, TOTAL CASH, AND ANNUAL AND LONG-TERM INCENTIVES. INFORMATION FROM A SELECTED GROUP OF COMPARABLE NONPROFIT ORGANIZATIONS IS USED TO SUPPLEMENT PUBLISHED SURVEY DATA. THE CONSULTANTS ALSO CONDUCT AN IN-DEPTH ANALYSIS OF THE ASSOCIATED BENEFITS AND PERQUISITES.

INFORMATION PROVIDED BY THE EXTERNAL CONSULTANTS IS REVIEWED BY THE COMPENSATION COMMITTEE ALONG WITH THE PERFORMANCE DATA FOR EACH OFFICER LISTED ABOVE. DECISIONS BY THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED. THE COMPENSATION COMMITTEE PRESENTS THE COLLECTED INFORMATION

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number 84-0425720

AND THE ASSOCIATED COMPENSATION DECISIONS TO THE ENTIRE BOARD OF TRUSTEES.

THE PHILOSOPHY IS TO PAY COMPENSATION AT MARKET COMPETITIVE RATES. THE DETERMINATION OF EXECUTIVE COMPENSATION IS ALSO DESIGNED TO MEET THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" STANDARD AS OUTLINED IN THE TREASURY REGULATIONS.

FORM 990, PART VI, SECTION C, LINE 19:
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC:

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. DOES NOT CURRENTLY ALLOW PUBLIC INSPECTION OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY.

A COPY OF THE CONSOLIDATED FINANCIAL STATEMENTS THAT INCLUDES THE FILING ORGANIZATION IS ATTACHED TO THIS RETURN.

THE CONSOLIDATED FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE (HTTPS://EMMA.MSRB.ORG/P11935626-P11477831-P11928576.PDF), A SERVICE PROVIDED BY THE MUNICIPAL SECURITIES RULEMAKING BOARD.

FORM 990, PART VII, SECTION B, LINE 2
INDEPENDENT CONTRACTORS:

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

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

BOOK/TAX DIFFERENCE IN JOINT VENTURE	-447,665.
BOOK/TAX DIFFERENCE IN PERSONAL PROPERTY EQUIPMENT RENTAL	154,622.
DISTRIBUTION TO MINORITY INTEREST PARTNERS IN JOINT VENTURE	-164,816.
EXTINGUISHMENT OF OBLIGATIONS TO AFFILIATES	-13,101,416.
HEALTHCARE MANAGEMENT SERVICES UNRELATED BUSINESS INCOME	-4,211.
TOTAL TO FORM 990, PART XI, LINE 9	-13,563,486.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Employer identification number: 84-0425720

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	(g) No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. - 23-7379161, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KANSAS	501(C)(3)	LINE 12C, III-FI	INTERMOUNTAIN HEALTH CARE, INC.	X	
SCL HEALTH FOUNDATION - 82-3290526 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	SCLHS	X	
SCL HEALTH RESEARCH INSTITUTE, INC. - 85-2014794, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL RESEARCH	COLORADO	501(C)(3)	LINE 4	SCLHS	X	
INTEGRITY HEALTH - 47-4520350 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12C, III-FI	INTERMOUNTAIN HEALTH CARE, INC.	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HEALTHCARE	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	X	
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL	X	
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SCLHS	X	
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SCLHS	X	
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HEALTHCARE	COLORADO	501(C)(3)	LINE 3	SCLHS	X	
CATHOLIC FOUNDATION OF INTERMOUNTAIN HEALTH, INC. - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	SCLHS	X	
INTERMOUNTAIN FRONT RANGE, INC. - 84-1103606 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	X	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	INTERMOUNTAIN FRONT RANGE, INC.	X	
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	INTERMOUNTAIN FRONT RANGE, INC.	X	
ST. MARY'S HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARY'S HOSPITAL & MEDICAL CENTER,	X	
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HEALTHCARE	MONTANA	501(C)(3)	LINE 3	SCLHS	X	
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	OUTPATIENT ENDOSCOPY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMIT SURGERY CENTER, LLC - 81-0536068, 434 SOUTH CLARK STREET, BUTTE, MT 59701	OUTPATIENT SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OUTPATIENT SURGERY	CO	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	RELATED	23,142.	0.		X	N/A		X	50.17%
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	RELATED	-90,841.	699,618.		X	N/A		X	11.09%
MONUMENT HEALTH, LLC. - 47-4424617, 744 HORIZON CT., STE. 260, GRAND JUNCTION, CO 81506	HEALTHCARE	CO	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	RELATED	1,445,072.	3,719,519.		X	N/A		X	82.00%
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	RELATED	7,360,702.	6,094,446.		X	N/A		X	75.00%
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OUTPATIENT CANCER SERVICES	CO	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	RELATED	1,486,515.	1,423,033.		X	N/A		X	33.33%
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	RELATED	2,157,656.	5,798,832.		X	N/A		X	56.27%
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OUTPATIENT SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GALLATIN VALLEY SURGERY CENTER, LLC - 88-2505265, 340 SEVEN SPRINGS WAY, SUITE 600, BRENTWOOD , TN 37027	OUTPATIENT SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
AACP KOREA BUYOUT INVESTORS IV, LP - 98-1549044, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LOGAN SURGERY CENTER, LLC - 86-1965725, 1300 NORTH 500 EAST, LOGAN, UT 84341	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. GEORGE SURGERY CENTER, LLC - 85-3880188, 652 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR,	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300 WEST, PROVO, UT 84604	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SARATOGA SPRINGS SURGERY CENTER, LLC - 87-3875864, 316 W MEDICAL DR., SARATOGA SPRINGS, UT 84045	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
PARK CITY SURGICAL CENTER REAL ESTATE, LLC - 86-2568233, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	REAL ESTATE	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CDHC 3, LLC - 87-3215157 265 N. COUNTRY MANOR LANE ALPINE, UT 84004	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ARK GLOBAL EMERGING COMPANIES, LP - 82-3044843, 22 EAST 100 SOUTH, 3RD FLOOR, SALT LAKE CITY, UT 84111	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PELION OPPORTUNITY FUND IV, LLC - 85-3909188, 14761 S. FUTURE WAY, SUITE 500, SALT LAKE CITY, UT 84020	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LAYTON SURGERY CENTER, LLC - 92-3229013, 265 EAST LAYTON PARKWAY, LAYTON, UT 84041	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
RIVERTON SURGERY CENTER, LLC - 99-1058501, 3773 WEST 12600 SOUTH, SUITE 301, RIVERTON, UT 84065	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
EAR, NOSE & THROAT SURGERY CENTER OF UTAH, LLC - 20-1547733, 9450 SOUTH 1300 EAST, SUITE 100, SANDY, UT	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
TELLICA IMAGING - MASSACHUSETTS, LLC - 93-4833500, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY,	IMAGING	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GRANDEUR PEAK GLOBAL OPPORTUNITIES, LP - 45-5225518, 136 SOUTH MAIN STREET, SUITE 720, SALT LAKE	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
AACP AUSTRALIA BUYOUT INVESTORS III, LP - 98-1743664, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA	INVESTMENTS	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
OGDEN ENDOSCOPY CENTER, LLC - 33-1686864, 3903 MEDICAL DRIVE, OGDEN, UT 84403	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INTERMOUNTAIN ORTHOPEDIC HOLDINGS NEVADA, LLC - 33-2572869, 2779 W. HORIZON RIDGE PARKWAY, SUITE 200,	PROMOTE HEALTH AND ACCESS TO HEALTHCARE SERVICES	NV	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP INDIA GROWTH INVESTORS I, LP - 98-1833216, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**	X		
b Gift, grant, or capital contribution to related organization(s)	**1b**	X		
c Gift, grant, or capital contribution from related organization(s)	**1c**	X		
d Loans or loan guarantees to or for related organization(s)	**1d**			X
e Loans or loan guarantees by related organization(s)	**1e**			X
f Dividends from related organization(s)	**1f**			X
g Sale of assets to related organization(s)	**1g**			X
h Purchase of assets from related organization(s)	**1h**			X
i Exchange of assets with related organization(s)	**1i**			X
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**			X
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**			X
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	X		
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			X
o Sharing of paid employees with related organization(s)	**1o**			X
p Reimbursement paid to related organization(s) for expenses	**1p**	X		
q Reimbursement paid by related organization(s) for expenses	**1q**	X		
r Other transfer of cash or property to related organization(s)	**1r**	X		
s Other transfer of cash or property from related organization(s)	**1s**	X		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GRAND VALLEY SURGICAL CENTER, LLC	A	1,008,721.	FMV
(2)	PAVILION IMAGING, LLC	A	1,314,289.	FMV
(3)	PAVILION IMAGING, LLC	L	3,324,849.	FMV
(4)	PAVILION IMAGING, LLC	Q	4,044,176.	FMV
(5)	PAVILION IMAGING, LLC	S	6,914,858.	FMV
(6)	ST. MARY'S HOSPITAL FOUNDATION (GRANTS)	B	567,936.	FMV

