

PUBLIC DISCLOSURE COPY

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

INTERMOUNTAIN FRONT RANGE, INC.

EIN or SSN

84-1103606

Name and title of officer or person subject to tax ASHLEY DENTON
AVP FINANCE**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-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 for 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-). But, 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	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,207,692,656.
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 and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SISTERS OF CHARITY OF LEAVENWORTH

ERO firm name

to enter my PIN 18641

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax



SIGN HERE

Date 11/4/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84967218642

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2024)

**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. INTERMOUNTAIN FRONT RANGE, INC.	Taxpayer identification number (TIN) 84-1103606
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 ELDORADO BLVD., SUITE 4300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOMFIELD, CO 80021	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	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 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 24 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)

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

2024

Open to Public
Inspection

A For the 2024 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 INTERMOUNTAIN FRONT RANGE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 500 ELDORADO BLVD., SUITE 4300 City or town, state or province, country, and ZIP or foreign postal code BROOMFIELD, CO 80021	D Employer identification number 84-1103606
	E Telephone number 303-813-5342	
	G Gross receipts \$ 1,209,041,766.	
	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	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LOCATIONS		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1988
		M State of legal domicile: CO

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.</u>			
	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)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	10974	
	6	Total number of volunteers (estimate if necessary)	359	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,386,049.	
Revenue	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	56,839.	
Expenses	8	Contributions and grants (Part VIII, line 1h)	27,312,106.	28,590,620.
	9	Program service revenue (Part VIII, line 2g)	1,100,383,152.	1,176,846,966.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226,191.	-582,855.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,643,200.	2,837,925.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,130,564,649.	1,207,692,656.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,898,852.	1,976,781.
	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)	586,239,744.	589,298,226.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	679,113,358.	761,860,458.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,267,251,954.	1,353,135,465.
	19	Revenue less expenses. Subtract line 18 from line 12	-136,687,305.	-145,442,809.
	20	Total assets (Part X, line 16)	1,109,786,535.	1,235,509,443.
	21	Total liabilities (Part X, line 26)	782,531,946.	1,051,054,140.
22	Net assets or fund balances. Subtract line 21 from line 20	327,254,589.	184,455,303.	

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer	Date 11/4/25		
	ASHLEY DENTON, AVP FINANCE	Type or print name and title		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐ PTIN
	Firm's name	Firm's EIN		Phone no.
	Firm's address			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,177,730,186. including grants of \$ 1,976,781.) (Revenue \$ 1,179,301,810.)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,177,730,186.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 10974		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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

☒**Section A. Governing Body and Management**

	1a	12	1b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, 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						
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?					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?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?					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?					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?					X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					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						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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 COLIN QUINCY - (801) 442-3491
 36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL POSSLEY, MD PHYSICIAN	50.00 0.00					X		1,858,018.	0.	65,707.
(2) SCOTT PEEK TRUSTEE/MKT PRES, FRONT RANGE MKT/PR	1.00 57.00	X		X				1,119,277.	0.	385,820.
(3) JESS JOYMON, MD PHYSICIAN	50.00 0.00					X		1,320,703.	0.	67,349.
(4) BASHEAL AGRAWAL, MD PHYSICIAN	50.00 0.00					X		1,119,373.	0.	66,569.
(5) ROBERT REPLOGLE, MD PHYSICIAN	50.00 0.00					X		1,120,737.	0.	58,646.
(6) JAKE CHANIN, MD PHYSICIAN	50.00 0.00					X		1,117,671.	0.	40,070.
(7) DAWN ANUSZKIEWICZ PRESIDENT GSMC	50.00 1.00			X				623,411.	0.	242,310.
(8) STEVEN HANKINS VP CHIEF OPERATING OFFICER GSMC	50.00 1.00				X			732,674.	0.	80,026.
(9) TROY STOEHR FORMER OFFICER	0.00 50.00						X	0.	627,497.	96,553.
(10) SEAN FADDEN TREASURER	1.00 56.00			X				0.	531,506.	182,934.
(11) ANDREA BURCH VP, COO/CNO (PARTIAL), PRESIDENT LMC	50.00 1.00			X				502,837.	0.	209,503.
(12) CHRISTOPHER AWTREY CMO, FRONT RANGE MEDICAL GROUP	50.00 6.00				X			518,345.	0.	112,360.
(13) TONI GREEN-CHEATWOOD VP CMO GSMC/LMC (PARTIAL), ACO CO	20.00 30.00				X			511,233.	0.	105,658.
(14) ANN GANTZER VP CNO GSMC, INT. CNO LMC (PARTIAL)	50.00 0.00				X			449,891.	0.	104,097.
(15) TERENCE MOLOUGHNEY SECRETARY (PARTIAL)	1.00 56.00			X				0.	454,404.	62,322.
(16) JOHN WICKLUND FORMER OFFICER	0.00 0.00						X	0.	481,282.	0.
(17) ASHLEY DENTON VP FINANCE LMC (PARTIAL)/AVP FINANCE	17.00 33.00			X				0.	336,235.	139,786.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE SHIAO FORMER OFFICER	0.00 50.00						X	0.	333,092.	128,950.
(19) SCOTT DAY FORMER KEY EMPLOYEE	0.00 50.00						X	0.	437,113.	10,605.
(20) KELLY ADAMS SECRETARY (PARTIAL)	1.00 57.00			X				0.	294,501.	90,592.
(21) PATRICE FARRELL-DELINE FORMER KEY EMPLOYEE	0.00 50.00						X	0.	272,169.	103,801.
(22) ELIZABETH WITHERS CMO, GSMC (PARTIAL)	50.00 0.00				X			343,927.	0.	15,895.
(23) CALVIN BEASLEY FORMER KEY EMPLOYEE	0.00 50.00						X	0.	244,570.	76,311.
(24) MEGAN DURNING VP STRATEGY AND BUS DEVELOPMENT LMC	50.00 0.00				X			246,158.	0.	39,414.
(25) REAGAN GOODNIGHT VP, CNO LMC (PARTIAL)	50.00 0.00				X			221,973.	0.	59,286.
(26) LARA ZARZECKI ASSISTANT SECRETARY (PARTIAL)	1.00 51.00			X				0.	227,964.	38,372.
1b Subtotal								11,806,228.	4,240,333.	2,582,936.
c Total from continuation sheets to Part VII, Section A								375,857.	175,604.	50,242.
d Total (add lines 1b and 1c)								12,182,085.	4,415,937.	2,633,178.

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

1,080

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
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

Form **990** (2024)

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(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			
(27) KATARZYNA CRABTREE, MD CMO, LMC (PARTIAL)	50.00 0.00				X			220,745.	0.	6,465.
(28) CHRISTINA JOHNSON FORMER KEY EMPLOYEE	0.00 50.00						X	155,112.	0.	26,961.
(29) GRACE JIMENEZ ASSISTANT SECRETARY (PARTIAL)	1.00 51.00			X				0.	65,840.	8,710.
(30) CHRISTOPHER BATES, MD TRUSTEE	1.00 1.00							0.	56,170.	7,034.
(31) STEVEN BROWN, MD TRUSTEE	1.00 51.00							0.	53,594.	1,072.
(32) KATHY BOELTER VICE CHAIR	1.00 1.00			X				0.	0.	0.
(33) JAMES CAPPS TRUSTEE	1.00 1.00							0.	0.	0.
(34) CHRISTINE FORKNER TRUSTEE	1.00 52.00							0.	0.	0.
(35) STEVEN FRANKEL, MD TRUSTEE	1.00 1.00							0.	0.	0.
(36) FAYE HUMMEL TRUSTEE	1.00 2.00							0.	0.	0.
(37) DAVID KINNARD, MD CHAIR	1.00 1.00			X				0.	0.	0.
(38) GILLIAN MCKNIGHT-TUTEIN TRUSTEE	1.00 1.00							0.	0.	0.
(39) KELLY SNOW-DUNKIN TRUSTEE	1.00 1.00							0.	0.	0.
(40) MELISSA WHITMER TRUSTEE	1.00 1.00							0.	0.	0.
Total to Part VII, Section A, line 1c								375,857.	175,604.	50,242.