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	ST. MARY'S HOSPITAL FOUNDATION (CAPITAL TRANSFER)	B	13,103,290.	FMV
(8)	ST. MARY'S HOSPITAL FOUNDATION	C	2,704,257.	FMV
(9)	CATHOLIC FOUNDATION OF INTERMOUNTAIN HEALTH, INC.	C	711,663.	FMV
(10)	SAN JUAN CANCER CENTER, LLC	L	150,000.	FMV
(11)	SAN JUAN CANCER CENTER, LLC	S	1,239,500.	FMV
(12)	CAREFLIGHT OF THE ROCKIES, LLC	A	396,480.	FMV
(13)	CAREFLIGHT OF THE ROCKIES, LLC	G	406,898.	FMV
(14)	CAREFLIGHT OF THE ROCKIES, LLC	L	184,716.	FMV
(15)	CAREFLIGHT OF THE ROCKIES, LLC	Q	5,903,235.	FMV
(16)	CAREFLIGHT OF THE ROCKIES, LLC	S	1,014,758.	FMV
(17)	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	M	93,685,988.	FMV
(18)	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	P	5,536,788.	FMV
(19)	INTERMOUNTAIN FRONT RANGE, INC.	B	20,412,698.	FMV
(20)	INTERMOUNTAIN FRONT RANGE, INC.	R	39,865,030.	FMV
(21)	SCL HEALTH RESEARCH INSTITUTE, INC.	M	714,292.	FMV
(22)				
(23)				
(24)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL FOUNDATION

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

EAR, NOSE & THROAT SURGERY CENTER OF UTAH, LLC

EIN: 20-1547733

9450 SOUTH 1300 EAST, SUITE 100

SANDY, UT 84094

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TELLICA IMAGING - MASSACHUSETTS, LLC

EIN: 93-4833500

36 SOUTH STATE, SUITE 2200

SALT LAKE CITY, UT 84111

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GRANDEUR PEAK GLOBAL OPPORTUNITIES, LP

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

EIN: 45-5225518

136 SOUTH MAIN STREET, SUITE 720

SALT LAKE CITY, UT 84101

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AACP AUSTRALIA BUYOUT INVESTORS III, LP

EIN: 98-1743664

ONE EMBARCADERO, 16TH FLOOR

SAN FRANCISCO, CA 94111

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

INTERMOUNTAIN ORTHOPEDIC HOLDINGS NEVADA, LLC

EIN: 33-2572869

2779 W. HORIZON RIDGE PARKWAY, SUITE 200

HENDERSON, NV 89052

CONSOLIDATED FINANCIAL STATEMENTS

Intermountain Health Care, Inc. and Affiliated Companies
Years Ended December 31, 2025 and 2024
with Independent Auditors' Report



KPMG LLP
Suite 1500
15 W. South Temple
Salt Lake City, UT 84101

Independent Auditors' Report

Audit and Compliance Committee
Intermountain Health Care, Inc.:

Opinion

We have audited the consolidated financial statements of Intermountain Health Care, Inc. and affiliated companies (the Health System), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of December 31, 2025 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

KPMG LLP

Salt Lake City, Utah
March 17, 2026

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Balance Sheets
(In Millions)

	December 31	
	2025	**2024**
Assets		
Current assets:		
Cash and equivalents	$ 1,079	$ 1,243
Assets limited as to use	2,356	2,046
Patient accounts receivable	1,744	1,466
Due from brokers for securities sold	947	724
Inventory	326	294
Other current assets	852	833
Total current assets	7,304	6,606
Assets limited as to use	17,285	15,132
Property and equipment, net	7,043	6,754
Other assets	1,902	1,595
Total assets	$ 33,534	$ 30,087
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 1,028	$ 892
Compensation and related liabilities	781	696
Due to brokers for securities purchased	1,720	1,370
Medical claims payable	396	338
Other current liabilities	591	596
Current portion of long-term debt	41	47
Long-term debt subject to short-term remarketing arrangements	636	676
Total current liabilities	5,193	4,615
Long-term debt	4,071	4,108
Other liabilities	1,137	1,130
Net assets:		
Without donor restrictions	22,517	19,679
With donor restrictions	616	555
	23,133	20,234
Total liabilities and net assets	$ 33,534	$ 30,087

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Operations and Changes in Net Assets
(In Millions)

	Year Ended December 31	
	2025	**2024**
Revenues		
Patient services	$ 11,051	$ 10,098
Premiums and capitation	6,437	6,033
Other revenues	1,020	1,014
	18,508	17,145
Expenses		
Employee compensation and benefits	7,663	7,221
Medical claims	3,289	3,022
Supplies	3,090	3,089
Other expenses	3,222	2,743
	17,264	16,075
Earnings before interest, depreciation and amortization	1,244	1,070
Depreciation and amortization	584	605
Interest	145	95
	729	700
Net operating income	515	370
Nonoperating income		
Investment income	2,104	1,376
Excess of revenues over expenses	$ 2,619	$ 1,746

(continued)

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Operations and Changes in Net Assets (continued)
(In Millions)

	Year Ended December 31	
	2025	**2024**
Net assets without donor restrictions		
Excess of revenues over expenses	$ 2,619	$ 1,746
Unrecognized changes in funded status of postretirement benefit plans	274	63
Net assets released from restrictions for the purchase of property and equipment	14	40
Net changes in fair value of cash flow hedges	—	34
Transfers to net assets with donor restrictions	(55)	—
Net change in minority interest and other	(14)	25
Increase in net assets without donor restrictions	2,838	1,908
Net assets with donor restrictions		
Contributions	63	74
Transfers from net assets without donor restrictions	55	—
Net assets released from restrictions and other	(57)	(58)
Increase in net assets with donor restrictions	61	16
Increase in net assets	2,899	1,924
Net assets at beginning of year	20,234	18,310
Net assets at end of year	$ 23,133	$ 20,234

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Cash Flows
(In Millions)

	Year Ended December 31	
	2025	**2024**
Reconciliation of increase in net assets to net cash provided by operating activities		
Increase in net assets	$ 2,899	$ 1,924
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Investment gains, net	(2,098)	(1,417)
Net change in fair value of interest rate swaps	(3)	(38)
Unrecognized changes in funded status of postretirement benefit plans	(274)	(63)
Postretirement benefit plans expense	85	86
Restricted contributions	(24)	(32)
Depreciation and amortization	584	605
Net change in current assets and liabilities:		
Patient accounts receivable	(278)	(29)
Inventory	(32)	(28)
Other current assets	(19)	68
Accounts payable and accrued liabilities	136	(108)
Compensation and related liabilities	85	81
Medical claims payable	58	13
Other current liabilities	(5)	144
Other	(224)	(133)
Net cash provided by operating activities	$ 890	$ 1,073