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	28,589,651.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	969.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			28,590,620.			
Program Service Revenue	2 a NET PATIENT SERVICE RE	Business Code 620000		1,176,712,135.	1,175,643,086.	1,069,049.	
	b MEDICAL DIRECTOR FEES	620000		134,831.	134,831.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,176,846,966.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real	134,731.			
			(ii) Personal				
b Less: rental expenses ...		6b	3,326.				
c Rental income or (loss)		6c	131,405.				
d Net rental income or (loss)				131,405.			131,405.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	656,353.			
			(ii) Other				
b Less: cost or other basis and sales expenses		7b	1,239,208.				
c Gain or (loss)		7c	-582,855.				
d Net gain or (loss)				-582,855.			-582,855.
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	41,252.					
b Less: cost of goods sold	10b	106,576.					
c Net income or (loss) from sales of inventory			-65,324.			-65,324.	
Miscellaneous Revenue	11 a CAFETERIA	Business Code 720000		2,456,844.	2,454,844.	2,000.	
	b MED. DIRECTORS' FEES	620000		315,000.		315,000.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,771,844.			
	12 Total revenue. See instructions			1,207,692,656.	1,178,232,761.	1,386,049.	-516,774.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,758,748.	1,758,748.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	161,678.	161,678.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	56,355.	56,355.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,327,327.	7,220,328.	106,999.	
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	475,631,726.	468,705,915.	6,925,811.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,495,071.	20,495,071.		
9 Other employee benefits	52,152,340.	52,152,340.		
10 Payroll taxes	33,691,762.	33,170,583.	521,179.	
11 Fees for services (nonemployees):				
a Management				
b Legal	12,900.		12,900.	
c Accounting				
d Lobbying	12,792.		12,792.	
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.)	155,221,090.	145,652,579.	9,568,511.	
12 Advertising and promotion	1,968,168.	1,906,714.	61,454.	
13 Office expenses	2,095,003.	1,744,091.	350,912.	
14 Information technology	52,274,713.		52,274,713.	
15 Royalties				
16 Occupancy	36,780,889.	36,113,399.	667,490.	
17 Travel	1,417,405.	1,114,898.	302,507.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,331,109.	1,189,052.	142,057.	
20 Interest	50,160,322.	50,160,322.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,297,979.	70,297,979.		
23 Insurance	1,468,120.	1,468,120.		
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	161,363,110.	161,363,110.		
b MEDICAL PROVIDER TAXES	58,030,829.	58,030,829.		
c SHARED SERVICES - OTHER	35,856,911.	1,064,676.	34,792,235.	
d FEDERAL INCOME TAXES	32,582.	32,582.		
e All other expenses	133,536,536.	63,870,817.	69,665,719.	
25 Total functional expenses. Add lines 1 through 24e	1,353,135,465.	1,177,730,186.	175,405,279.	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 SheetCheck 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	24,805.	1	15,484.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	104,754,944.	4	115,306,309.
	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	1,947,550.	7	2,264,961.
	8 Inventories for sale or use	13,165,205.	8	13,977,266.
	9 Prepaid expenses and deferred charges	6,213,621.	9	3,506,969.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,217,737,440.		
	b Less: accumulated depreciation	10b 178,233,103.		
		914,272,257.	10c	1,039,504,337.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	69,408,153.	15	60,934,117.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,109,786,535.	16	1,235,509,443.	
Liabilities	17 Accounts payable and accrued expenses	86,212,061.	17	72,801,031.
	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	696,319,885.	25	978,253,109.
	26 Total liabilities. Add lines 17 through 25	782,531,946.	26	1,051,054,140.
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	327,254,589.	27	184,455,303.
	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	327,254,589.	32	184,455,303.
	33 Total liabilities and net assets/fund balances	1,109,786,535.	33	1,235,509,443.

Form **990** (2024)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,207,692,656.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,353,135,465.
3	Revenue less expenses. Subtract line 2 from line 1	3	-145,442,809.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	327,254,589.
5	Net unrealized gains (losses) on investments	5	360.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,643,163.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	184,455,303.

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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		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 _____		

Form **990** (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

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, 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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		

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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 and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over 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			

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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).		

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

**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

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization	Employer identification number
INTERMOUNTAIN FRONT RANGE, INC.	84-1103606

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		\$ 17,858,330.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 6,858,810.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 3,708,525.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 154,733.	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.)

Employer identification number

84-1103606

Part II

[illegible]

Name of organization	Employer identification number
INTERMOUNTAIN FRONT RANGE, INC.	84-1103606

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

2024

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 INTERMOUNTAIN FRONT RANGE, INC.	Employer identification number (EIN) 84-1103606
---	--

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-.

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

Schedule C (Form 990) 2024

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.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	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.			
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.														
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-															
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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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		12,792.
j Total. Add lines 1c through 1i			12,792.
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:

SCHEDULE C, PART II-B, QUESTION 1I

LOBBYING EXPENDITURES

LOBBYING EXPENDITURES INCLUDES THE PORTIONS OF VARIOUS MEMBERSHIP DUES THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH INTERMOUNTAIN FRONT RANGE, INC. OR ITS ENTITIES ARE MEMBERS.

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

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

Part I

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

	(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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	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	18,760,352.	16,972,228.	13,404,433.	12,702,594.	11,530,209.
b Contributions	1,860,873.	3,102,784.	6,454,792.	1,507,926.	2,797,061.
c Net investment earnings, gains, and losses	459,358.	719,075.	-1,173,368.	1,014,239.	919,333.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,233,000.	2,033,735.	1,713,629.	1,820,326.	2,544,009.
f Administrative expenses					
g End of year balance	16,847,583.	18,760,352.	16,972,228.	13,404,433.	12,702,594.

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 54.9000 %

c Term endowment 45.1000 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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		20,060,499.		20,060,499.
b Buildings	12,773,299.	836,400,512.	93,469,782.	755,704,029.
c Leasehold improvements		113,404,360.	27,927,947.	85,476,413.
d Equipment		214,694,564.	56,128,698.	158,565,866.
e Other		20,404,206.	706,676.	19,697,530.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,039,504,337.

Schedule D (Form 990) (Rev. 12-2024)

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	
	(2) LIABILITY-MITIGATION	2,349,776.
	(3) ACCRUED LIABILITY - FINANCING LEASE	25,083.
	(4) ACCRUED LIABILITY - OPERATING LEASE	60,423,794.
	(5) INTERCOMPANY PAYABLE	915,454,456.
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		978,253,109.

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 ... ☐

Schedule D (Form 990) (Rev. 12-2024)

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:

LUTHERAN MEDICAL CENTER FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT LUTHERAN MEDICAL CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION, HOSPICE & PALLIATIVE CARE, AND OTHER SERVICES AND PROGRAMS.

GOOD SAMARITAN MEDICAL CENTER FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS SUPPORT GOOD SAMARITAN MEDICAL CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, BURUNDI	0	0	GRANT	SUPPORT FOR HEALTHCARE ACCESSIBILITY	56,355.
3 a Subtotal	0	0			56,355.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			56,355.

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

Schedule F (Form 990) (Rev. 12-2024)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	HEALTHCARE ACCESSIBILITY	0.		56,355.	42 HOSPITAL BEDS	BOOK

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

Part V	Supplemental Information
---------------	---------------------------------

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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

2024

Open to Public
Inspection

Name of the organization

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

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	X	
b If "Yes," was it a written policy?	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: ☒ 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% ☒ Other 250 %	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% ☒ Other 500 %	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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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)			15,202,322.	3,398,131.	11,804,191.	.89%
b Medicaid (from Worksheet 3, column a)			222,401,376.	165,922,503.	56,478,873.	4.28%
c Costs of other means-tested government programs (from Worksheet 3, column b)			949,811.	308,678.	641,133.	.05%
d Total. Financial assistance and means-tested government programs			238,553,509.	169,629,312.	68,924,197.	5.22%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,284,161.	13,730.	2,270,431.	.17%
f Health professions education (from Worksheet 5)			3,616,439.	0.	3,616,439.	.27%
g Subsidized health services (from Worksheet 6)			190,071,614.	142,479,634.	47,591,980.	3.60%
h Research (from Worksheet 7)			0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			627,585.	0.	627,585.	.05%
j Total. Other benefits			196,599,799.	142,493,364.	54,106,435.	4.09%
k Total. Add lines 7d and 7j			435,153,308.	312,122,676.	123,030,632.	9.31%

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? 2

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):

1 LUTHERAN MEDICAL CENTER

8300 W. 38TH. AVENUE

WHEAT RIDGE, CO 80211

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LO

01L1WU

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

X

X

X

2 GOOD SAMARITAN MEDICAL CENTER

200 EXEMPLA CIRCLE

LAFAYETTE, CO 80026

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LO

01I529

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: LUTHERAN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ 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 <u>24</u>		
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 ☒ Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b ☐ Other website (list url):		
c ☒ 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 <u>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
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: LUTHERAN MEDICAL CENTER

	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 ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % for eligibility for discounted care of <u>500</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☒ 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 ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ 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 ☒ The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ 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 ☒ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**

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

	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?	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?		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?	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)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

	Yes	No
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

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

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

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 2

	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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ 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: <u>20 24</u>		
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 ☒ Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b ☐ Other website (list url):		
c ☒ 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: <u>20 24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
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: GOOD SAMARITAN MEDICAL CENTER

	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 ☒ FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>250</u> % for eligibility for discounted care of <u>500</u> %		
b ☒ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☒ Underinsurance status		
g ☐ Residency		
h ☒ 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 ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ 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 ☒ The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ 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 ☒ Other (describe in Section C)		

Schedule H (Form 990) 2024

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER

	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)			

Schedule H (Form 990) 2024

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: GOOD SAMARITAN MEDICAL CENTER**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.

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.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2024

Part V Facility Information (continued)

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

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: PARTICIPANTS IN THE LUTHERAN MEDICAL CENTER

(LMC) CHNA PROCESS INCLUDED:

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

THE COLORADO HEALTH INSTITUTE, A NONPROFIT, NONPARTISAN HEALTH RESEARCH ORGANIZATION LOCATED IN DENVER, GATHERED AND PROVIDED ANALYSIS OF EXISTING SECONDARY QUANTITATIVE (PUBLIC HEALTH) DATA FROM GOVERNMENT AND NONGOVERNMENTAL SOURCES FOR DISCUSSION AND COMMUNITY INPUT. PRIMARY QUALITATIVE DATA INCLUDED A COMMUNITY STAKEHOLDER MEETING TO REVIEW THE SECONDARY DATA AND IDENTIFY OTHER HEALTH NEEDS FOR FURTHER PRIORITIZATION. COUNTY PUBLIC HEALTH ORGANIZATIONS ALSO PRESENTED ON CURRENT COMMUNITY HEALTH TRENDS, DISPARITIES, AND EFFORTS TO ADDRESS HEALTH NEEDS.

FURTHER COMMUNITY INPUT WAS COLLECTED FROM 1) AN ONLINE COMMUNITY STAKEHOLDER SURVEY PERFORMED BY COLORADO HEALTH INSTITUTE, 2) AN ONLINE PUBLIC SURVEY USING QUALTRICS OF A REPRESENTATIVE SAMPLE OF COMMUNITY MEMBERS FROM THE DENVER-METRO AREA, AND 3) PHONE INTERVIEWS OF COMMUNITY STAKEHOLDERS PERFORMED BY THE HEALTH SYSTEM'S OFFICE OF STRATEGIC RESEARCH.