(continued)

Intermountain Health Care, Inc. and Affiliated Companies
Consolidated Statements of Cash Flows (continued)
(In Millions)

	Year Ended December 31	
	2025	**2024**
Investing activities		
Purchases of property and equipment	$ (847)	$ (852)
Net purchases of investments	(241)	(267)
Net cash used in investing activities	(1,088)	(1,119)
Financing activities		
Proceeds from issuance of debt	—	1,376
Repayment of debt	(52)	(933)
Borrowings under lines of credit	—	365
Repayment of borrowings under lines of credit	—	(365)
Restricted contributions and other	22	32
Net cash provided by (used in) financing activities	(30)	475
Net increase (decrease) in cash and equivalents	(228)	429
Cash and equivalents at beginning of year	1,318	889
Cash and equivalents at end of year	$ 1,090	$ 1,318
Reconciliation of cash and equivalents		
Cash and equivalents	$ 1,079	$ 1,243
Cash in assets limited as to use	11	75
Cash and equivalents	$ 1,090	$ 1,318

See accompanying notes to consolidated financial statements.

1. Organization

The mission of Intermountain Health Care, Inc. (Intermountain) is "helping people live the healthiest lives possible." Intermountain is a Utah nonprofit corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. Intermountain is the sole corporate member of several nonprofit companies, the most significant of which are as follows:

- IHC Health Services, Inc. (Health Services), a Utah nonprofit 501(c)(3) corporation, owns, manages, and operates hospitals, clinics, and other health-related operations, principally in Utah and Idaho.
- SelectHealth, Inc. (Select Health), a Utah nonprofit 501(c)(4) corporation, is a licensed health maintenance organization and third-party administrator.
- Integrity Health (Integrity), a Colorado nonprofit 501(c)(3) corporation, owns and operates hospitals and clinics in Colorado.
- Intermountain Medical Holdings Nevada, Inc. (Intermountain Nevada), a Delaware nonprofit 501(c)(3) corporation, provides medical services to members under capitation agreements and operates clinics in Nevada.

Intermountain is also affiliated with Sisters of Charity of Leavenworth Health System, Inc. (SCL Health). SCL Health, a Kansas nonprofit 501(c)(3) corporation, is a Catholic ministry that owns and operates hospitals and clinics in Colorado, Montana, and Wyoming. Applicable SCL Health care sites operate in accordance with Catholic ethical and religious directives.

2. Significant Accounting Policies

Principles of Consolidation
The consolidated financial statements include the operations of Intermountain and its affiliated companies (the Health System), which include Health Services, Select Health, SCL Health, Integrity, and Intermountain Nevada. Intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates
The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires certain estimates that affect the reported amounts of assets, liabilities, revenues and expenses and amounts disclosed in the notes to the consolidated financial statements. Due to uncertainties inherent in these estimation processes, there is at least a reasonable possibility that actual results may differ materially from these estimates in the near term.

2. Significant Accounting Policies (continued)

Charity Care

The Health System is dedicated to the principle that generally available and medically necessary health services should be accessible to all residents of the communities it serves without regard to race, color, religion, sex, sexual orientation, national origin, disability, protected veteran status or ability to pay. Decisions about medical necessity and the appropriate course of treatment are made by a physician or other licensed medical practitioner. The Health System has established a financial assistance policy for both the uninsured and the underinsured. The Health System offers discounts of up to 100% of charges on a sliding scale, which is based on household income as a percentage of the federal poverty level guidelines and charges for services rendered. The Health System's financial assistance policy also has provisions that are responsive to those patients subject to catastrophic healthcare expenses. Charity care services are not reported as revenue, because payment is not anticipated. Charity care represents only one component of the community benefit provided by the Health System.

Cash and Equivalents

Cash and equivalents consist of deposits with banks and highly liquid investments in interest-bearing securities with original maturity dates of three months or less at the date of purchase. Certain cash equivalents included in assets limited as to use in the consolidated balance sheets are intended to be invested on a long-term basis and are therefore excluded from cash and equivalents in the consolidated statements of cash flows.

Assets Limited as to Use

Assets limited as to use primarily consists of investments that are classified as trading or other-than-trading securities based on management's intent and ability to hold each investment. Other-than-trading fixed-income securities that experience declines in value are regularly evaluated for other-than-temporary impairment. Impairment losses for declines in the value of other-than-trading fixed-income securities below cost are evaluated based on relevant facts and circumstances for each investment. Impairment losses are recognized as allowances against investment balances in the consolidated balance sheets and as investment losses in the consolidated statements of operations and changes in net assets when deemed to be other than temporary.

The Health System accounts for its investments on a trade-date basis. Investment sales and purchases initiated prior to the consolidated balance sheet date that are to be settled subsequent to the consolidated balance sheet date result in amounts due from and to brokers. Changes in these assets and liabilities represent noncash investing activities excluded from the consolidated statements of cash flows. The cost of investments sold is determined in accordance with the average-cost method. Realized gains and losses are included in investment income in the consolidated statements of operations and changes in net assets.

2. Significant Accounting Policies (continued)

Fair Value of Financial Instruments
Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction among market participants on the measurement date. The carrying amounts of patient accounts receivable, accounts payable, and accrued liabilities approximate fair value due to the short-term nature of these instruments. Cash and equivalents and assets limited as to use are carried at fair value.

Concentrations of Credit Risk
Financial instruments that potentially subject the Health System to concentrations of credit risk consist primarily of patient accounts receivable. Medicare and Medicaid accounts, including amounts receivable from government-sponsored plans through Select Health, represent 27% and 24% of net patient accounts receivable as of December 31, 2025 and 2024, respectively. Management does not believe there are any other significant concentrations of credit risk as of December 31, 2025 or 2024.

Inventory
Inventory is carried at the lower of cost, determined on the average-cost method, or net realizable value.

Property and Equipment
Property and equipment are stated on the basis of cost. Expenditures that increase values or extend useful lives are capitalized and routine maintenance and repairs are charged to expense in the period incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation begins in the month of acquisition or when constructed assets are ready for their intended use. Useful lives are generally assigned as listed in the American Hospital Association publication, *Estimated Useful Lives of Depreciable Hospital Assets.*

Long-lived Assets
Long-lived assets are reviewed for impairment when there is evidence that events or changes in circumstances indicate the carrying amount of such assets may not be fully recoverable. Recoverability of an asset or asset group is assessed by comparing the carrying amount to the estimated undiscounted future net cash flows. If impairment is indicated, then the carrying amount of long-lived assets is reduced to the approximate fair value. In addition, remaining estimated useful lives of long-lived assets are reduced based on planned changes in the intended use of the assets.

Goodwill
Goodwill is reviewed for impairment on an annual basis or sooner if indicators of impairment arise. Indicators of impairment are generally based on market conditions and operational performance.

2. Significant Accounting Policies (continued)

Medical Claims Payable
Medical claims payable represents amounts payable to unaffiliated healthcare entities for claims reported to Select Health and Intermountain Nevada and actuarial estimates of claims incurred but not reported as of the consolidated balance sheet dates. The liability for these medical benefits is reviewed on a regular basis and reflects management's best estimate of claims Select Health and Intermountain Nevada expect to pay.