THE HEALTH NEEDS IDENTIFIED IN THE 2024 CHNA INCLUDE:

- ACCESS TO HEALTHCARE
- AFFORDABLE HOUSING AND FOOD INSECURITY
- ECONOMIC STABILITY
- CHILD SAFETY
- MENTAL HEALTH
- SUBSTANCE USE
- TRANSPORTATION
- CHRONIC DISEASE

THE HEALTH SYSTEM'S OFFICE OF STRATEGIC RESEARCH USED AN EVIDENCE-BASED MODEL, THE HANLON METHOD FOR PRIORITIZATION, TO DETERMINE THE SIGNIFICANT AND SUSTAINING HEALTH NEEDS THAT WILL BE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION STRATEGY:

- IMPROVING BEHAVIORAL HEALTH
- ACHIEVING GREATER ECONOMIC STABILITY
- INCREASING ACCESS TO CARE
- IMPROVING CHILD AND FAMILY WELL-BEING

Part V Facility Information (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF LAFAYETTE, COLORADO, LOCATED IN BOULDER COUNTY. THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN BOULDER, BROOMFIELD, ADAMS, DENVER, GILPIN, JEFFERSON, AND WELD COUNTIES. GSMC IS COMMITTED TO HELPING ALL PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE AND WORKED CLOSELY WITH COMMUNITY COLLABORATORS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2024.

PARTICIPANTS IN THE CHNA PROCESS INCLUDED:

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

THE COLORADO HEALTH INSTITUTE, A NONPROFIT, NONPARTISAN HEALTH RESEARCH ORGANIZATION LOCATED IN DENVER, GATHERED AND PROVIDED ANALYSIS OF EXISTING SECONDARY QUANTITATIVE (PUBLIC HEALTH) DATA FROM GOVERNMENT AND NONGOVERNMENTAL SOURCES FOR DISCUSSION AND COMMUNITY INPUT. PRIMARY QUALITATIVE DATA INCLUDED A COMMUNITY STAKEHOLDER MEETING TO REVIEW THE SECONDARY DATA AND IDENTIFY OTHER HEALTH NEEDS FOR FURTHER PRIORITIZATION. COUNTY PUBLIC HEALTH ORGANIZATIONS ALSO PRESENTED ON CURRENT COMMUNITY HEALTH TRENDS, DISPARITIES, AND EFFORTS TO ADDRESS HEALTH NEEDS.

FURTHER COMMUNITY INPUT WAS COLLECTED FROM 1) AN ONLINE COMMUNITY STAKEHOLDER SURVEY PERFORMED BY COLORADO HEALTH INSTITUTE, 2) AN ONLINE PUBLIC SURVEY USING QUALTRICS OF A REPRESENTATIVE SAMPLE OF COMMUNITY MEMBERS FROM THE DENVER-METRO AREA, AND 3) PHONE INTERVIEWS OF COMMUNITY STAKEHOLDERS PERFORMED BY THE HEALTH SYSTEM'S OFFICE OF STRATEGIC RESEARCH.

THE HEALTH NEEDS IDENTIFIED IN THE 2024 CHNA INCLUDE:

- ACCESS TO HEALTHCARE
- AFFORDABLE HOUSING AND FOOD INSECURITY
- ECONOMIC STABILITY
- CHILD SAFETY
- MENTAL HEALTH
- SUBSTANCE USE
- TRANSPORTATION
- CHRONIC DISEASE

THE HEALTH SYSTEM'S OFFICE OF STRATEGIC RESEARCH USED AN EVIDENCE-BASED MODEL, THE HANLON METHOD FOR PRIORITIZATION, TO DETERMINE THE SIGNIFICANT

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.

AND SUSTAINING HEALTH NEEDS THAT WILL BE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION STRATEGY:

- IMPROVING BEHAVIORAL HEALTH
- ACHIEVING GREATER ECONOMIC STABILITY
- INCREASING ACCESS TO CARE
- IMPROVING CHILD AND FAMILY WELL-BEING

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE FOLLOWING ORGANIZATION(S) LISTED PARTICIPATED IN THE CHNA PROCESS: SAINT JOSEPH HOSPITAL, GOOD SAMARITAN MEDICAL CENTER, AND PLATTE VALLEY MEDICAL CENTER.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE FOLLOWING ORGANIZATION(S) LISTED PARTICIPATED IN THE CHNA PROCESS: SAINT JOSEPH HOSPITAL, LUTHERAN MEDICAL CENTER, AND PLATTE VALLEY MEDICAL CENTER.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE FOLLOWING NONPROFIT HEALTH, LOCAL GOVERNMENT, COMMUNITY-BASED, AND OTHER ORGANIZATIONS PARTICIPATED IN THE 2024 CHNA: ADVENTHEALTH, FOOD BANK OF THE ROCKIES, KAISER PERMANENTE, APPLEWOOD BUSINESS ASSOCIATION, GOLDEN CHAMBER OF COMMERCE, COLORADO CONSUMER HEALTH INITIATIVE, HEALTHY JEFFCO ALLIANCE, LUTHERAN HOSPITAL FOUNDATION, JEFFERSON CENTER FOR MENTAL HEALTH, RECOVERYWORKS, COMMUNITY MEMBERS, JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH, STRIDE COMMUNITY HEALTH CENTER, EVERGREEN AREA CHAMBER OF COMMERCE, JEFFERSON COUNTY HUMAN SERVICES, THE ACTION CENTER, EVERGREEN FIRE/RESCUE, JEFFERSON COUNTY PUBLIC SCHOOLS, AND TRIAD BRIGHT FUTURES.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE FOLLOWING NONPROFIT AND GOVERNMENT ORGANIZATIONS PARTICIPATED IN THE CHNA PROCESS: ADVENT HEALTH, ADVOCATES FOR RECOVERY COLORADO, BENEFITS IN ACTION, BOULDER AREA AGENCY ON AGING, BOULDER COUNTY PUBLIC HEALTH, BROOMFIELD FISH, BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT, BROOMFIELD SENIOR CENTER, COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING, CLINICA FAMILY HEALTH, COLORADO COMMUNITY HEALTH ALLIANCE, MENTAL HEALTH PARTNERS, ROCKY MOUNTAIN EQUITY, THE REFUGE, SISTER CARMEN COMMUNITY CENTER, AND VIA MOBILITY SERVICES.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/COMMUNITY-HEALTH/CHNA-REPORTS](https://intermountainhealthcare.org/about/community-health/chna-reports)

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/COMMUNITY-HEALTH/CHNA-REPORTS](https://intermountainhealthcare.org/about/community-health/chna-reports)

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE:
[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/COMMUNITY-HEALTH/CHNA-REPORTS](https://intermountainhealthcare.org/about/community-health/chna-reports)

Part V Facility Information (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

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

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/COMMUNITY-HEALTH/CHNA-REPORTS](https://intermountainhealthcare.org/about/community-health/chna-reports)

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7D: THE CHNA IS PUBLICLY AVAILABLE ON

INTERMOUNTAIN'S WEBSITE AND PAPER COPIES ARE AVAILABLE UPON REQUEST:

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

GSMC DISTRIBUTED COPIES OF THE CHNA AT COMMUNITY COALITIONS AND RESOURCE MEETINGS.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE 2024 CHNA WAS COMPLETED AND APPROVED BY THE HOSPITAL'S GOVERNING BOARD IN DECEMBER 2024. AS A RESULT, THE FOCUS OF LUTHERAN'S 2024 COMMUNITY BENEFIT WORK WAS THE FINAL YEAR OF THE THREE-YEAR CYCLE OF THE 2021 CHNA AND 2022 IMPLEMENTATION STRATEGY, WHICH WERE BOTH ACTIVE AND CURRENT DURING THE TAX YEAR. THE FOLLOWING INFORMATION REFLECTS THE ON-GOING EFFORTS TO ADDRESS THE HEALTH NEEDS IDENTIFIED IN THE ACTIVE CHNA CONDUCTED IN COLLABORATION WITH SAINT ANTHONY HOSPITAL AND JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH.

THE 2021 LMC CHNA, PRIORITIZED THE FOLLOWING SIGNIFICANT HEALTH NEEDS:

- MENTAL HEALTH AND SUBSTANCE USE
- FOOD INSECURITY
- HOUSING

MENTAL HEALTH AND SUBSTANCE USE:

IN 2024, THE FOLLOWING ACTIVITIES ADDRESSED MENTAL HEALTH:

LMC COLLABORATED WITH THE JEFFERSON COUNTY PUBLIC LIBRARY AND JEFFERSON CENTER FOR MENTAL HEALTH TO OFFER PROGRAMMING FOR INDIVIDUALS EXPERIENCING HOMELESSNESS WHO SEEK SHELTER IN LIBRARIES. THIS INCLUDED THE COFFEE AND CONVERSATIONS PROGRAM, WHICH CONNECTED 72 PARTICIPANTS IN 10 SESSIONS TO COMMUNITY RESOURCES IN A WELCOMING ENVIRONMENT. LMC PROVIDED A MEAL FOR PARTICIPANTS AND DISTRIBUTED WELLNESS BAGS FROM WHITNEY'S WISH, A LOCAL NONPROFIT.

LMC PROVIDED SUICIDE INTERVENTION SKILLS TRAINING FOR 33 INDIVIDUALS IN A TWO-DAY WORKSHOP THAT TAUGHT PARTICIPANTS HOW TO RESPOND TO SOMEONE CONTEMPLATING SUICIDE THROUGH ASSESSMENT, MENTAL HEALTH FIRST AID TECHNIQUES, AND APPROPRIATE CONNECTION TO SERVICES.

LMC PROVIDED A CHARITABLE CONTRIBUTION TO JEFFERSON COUNTY LIBRARIES WHO DISTRIBUTED ESSENTIAL SUPPLIES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS. IN TOTAL 1,305 ITEMS RANGING FROM HYGIENE PRODUCTS, CLOTHING, AND FOOD WERE PROVIDED.

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.