Leases
The Health System determines if an arrangement is a lease at the inception of the contract and recognizes rights and obligations of lease contracts as right-of-use assets and lease liabilities, respectively, at the contract commencement date based on the present value of the lease payments over the expected lease term. In the absence of a stated interest rate in the lease contract, the Health System uses its incremental borrowing rate to determine the present value of the lease payments. The Health System does not separate lease components from nonlease components of the lease contract when determining lease rights and obligations. The Health System does not recognize right-of-use assets and lease liabilities for short-term leases that have a lease term of 12 months or less. The Health System recognizes the lease payments associated with its short-term leases as payments are made.

Pension and Other Postretirement Plans
Intermountain records amounts related to its pension and other postretirement plans based on estimates that incorporate various actuarial and other assumptions, including discount rates, mortality, rates of return, compensation increases and employee turnover rates. Management reviews these assumptions on an annual basis and modifies them based on current rates and trends, as appropriate. The financial impact of modifications to the assumptions is recorded as a change in net assets without donor restrictions that is excluded from excess of revenues over expenses and is amortized to nonoperating income over future periods using the corridor method. Management believes that the assumptions utilized in recording its obligations under its pension and other postretirement plans are reasonable based on the experience of these plans and market conditions.

Net Assets
Net assets not restricted by donors are reported as net assets without donor restrictions in the consolidated balance sheets.

Net assets restricted by donors for specified purposes or investment in perpetuity are reported as net assets with donor restrictions in the consolidated balance sheets. When donor-specified purposes are satisfied, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as other revenues or other changes in net assets without donor restrictions, depending on the nature of the restriction.

2. Significant Accounting Policies (continued)

Patient Services Revenues

Patient services revenues are derived from contracts for healthcare services provided by the Health System to patients. The Health System receives payments directly from patients or on behalf of patients from the federal government under the Medicare program, state governments under their Medicaid programs, private insurance companies and managed care programs. The Health System recognizes patient services revenues from patients and third-party payers at amounts it expects to receive (net of contractual adjustments, adjustments for unpaid services and discounts), in exchange for providing patient care. Patient services revenues also include variable consideration for certain estimated retroactive adjustments under payment programs with third-party payers. Estimates of contractual adjustments to revenue for services provided under third-party payer contracts are based on payment terms in the associated contractual agreements and payment history. Patient services revenues are also adjusted in future periods as final settlements and reconciliations with third-party payers are determined. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient services revenues in the period of the change.

For uninsured patients who do not qualify for charity care, the Health System recognizes patient services revenues for services provided on a discounted basis from its established rates, as provided by policy. Accordingly, the Health System records adjustments to patient services revenues in the period services are rendered for amounts not expected to be collected.

Management estimates the adjustments recorded for unpaid services by assessing the collectibility, timing, and amount of patient services revenues by considering historical collection rates for each major payer source, general economic trends, and other indicators. Management also assesses the adequacy of the adjustments for unpaid services based on historical write-offs, patient accounts receivable aging, and other factors.

Performance obligations for healthcare services provided to patients generally relate to contracts of one year or less. Performance obligations for inpatient services are generally completed at the time the patients are discharged. Performance obligations for outpatient services are generally satisfied over a period of less than a day. Because its performance obligations relate to contracts with a duration of less than one year, the Health System has not disclosed the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period. The unsatisfied or partially satisfied performance obligations are primarily related to inpatient services at the end of the reporting period.

Premiums and Capitation

Premium revenues are derived from Select Health membership contracts with individuals, employer groups, and government entities that are generally written on an annual basis. The associated premiums are recognized as revenue in the period in which enrolled members are entitled to receive healthcare services. Amounts received by Select Health prior to the period of coverage are included in other current liabilities in the consolidated balance sheets.

2. Significant Accounting Policies (continued)

Premiums and Capitation (continued)
Intermountain Nevada has capitation contracts with third-party payers that pay annual fixed amounts per enrolled member to effectively subcontract a significant portion of the responsibilities and risks for managing patient care to Intermountain Nevada. Intermountain Nevada recognizes capitation revenues from third-party payers at amounts it expects to receive in exchange for providing patient care, including variable consideration for certain estimated retroactive adjustments under these capitation contracts. Capitation revenues are also adjusted in future periods as final settlements and reconciliations with third-party payers are determined. Subsequent changes to the estimates of the transaction price are generally recorded as adjustments to capitation revenues in the period of the change. Performance obligations for capitation revenues are generally satisfied over a period of one year or less.

Other Revenues
Other revenues primarily include pharmacy sales, lab services to unaffiliated healthcare providers, foundation funds released from restriction, third-party administration fees, contributions, medical office rentals, and cafeteria sales. The Health System recognizes other revenues at amounts that reflect the consideration it has received, or to which it expects to be entitled, in exchange for providing products or services. Performance obligations for other revenues are generally satisfied over a period of one year or less.

Operating and Nonoperating Activities
The Health System's primary objective is to meet the health needs of individuals through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, clinical services, health insurance, and other healthcare services. Activities directly associated with the furtherance of this objective are considered to be operating activities. Nonoperating activities are included in nonoperating income in the consolidated statements of operations and changes in net assets and include investment activities and the financial results of certain affiliates for which the Health System has controlling ownership interests, but are peripheral to the Health System's primary objective.

Excess of Revenues over Expenses
Excess of revenues over expenses includes the Health System's operating and nonoperating activities. Changes in net assets without donor restrictions not included in excess of revenues over expenses primarily include unrecognized changes in funded status of postretirement benefit plans, net assets released from restrictions for the purchase of property and equipment, net changes in fair value of cash flow hedges and transfers to net assets with donor restrictions.

Reclassifications
Certain reclassifications were made to the 2024 consolidated financial statements and accompanying notes to conform to the 2025 presentation. These changes had no impact on excess of revenues over expenses or net assets of the Health System.

3. Charity Care and Community Benefit

The estimated cost of charity care provided by the Health System was $315 and $272 in 2025 and 2024, respectively. The cost to provide charity care for patients who qualify under the Health System's financial assistance policy was estimated by multiplying the charges incurred at established rates for services rendered by the Health System's cost-to-charge ratio. In addition to charity care, the Health System also provides significant financial support to improve the health of individuals in the communities it serves.

The Health System also incurs shortfalls between its established rates and amounts paid by the Medicare (principally related to elderly patients) and Medicaid (principally related to low-income patients) programs. These shortfalls are not included in charity care or other community benefit services.

The Health System provides community benefit services that address significant health priorities identified by the Health System. Services include community-based health initiatives focusing on mental health, substance use disorders, suicide prevention, safe and stable housing, nutrition security, access to care, and children's health. The Health System prioritizes collaborating with community-based organizations and local government entities, such as school districts and public health departments, to address community needs. Other community benefit services include health-profession training and medical research. The Health System owns and operates 4 community and school-based health clinics in Utah and Colorado to meet the needs of uninsured, low-income and homeless patients in locations where there are no other healthcare providers. The Health System also provides financial and in-kind support to 80 independently owned community safety-net clinics in Utah, Colorado, Idaho, Montana, and Nevada that provide healthcare services to medically underserved patients. In addition, the Health System is committed to providing healthcare services to rural communities, operating 11 hospitals in rural locations.

The Health System provides a number of services that are not financially self-supporting, in that patient services revenues are less than the costs required to provide the services. Such negative margin services benefit uninsured and low-income patients as well as the broader community. For example, the Health System is the principal or only provider of behavioral health services, certain medical specialties and select primary care services in many of the communities in which it operates.

Select Health provides cost-effective insurance programs to underserved markets. Select Health offers plans in Utah, Idaho, Colorado and Nevada in the insurance marketplaces resulting from the Patient Protection and Affordable Care Act. The communities Select Health serves also benefit from a variety of sponsored health and wellness activities, including online and work-site health programs, health fairs and flu shot clinics. In addition, Select Health provides annual grants to outside organizations that promote health.