LMC COLLABORATED WITH THE JEFFERSON CENTER FOR MENTAL HEALTH AND JEFFERSON COUNTY PUBLIC SCHOOLS TO SUPPORT SCHOOL-BASED MENTAL HEALTH PROGRAMS. LMC PROVIDED A CHARITABLE CONTRIBUTION THAT SUPPORTED COUNSELORS AT FOUR SCHOOLS FACING ELIMINATION OF SERVICES. COUNSELORS FUNDED BY THE CONTRIBUTION SERVED MORE THAN 135 STUDENTS AND ASSISTED STUDENTS AND FAMILIES WITH SAFETY PLANS FOR SUICIDE PREVENTION.

LMC PARTNERED WITH COLORADO UNIVERSITY SCHOOL OF MEDICINE'S DEPARTMENT OF PSYCHIATRY TO PROVIDE FOLLOW UP CARE AND CONNECTION TO 1,358 PATIENTS AFTER DISCHARGE FROM THE EMERGENCY DEPARTMENT FOR SUICIDAL IDEATION OR ATTEMPT.

LMC OFFERS THE RECOVERY NURSE ADVOCATE (RNA) PROGRAM TO SUPPORT PATIENTS WITH PERINATAL SUBSTANCE USE DISORDER (SUD). RNA PROVIDED 23 INDIVIDUALS HOME VISITATION SERVICES, REGULAR MENTAL HEALTH AND CHILD DEVELOPMENT SCREENINGS, CONNECTION TO COMMUNITY RESOURCES, AND WEEKLY SUD SUPPORT GROUP.

FOOD INSECURITY:

IN 2024, THE FOLLOWING ACTIVITIES ADDRESSED FOOD INSECURITY:

LMC SCREENED OVER 90% OF PATIENTS FOR SOCIAL DETERMINANTS OF HEALTH NEEDS. INDIVIDUALS WHO SCREENED POSITIVE FOR FOOD INSECURITY WERE ELIGIBLE FOR A FOOD PROGRAM IN COLLABORATION WITH FOOD BANK OF THE ROCKIES. IN 2024, 310 INDIVIDUALS RECEIVED A FOOD BOX UPON DISCHARGE AND ACCESS TO WEEKLY DELIVERY OF FOOD FOR A YEAR.

HOUSING:

DURING THE CHNA PROCESS, THE CHNA PRIORITIZED FINDING PERMANENT HOUSING FOR PEOPLE EXPERIENCING HOMELESSNESS. IN 2024, THE FOLLOWING ACTIVITIES ADDRESSED HOUSING:

LMC PROVIDED IN-KIND OFFICE SPACE IN SUPPORT OF THE JEFFERSON COUNTY HOMELESS NAVIGATORS, WHICH ARE ADDRESSING HOUSING FOR RESIDENTS FROM FIVE MUNICIPALITIES IN JEFFERSON COUNTY.

LMC COLLABORATED WITH RECOVERY WORKS TO PROVIDE THE MEDICAL RESPITE PROGRAM FOR 37 INDIVIDUALS EXPERIENCING HOMELESSNESS. THE PROGRAM PROVIDES SAFE LODGING AND MEDICAL SUPERVISION AFTER DISCHARGE FROM A HOSPITAL STAY.

OTHER HEALTH NEEDS NOT PRIORITIZED:

EACH OF THE HEALTH NEEDS IDENTIFIED IN THE CHNA PROCESS IS IMPORTANT. LMC AND NUMEROUS COMMUNITY COLLABORATORS ARE ADDRESSING THESE NEEDS THROUGH OTHER PROGRAMS, INTERVENTIONS, AND INITIATIVES. HOWEVER, DUE TO LIMITED RESOURCES, EXPERTISE, AND TIME TO ACHIEVE SUCCESSFUL IMPACT, LMC LIMITED ITS PRIMARY FOCUS TO THE SIGNIFICANT HEALTH ISSUES IDENTIFIED IN THE 2021 CHNA. LMC CONTINUED TO SUPPORT COMMUNITY EFFORTS AND COLLABORATIONS THAT ADDRESS ISSUES NOT PRIORITIZED IN THE 2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY. THE FOLLOWING SIGNIFICANT HEALTH NEEDS IDENTIFIED WERE NOT ADDRESSED DUE THE AFOREMENTIONED REASONS: ACCESS TO HEALTHCARE, CHRONIC DISEASES (CANCER, DIABETES, HEART DISEASE AND STROKE, LUNG DISEASE),

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.

COVID-19, DENTAL CARE, OVERWEIGHT AND OBESITY, AND UNINTENTIONAL INJURIES.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE 2024 CHNA WAS COMPLETED AND APPROVED BY THE HOSPITAL'S GOVERNING BOARD IN DECEMBER 2024. AS A RESULT, THE FOCUS OF GSMC'S 2024 COMMUNITY BENEFIT WORK WAS THE FINAL YEAR OF THE THREE-YEAR CYCLE OF THE 2021 CHNA AND 2022 IMPLEMENTATION STRATEGY, BOTH OF WHICH WERE ACTIVE AND CURRENT DURING THE TAX YEAR. THE FOLLOWING INFORMATION REFLECTS THE ON-GOING EFFORTS TO ADDRESS THE HEALTH NEEDS IDENTIFIED IN THE ACTIVE CHNA AND IMPLEMENTATION STRATEGY.