3. Charity Care and Community Benefit (continued)

The communities the Health System serves also benefit from services provided by volunteers, trustees and medical staff that might otherwise require the use of compensated employees and trustees. Volunteer services are not reported as operating expenses in the consolidated statements of operations and changes in net assets because no payment is made.

4. Liquidity and Availability of Financial Resources

A summary of financial assets available to meet cash needs for general expenditures within one year is as follows:

	December 31	
	2025	**2024**
Cash and equivalents	$ 1,079	$ 1,243
Assets limited as to use	19,641	17,178
Patient accounts receivable	1,744	1,466
Due from brokers for securities sold	947	724
Other current assets	852	833
Less amounts not available to be used within one year:		
Private debt, private equity, real asset and strategic development funds	(3,841)	(3,293)
Donor-restricted funds	(635)	(496)
Prepaid assets and other	(218)	(186)
Bond funds held in trust	(107)	(399)
Investments held by a trustee per statutory requirements	(62)	(51)
	$ 19,400	$ 17,019

Donor-restricted funds are available for expenditure upon satisfaction of the restriction, the expected timing of which is not generally determinable in advance. The Health System also has lines of credit available as described in Note 10.

5. Fair Value Measurements

The methods used to determine the fair value of financial instruments reflect market participant objectives and are based on the application of a valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The hierarchy is based on the reliability of inputs as follows:

- Level 1 – Valuation is based on quoted prices for identical financial instruments in active markets. The Health System does not adjust the quoted price for Level 1 financial instruments.

- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and independent pricing models or other model-based valuation techniques using observable inputs.

- Level 3 – Certain types of financial instruments are classified as Level 3 within the valuation hierarchy because these financial instruments trade infrequently and, therefore, have little or no price transparency.

Valuation for certain investments is based on the net asset value (NAV) per share or its equivalent provided by fund administrators.

The following table presents a categorization, based on the foregoing valuation hierarchy, of financial instruments measured at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Assets limited as to use:				
Cash investments	$ 234	$ –	$ –	$ 234
Equity securities	6,205	–	–	6,205
Fixed-income securities	901	3,777	1	4,679
Asset allocation funds	11	–	–	11
Global/international debt funds	267	–	–	267
Investment derivatives, net	–	8	–	8
	$ 7,618	$ 3,785	$ 1	11,404
Investments measured using NAV per share or its equivalent				8,237
Fair value of assets limited as to use				$ 19,641

5. Fair Value Measurements (continued)

The following table presents a categorization, based on the foregoing valuation hierarchy, of financial instruments measured at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Assets limited as to use:				
Cash investments	$ 115	$ –	$ –	$ 115
Equity securities	5,145	–	–	5,145
Fixed-income securities	630	4,261	3	4,894
Asset allocation funds	16	–	–	16
Global/international debt funds	244	–	–	244
Investment derivatives, net	–	26	–	26
	$ 6,150	$ 4,287	$ 3	10,440
Investments measured using NAV per share or its equivalent				6,738
Fair value of assets limited as to use				$ 17,178

Changes in Level 3 financial instruments were not significant.

The Health System uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used by the Health System for certain financial instruments is the NAV per share or its equivalent. The valuation information provided by fund administrators for these financial instruments considers variables such as the financial performance of underlying or similar investments, recent sales prices of underlying or similar investments and other pertinent available market information. Management reviews the valuations and assumptions used by fund administrators to evaluate NAV per share or its equivalent for reasonableness and believes that the carrying amounts of the related financial instruments are reasonable estimates of fair value. For positions that are not traded in active markets or are subject to notice provisions, valuations are adjusted to reflect such provisions, and the adjustments are generally based on available market evidence.

5. Fair Value Measurements (continued)

The Health System used the NAV per share or its equivalent to measure fair value of the following types of investments as of December 31:

	2025	2024	Redemption Frequency	Redemption Notice Period
Common/collective trust funds	$ 1,680	$ 1,495	Monthly	5 to 30 days
Global/international equity funds	426	334	Monthly	10 to 60 days
Global/international debt funds	919	389	Daily, monthly, quarterly	5 to 90 days
Absolute return and hedge funds	1,371	1,227	Monthly, quarterly	5 to 90 days
Private debt, private equity, real asset and strategic development funds	3,841	3,293	Event driven	—
	$ 8,237	$ 6,738		

The fair values of private debt, private equity, real asset, and strategic development funds were estimated using the most current information available, which is as of September 30 of the year listed or later, adjusted for cash flows and other known events impacting fair value since the valuation date. The Health System has committed up to $6,879 for investment in these funds through 2035, of which $2,293 had not yet been funded as of December 31, 2025.

Under the provisions of a master netting arrangement, Health Services offsets the fair value of certain investment derivative instruments transacted with the same counterparty. Health Services invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its contracts for futures and forward currency purchases and sales whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

5. Fair Value Measurements (continued)

The following table presents gross investment derivative assets and liabilities, categorized as Level 2 of the valuation hierarchy, reported on a net basis included in assets limited as to use in the consolidated balance sheets:

	December 31	
	2025	2024
Derivative assets:		
Futures contracts	$ 368	$ 19
Interest rate swap agreements and other contracts	1,494	1,072
	1,862	1,091
Derivative liabilities:		
Futures contracts	(368)	(19)
Interest rate swap agreements and other contracts	(1,486)	(1,046)
	(1,854)	(1,065)
Investment derivatives, net	$ 8	$ 26

6. Assets Limited as to Use

Assets limited as to use consisted of internally and externally designated investments as follows:

	December 31	
	2025	2024
Internally designated	$ 18,837	$ 16,232
Donor-restricted funds	635	496
Bond funds held in trust	107	399
Investments held by a trustee per statutory requirements	62	51
	$ 19,641	$ 17,178

Assets limited as to use include other-than-trading fixed-income securities of $179 and $833 as of December 31, 2025 and 2024, respectively. Other-than-trading fixed-income securities in a continuous unrealized loss position were not significant as of December 31, 2025, and 2024.

Assets limited as to use reported as current include certain internally designated investments. These investments are available for the payment of amounts due to brokers for securities purchased and for the repayment of long-term debt subject to short-term remarketing arrangements should such repayment become necessary.

6. Assets Limited as to Use (continued)

Assets limited as to use reported as noncurrent include certain internally designated investments, donor-restricted funds, bond funds held in trust and investments held by a trustee per statutory requirements. Internally designated investments are available for the acquisition of property and equipment, repayment of long-term debt and the payment of professional and general liability and workers' compensation self-insurance claims. Donor-restricted funds include amounts held by consolidated foundations that will be used for various healthcare programs and services, buildings and equipment, research or local community needs. Bond funds held in trust include amounts held by a trustee in accordance with bond trust indentures, the use of which is primarily restricted to reimbursing the Health System for the costs of certain capital projects. Investments held by a trustee per statutory requirements include amounts held by a trustee to ensure that Select Health meets the statutory requirements of the State of Utah Insurance Department.

7. Property and Equipment

A summary of property and equipment is as follows:

	December 31	
	2025	**2024**
Buildings and improvements	$ 7,565	$ 7,121
Equipment and software	3,043	2,940
	10,608	10,061
Less accumulated depreciation	(5,384)	(4,989)
	5,224	5,072
Land	890	760
Construction in progress	929	922
	$ 7,043	$ 6,754

The estimated useful life is 10 to 50 years for buildings and improvements, 3 to 15 years for equipment and 3 to 7 years for software. As of December 31, 2025, the Health System had remaining contractual obligations of $575 for various construction projects.

8. Other Assets

A summary of other noncurrent assets is as follows:

	December 31 2025	December 31 2024
Goodwill	$ 536	$ 486
Right-of-use assets, net	322	319
Investments in unconsolidated entities	302	289
Long-term premium stabilization receivable	131	67
Pension asset, net	125	—
Intangible assets, net	110	125
Prepaid health and welfare plan benefit	98	84
Long-term notes receivable	86	68
Contributions receivable, net	82	98
Other	110	59
	$ 1,902	$ 1,595

The remaining weighted average intangible asset amortization period was 8.1 and 9.6 years as of December 31, 2025 and 2024, respectively. As of December 31, 2025, the Health System had remaining contractual obligations of $45 for various software development projects.

9. Other Current Liabilities

A summary of other current liabilities is as follows:

	December 31 2025	December 31 2024
Unearned revenue	$ 203	$ 248
Self-insurance liabilities, current portion	123	114
Lease liabilities, current portion	62	75
Medicare and Medicaid settlements	50	66
Other	153	93
	$ 591	$ 596

Medicare and Medicaid settlements represent estimated cost report and other third-party settlements. Laws and regulations governing Medicare and Medicaid change frequently, are complex, and are subject to interpretation. Administrative procedures for both Medicare and Medicaid preclude final settlement until the related cost reports have been audited by the sponsoring agency and settled.

10. Lines of Credit

The Health System had aggregate lines of credit of $600 available as of December 31, 2025 and 2024. As of December 31, 2025, the Health System had a syndicated line of credit of $400 and a line of credit of $200, both expiring on November 18, 2027. As of December 31, 2025 and 2024, there were no amounts outstanding on the lines of credit.

11. Self-insurance Liabilities

Self-insurance programs include professional and general liability, workers' compensation, and directors' and officers' liability coverage through self-insurance programs and commercial excess liability insurance. Total undiscounted self-insurance liabilities, including current and noncurrent liabilities, were $430 and $460 as of December 31, 2025 and 2024, respectively. The noncurrent portion of self-insurance liabilities is included in other liabilities in the consolidated balance sheets. The liabilities for the professional liability and workers' compensation programs are based on actuarial estimates.

12. Long-term Debt

Revenue bonds are issued by municipalities, counties, or state authorities on behalf of the Health System and are secured by notes issued under a master trust indenture (MTI). Under the terms of the MTI, the requirement to repay long-term debt evidenced by the notes is a general obligation of an obligated group established by the MTI, but is not secured by a pledge, grant, or mortgage of any assets of the obligated group. The obligated group includes the following entities (excluding affiliates and subsidiaries), which are jointly and severally liable with respect to all outstanding obligations under the MTI:

- Good Samaritan Medical Center, LLC, a Colorado limited liability company
- Holy Rosary Healthcare, a Montana nonprofit corporation
- IHC Health Services, Inc., a Utah nonprofit corporation
- Intermountain Front Range, Inc., a Colorado nonprofit corporation
- Intermountain Health Care, Inc., a Utah nonprofit corporation
- Saint Joseph Hospital, Inc., a Colorado nonprofit corporation
- SCL Health – Montana, a Montana nonprofit corporation
- Sisters of Charity of Leavenworth Health System, Inc., a Kansas nonprofit corporation
- St. James Healthcare, a Montana nonprofit corporation
- St. Mary's Hospital & Medical Center, Inc., a Colorado nonprofit corporation

Intermountain is designated as the credit group representative under the MTI.

The MTI and other credit and liquidity facility agreements contain certain financial covenants, including maintaining a minimum debt service coverage ratio.

12. Long-term Debt (continued)

The Health System's long-term debt is summarized as follows:

	Annual Interest Rates	December 31 2025	December 31 2024
Revenue bond issues (subject to the MTI):			
2014A, due through 2045	4.00%	$ 50	$ 50
2014B and 2014C, due through 2049	Variable[1]	80	80
2016A, due through 2026	5.00%	4	4
2016B, due through 2047	3.00% to 5.00%	156	156
2016B and 2016D, due through 2045	Variable[1]	111	111
2016C, 2016D and 2016E, due through 2051	Variable[1]	200	200
2018A, due through 2041	4.00% to 5.00%	181	181
2018C, due in 2058	Variable[1]	50	50
2019, due through 2040	2.00% to 5.00%	506	532
2020A, due through 2050	3.00% to 5.00%	200	200
2020B, due through 2060	5.00%	75	75
2022A, 2022B and 2022C, due through 2062	4.00% to 5.00%	934	941
2022D, 2022E and 2022F, due through 2062	Variable[1]	425	425
2024, due through 2039	Variable[1]	200	200
2024A, due through 2054	5.00%	648	648
2024B, due through 2034	5.00%	129	129
2024C, 2024D and 2024E, due through 2064	Variable[1]	325	325
Taxable bond issue (subject to the MTI):			
2018, due in 2048	4.13%	255	255
Other notes payable		—	14
		4,529	4,576
Add net unamortized premiums, discounts and debt issuance costs		219	255
Less current portion of long-term debt		(41)	(47)
Less long-term debt subject to short-term remarketing arrangements		(636)	(676)
Long-term debt		$ 4,071	$ 4,108

[1]Variable rates as of December 31, 2025 and 2024 were 2.32% to 3.87% and 3.15% to 4.17%, respectively.

As of December 31, 2025, the Health System had certain interest rate swap agreements that effectively convert $726 of its variable-rate debt to a fixed-rate basis and $150 of its fixed-rate debt to a variable-rate basis.

12. Long-term Debt (continued)

In May 2024, Intermountain issued $200 of Series 2024 Revenue Bonds at par, the proceeds of which were used to refund the Series 2012A bonds. In June 2024, Intermountain issued $648 of Series 2024A Revenue Bonds at a premium of $58, $129 of Series 2024B Revenue Bonds at a premium of $21, $125 of Series 2024C Revenue Bonds at par, $100 of Series 2024D Revenue Bonds at par and $100 of Series 2024E Revenue Bonds at par. Proceeds from the Series 2024A bonds were used to refund $546 of Series 2003, 2005, 2014A (partial), 2018B and 2020B (partial) bonds, finance a partial tender of $146 of the Series 2018 taxable bonds and fund construction costs for certain of the Health System's healthcare facilities. Proceeds from the Series 2024B, 2024C, 2024D and 2024E bonds were used to fund construction costs for certain of the Health System's healthcare facilities.

Variable-rate revenue bonds, while subject to long-term amortization periods, may be put to the Health System obligated group or to contracted liquidity providers by virtue of executed standby bond purchase agreements at the option of the bondholders in the event of a failed bond remarketing. To the extent that bondholders may, under the terms of the debt, put their bonds back to the Health System obligated group and the repayment terms under the related liquidity facility could be due within one year, the principal amount of such bonds has been classified as a current liability in the consolidated balance sheets. Management has taken steps to provide various sources of liquidity in the event the bonds fail to remarket, including identifying alternate sources of financing and maintaining internally designated assets as a source of self-liquidity.

Principal maturities of long-term debt for the next five years and thereafter, considering long-term debt subject to short-term remarketing arrangements is due according to the long-term amortization schedules, are as follows:

2026	$	41
2027		36
2028		46
2029		50
2030		89
Thereafter		4,267
Long-term debt principal payments	$	4,529

13. Interest Rate Swap Agreements

The Health System has certain interest rate swap agreements related to its long-term debt to manage its exposure to fluctuations in interest rates. These interest rate swap agreements are reported in other liabilities in the consolidated balance sheets. The valuation of these agreements is determined using accepted valuation techniques, including an analysis of the discounted expected cash flows of each interest rate swap. This analysis reflects the contractual terms of the interest rate swaps, including the period to maturity or call, and uses observable market-based inputs, including interest rate curves and implied volatilities.

Changes in the fair value of these swap agreements are recognized in investment income in the consolidated statements of operations and changes in net assets. For the year ended December 31, 2025, unrealized gains associated with interest rate swaps not designated as hedges were $3. For the year ended December 31, 2024, unrealized gains associated with interest rate swaps not designated as hedges were $38. Notional amounts of these interest rate swap agreements were $1,038 as of December 31, 2025. None of these interest rate swap agreements were designated as cash flow hedges as of December 31, 2025 or 2024.

The fair value of these interest rate swap liabilities, categorized as Level 2 of the valuation hierarchy and recorded in other liabilities in the consolidated balance sheets, was $36 and $39 as of December 31, 2025 and 2024, respectively.

Intermountain and certain affiliated companies have International Swap Derivatives Association (ISDA) Master Agreements with seven counterparties. Under the provisions of one of the ISDA agreements, as amended, Health Services is required to deposit collateral with the counterparty when the net liability position of Health Services for all interest rate swap agreements held with the counterparty exceeds $75. As of December 31, 2025 and 2024, no collateral was required to be posted under the provisions of this ISDA agreement. The provisions of the other ISDA agreements do not require collateral deposits.

Under master netting provisions of each ISDA agreement, Intermountain and certain affiliated companies are permitted to settle with the counterparty on a net basis. Due to the right of offset under these master netting provisions, the fair value of certain interest rate swap agreements and any related collateral deposited with the counterparty is offset in the consolidated balance sheets.

14. Leases

The Health System leases medical and administrative office space, equipment, and vehicles to support operations. The present values of right-of-use assets, included in other assets, and lease liabilities, included in other current liabilities and other liabilities, reported in the consolidated balance sheets as of December 31 were as follows:

	2025		2024	
	Operating Leases	Financing Leases	Operating Leases	Financing Leases
Other assets	$ 279	$ 43	$ 268	$ 51
Other current liabilities	53	9	64	11
Other liabilities	278	38	262	42

The weighted average terms and discount rates of operating and financing leases as of December 31 were as follows:

	2025		2024	
	Operating Leases	Financing Leases	Operating Leases	Financing Leases
Terms (years)	9.6	7.4	12.5	7.7
Discount rates	2.4%	2.8%	2.3%	2.8%

Lease expenses incurred by the Health System were as follows:

	Year Ended December 31	
	2025	2024
Operating lease expense	$ 83	$ 75
Financing lease expense	13	13
	$ 96	$ 88

14. Leases (continued)

Future lease payments under operating and financing leases for the next five years and thereafter are as follows:

	Operating Leases	Financing Leases
2026	$ 61	$ 11
2027	55	10
2028	49	8
2029	43	7
2030	36	6
Thereafter	149	19
	393	61
Present value adjustment	(62)	(14)
	$ 331	$ 47

As of December 31, 2025, the Health System has entered into lease agreements that have not yet commenced or are subject to a diligence period. Accordingly, no right of use assets or lease liabilities related to these agreements were recognized in the consolidated balance sheets. The present value of lease payments associated with these agreements, including periods with options to extend or terminate, are $178.

15. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	December 31 2025	2024
Subject to expenditure for specified purposes:		
Healthcare programs and services	$ 306	$ 264
Buildings and equipment	123	120
Research	23	26
Community benefit	4	6
	456	416
Donor-restricted endowments subject to spending policy and appropriation:		
Healthcare programs and services	116	99
Research	40	36
Mental health initiatives	4	4
	160	139
	$ 616	$ 555

16. Litigation and Other Matters

The healthcare industry is subject to numerous laws and regulations enacted or issued by federal, state, and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Nationally, government activity has continued with respect to investigations and allegations concerning possible violations of laws and regulations within the healthcare industry, which could result in the imposition of significant fines and penalties, and significant repayments of amounts received for patient services previously billed. The Health System is subject to such regulatory reviews.

Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the normal course of business. After consultation with legal counsel, management believes that all asserted and known unasserted claims will be resolved without material adverse effect on the Health System's financial condition.

17. Revenues

Patient Services Revenues

Payments received under Medicare, Medicaid and other programs are generally based on predetermined rates or the allowable cost of services. Overall, Medicare and Medicaid payments are less than the Health System's established rates, and corresponding contractual adjustments are recognized in the period services are rendered. Changes in estimated Medicare and Medicaid settlements for prior years were not significant in 2025 and 2024.

Patient services revenues by major payer source were as follows:

	Year Ended December 31	
	2025	2024
Commercial insurance and other	$ 6,187	$ 5,549
Medicare	3,148	3,000
Medicaid	1,568	1,483
Self-pay	148	66
	$ 11,051	$ 10,098

17. Revenues (continued)

Premiums and Capitation Revenues
Premiums and capitation revenues by major product line were as follows:

	Year Ended December 31 2025	2024
Premiums:		
Individual	$ 2,041	$ 1,862
Large employer	1,063	1,052
Medicare Advantage	873	700
Medicaid	665	549
Small employer	663	654
	5,305	4,817
Capitation – Medicare Advantage	1,132	1,216
	$ 6,437	$ 6,033

18. Functional Expenses

A summary of expenses by nature and function for the year ended December 31, 2025 is as follows:

	Program Services				
	Hospitals	Clinics and Other	Healthcare Benefits	Admini-strative	Total Expenses
Employee compensation and benefits	$ 4,009	$ 2,296	$ 533	$ 825	$ 7,663
Medical claims	–	–	3,289	–	3,289
Supplies	2,355	669	50	16	3,090
Other expenses	1,124	386	365	1,347	3,222
Depreciation and amortization	426	76	25	57	584
Interest	134	11	–	–	145
	$ 8,048	$ 3,438	$ 4,262	$ 2,245	$ 17,993

18. Functional Expenses (continued)

A summary of expenses by nature and function for the year ended December 31, 2024 is as follows:

	Program Services				
	Hospitals	Clinics and Other	Healthcare Benefits	Administrative	Total Expenses
Employee compensation and benefits	$ 3,895	$ 2,118	$ 510	$ 698	$ 7,221
Medical claims	–	–	3,022	–	3,022
Supplies	2,268	631	69	121	3,089
Other expenses	795	453	306	1,189	2,743
Depreciation and amortization	448	78	23	56	605
Interest	86	9	–	–	95
	$ 7,492	$ 3,289	$ 3,930	$ 2,064	$ 16,775

The consolidated financial statements report certain categories of expenses that are attributable to one or more programs or supporting activities of the Health System. These expenses include shared support services and are generally allocated based on the relative size of the operating unit receiving the allocations.

Program services include a broad range of general and specialized healthcare activities and health insurance for patients and members within the various geographic areas supported by the Health System's operations. Healthcare benefits include expenses incurred related to providing healthcare services to insured members and payments of claims under capitation arrangements and population health at-risk contracts. Administrative activities are essential to providing healthcare services and include expenses related to billing and collecting for patient services provided, procuring supplies for patient services, professional liability insurance coverage and other administrative activities.

19. Employee Retirement and Other Postretirement Plans

Intermountain sponsors a noncontributory defined benefit pension plan covering certain employees of Health Services and Select Health who are at least 21 years of age and have a minimum of one year of qualifying service. This plan closed on April 4, 2020. Employees hired on or after April 5, 2020 are not participants in the plan. Eligibility and benefits under the plan are unchanged for employees hired on or prior to the closing date.

In December 2025, the noncontributory defined benefit pension plan was amended to freeze the plan and cease benefit accruals earned under the plan effective December 31, 2026. As a result, a curtailment gain of $347 was recorded as a reduction in unrecognized net actuarial loss as of December 31, 2025 and a net prior service credit from curtailment of $2 was recognized in excess of revenue over expenses in 2025.

19. Employee Retirement and Other Postretirement Plans (continued)

A summary of changes in the benefit obligations, fair value of plan assets, and the net pension asset (liability) is as follows:

	Year Ended December 31	
	2025	**2024**
Change in benefit obligation:		
Benefit obligation at beginning of year	$ 3,071	$ 3,093
Interest cost	170	157
Service cost	135	141
Actuarial loss (gain)	128	(119)
Plan amendments	82	—
Benefits paid	(217)	(201)
Curtailment gain	(347)	—
Benefit obligation at end of year	3,022	3,071
Change in fair value of plan assets:		
Fair value of plan assets at beginning of year	3,021	3,075
Actual return on plan assets, net of expenses	343	147
Benefits paid	(217)	(201)
Fair value of plan assets at end of year	3,147	3,021
Funded status – net asset (liability)	$ 125	$ (50)

The accumulated benefit obligation of the pension plan was $2,977 and $2,715 as of December 31, 2025 and 2024, respectively.

Amounts included in net assets without donor restrictions that will be recognized in pension cost in future periods were as follows:

	December 31	
	2025	**2024**
Unrecognized net actuarial loss	$ (249)	$ (602)
Unrecognized net prior service credit (cost)	(81)	3
	$ (330)	$ (599)

19. Employee Retirement and Other Postretirement Plans (continued)

Changes in net assets without donor restrictions for the pension plan were as follows:

	Year Ended December 31	
	2025	**2024**
Amortized during the year:		
Net actuarial loss	$ 9	$ 16
Net prior service credit from curtailment	(2)	—
Occurring during the year:		
Curtailment gain	347	—
Net actuarial gain (loss)	(3)	46
Net prior service cost	(82)	—
Increase in net assets without donor restrictions	$ 269	$ 62

Net actuarial gains and losses incurred in the pension plan during 2025 and 2024 resulted primarily from changes in the discount rate and differences between the actual returns on plan assets and the assumed returns.

Assumptions used to determine the benefit obligation in the pension plan were as follows:

	December 31	
	2025	**2024**
Discount rate	5.36%	5.72%
Rate of compensation increase	4.50	4.50

A summary of pension cost is as follows:

	Year Ended December 31	
	2025	**2024**
Interest cost	$ 170	$ 157
Service cost	135	141
Amortization of net actuarial loss	9	16
Net prior service credit from curtailment	(2)	—
Expected return on plan assets	(218)	(220)
	$ 94	$ 94

19. Employee Retirement and Other Postretirement Plans (continued)

Assumptions used to determine pension cost were as follows:

	Year Ended December 31	
	2025	**2024**
Discount rate	5.72%	5.25%
Expected return on plan assets	7.00	7.00
Rate of compensation increase	4.50	4.50

The overall rate of return on assets assumption is based on historical returns, in accordance with the asset allocations set forth in the investment policies of the pension plan. The expected return on plan assets is 7.00% for determining pension cost for the year ending December 31, 2026.

Methods for determining the fair value of financial instruments held by the pension plan are consistent with those described in Note 5. The following table presents a categorization, based on the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2025:

	Level 1	**Level 2**	**Total**
Cash investments	$ 39	$ –	$ 39
Equity securities	1,094	–	1,094
Fixed-income securities	102	725	827
Investment derivatives, net	–	7	7
	$ 1,235	$ 732	1,967
Investments measured using NAV per share or its equivalent			1,412
Transactions pending settlement, net			(232)
Fair value of plan assets			$ 3,147

19. Employee Retirement and Other Postretirement Plans (continued)

The following table presents a categorization, based on the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2024:

	Level 1	Level 2	Total
Cash investments	$ 76	$ –	$ 76
Equity securities	1,028	–	1,028
Fixed-income securities	87	656	743
Investment derivatives, net	–	13	13
	$ 1,191	$ 669	1,860
Investments measured using NAV per share or its equivalent			1,376
Transactions pending settlement, net			(215)
Fair value of plan assets			$ 3,021

The pension plan uses the NAV per share or its equivalent to measure fair value of the following types of financial instruments as of December 31, as described in Note 5:

	2025	2024	Redemption Frequency	Redemption Notice Period
Common/collective trust funds	$ 380	$ 337	Monthly	5 to 30 days
Global/international equity funds	90	77	Monthly	60 days
Absolute return and hedge funds	277	261	Monthly, quarterly, annually	5 to 90 days
Private debt, private equity and real asset funds	665	701	Event driven	—
	$ 1,412	$ 1,376		

The fair values of private debt, private equity and real asset funds were estimated using the most current information available, which is as of September 30 of the year listed or later, adjusted for cash flows and other known events impacting fair value since the valuation date. Intermountain has committed up to $1,338 for investment in these funds through 2032, of which $259 had not yet been funded as of December 31, 2025.

Consistent with practices described in Note 5, the pension plan offsets the fair value of various investment derivative instruments when executed with the same counterparty under a master netting arrangement whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

19. Employee Retirement and Other Postretirement Plans (continued)

The following table presents gross investment derivative assets and liabilities, categorized as Level 2 of the valuation hierarchy, reported on a net basis in pension plan investments:

	December 31	
	2025	**2024**
Derivative assets:		
Futures contracts	$ 152	$ 143
Forward currency and other contracts	71	45
	223	188
Derivative liabilities:		
Futures contracts	(152)	(143)
Forward currency and other contracts	(64)	(32)
	(216)	(175)
Investment derivatives, net	$ 7	$ 13

Intermountain has not yet determined the amount it will contribute to the pension plan in 2026.

Benefit payments of the pension plan are expected to be paid as follows:

2026	$ 241
2027	444
2028	238
2029	231
2030	224
2031–2035	994

Intermountain also sponsors a 401(k) defined contribution plan for eligible employees. Employee contributions are matched up to a maximum of 4% of each participant's eligible compensation beginning on January 1 or July 1 following their one-year anniversary. Intermountain also contributes 2% of eligible compensation for participants added to the 401(k) defined contribution plan subsequent to the pension plan closing date. Beginning January 1, 2027, Intermountain will contribute 2% of eligible compensation to the 401(k) plan for all plan participants. Intermountain contributed $245 and $219 to the 401(k) plan in 2025 and 2024, respectively.

Additionally, Intermountain sponsors a 457(b) defined contribution plan. Employee contributions invested in the 457(b) plan were $363 and $302 as of December 31, 2025 and 2024, respectively, and are included in noncurrent assets limited as to use and other liabilities in the consolidated balance sheets.

19. Employee Retirement and Other Postretirement Plans (continued)

Furthermore, Intermountain sponsors a contributory health and welfare benefit plan that offers postretirement benefits including medical, dental, and group term life insurance to eligible employees who have at least 10 years of qualified service and have attained age 55 while in service with Intermountain. The plan also provides disability benefits for eligible active employees including medical, dental, and short-term income replacement.

A summary of the benefit obligation, fair value of plan assets and unrecognized net actuarial gain that will be recognized in future periods for the postretirement health and welfare benefits is as follows:

	December 31	
	2025	2024
Fair value of plan assets	$ 111	$ 96
Unrecognized net actuarial gain	67	62
Benefit obligation	13	12

Intermountain has frozen certain postretirement health and welfare benefits; therefore, the effect of future healthcare cost trend rates is not significant.

Methods for determining the fair value of financial instruments held for the postretirement health and welfare benefits are consistent with those described in Note 5. All financial instruments as of December 31, 2025 and 2024 were classified as Level 1 or used NAV as a practical expedient.

20. Subsequent Events

In January 2026, the health and welfare benefit plan was amended to change the retiree medical benefit. As a result of this amendment, the associated benefit obligation increased to $98 million.

The Health System evaluated subsequent events through March 17, 2026, the date the consolidated financial statements were issued, and determined that no additional disclosures were necessary.