THE 2021 GSMC CHNA IDENTIFIED A PRELIMINARY LIST OF SIGNIFICANT HEALTH NEEDS:

- ACCESS TO HEALTH CARE SERVICES
- CANCER
- COVID-19
- DENTAL CARE
- DIABETES
- FOOD INSECURITY
- HEART DISEASE & STROKE
- HOUSING
- LUNG DISEASE
- MENTAL HEALTH
- OVERWEIGHT AND OBESITY
- SUBSTANCE USE
- UNINTENDED INJURIES

THE PRIORITIZED SIGNIFICANT HEALTH NEEDS WERE:

- ACCESS TO HEALTHCARE
- BEHAVIORAL HEALTH

ACCESS TO HEALTHCARE:

THE GSMC SERVICE AREA HAD A 93.8% RATE OF HEALTH INSURANCE COVERAGE, WHICH WAS HIGHER THAN THE STATE'S 93.5% RATE OR THE HEALTHY PEOPLE 2030 OBJECTIVE 92.1%. THE COUNTIES INCLUDED IN THE SERVICE AREA ARE ADAMS COUNTY RESIDENTS (90.9%), BOULDER AND BROOMFIELD COUNTY (94.7%), JEFFERSON COUNTY (97.4%) AND WELD COUNTY (95.9%). IN THE 2019 CENSUS, 16.9% OF ADAMS RESIDENTS, 12.1% OF WELD COUNTY, 9.0% OF JEFFERSON COUNTY, AND 8.1% OF BOULDER AND BROOMFIELD COUNTIES DID NOT RECEIVE CARE WITHIN THE LAST 12 MONTHS DUE TO COST AS COMPARED TO THE STATE'S 12.8% AVERAGE.

THE RESULT OF KEY INFORMANT SURVEYS INDICATED THAT 62.5% OF PARTICIPANTS FELT THAT ACCESS TO HEALTHCARE HAD A SEVERE IMPACT ON THE COMMUNITY, 62.5% INDICATED RESOURCES WERE INSUFFICIENT, AND 12.5% INDICATED THE ISSUE HAD WORSENERD OVER TIME.

IN 2024, THE FOLLOWING ACTIVITIES ADDRESSED ACCESS TO HEALTHCARE:

GSMC PROVIDED A \$46,000 CHARITABLE CONTRIBUTION TO BENEFITS IN ACTION TO SUPPORT THE ENROLLMENT OF HISPANIC/LATINO AND LOW-INCOME INDIVIDUALS IN INSURANCE PRODUCTS AND GOVERNMENTAL ASSISTANCE PROGRAMS, WHO WERE

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.

IDENTIFIED AS POPULATIONS IN NEED THROUGH THE 2021 CHNA DATA. 2,446 PEOPLE
RECEIVED ASSISTANCE ENROLLING FOR INSURANCE AND GOVERNMENTAL BENEFIT
PROGRAMS AND 45.4% OF THOSE PEOPLE IDENTIFIED AS HISPANIC/LATINO.

IN COLLABORATION WITH LYFT, GSMC PROVIDED TRANSPORTATION FOR PATIENTS
TOTALING \$12,966, WHICH ASSISTED PATIENTS RETURNING TO THEIR PLACE OF
RESIDENCE AFTER DISCHARGE FROM THE HOSPITAL.

GSMC PROVIDED A \$10,000 CHARITABLE CONTRIBUTION TO VIA MOBILITY FOR NEARLY
2,000 DOOR-TO-DOOR TRANSPORTS FOR COMMUNITY MEMBERS FROM THEIR HOMES TO
MEDICAL APPOINTMENTS.

GSMC IMPROVED ACCESS TO CARE BY EXPANDING TELEMEDICINE VISITS TO 758 IN
2024.

BEHAVIORAL HEALTH (MENTAL HEALTH/SUBSTANCE USE):

WITHIN GSMC'S SERVICE AREA, THE PERCENTAGE OF THE ADULT POPULATION
REPORTING MORE THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH WAS 11.8% IN
ADAMS AND 12.6% IN WELD, WHICH WAS HIGHER THAN THE 11% STATE RATE
(2016-2018 BRFSS DATABASE). ADAMS AND WELD COUNTIES HAD FEWER MENTAL
HEALTH PROVIDERS, 2.1 AND 1.7, RESPECTIVELY, PER 1,000 THAN THE STATE'S
AVERAGE OF 2.7. WHILE BOULDER COUNTY (6.3), BROOMFIELD COUNTY (3.5), AND
JEFFERSON COUNTY (3.1) WERE HIGHER THAN THE STATE AVERAGE.

DURING KEY INFORMANTS' SURVEYS, 87.5% OF PARTICIPANTS REPORTED MENTAL
HEALTH AS HAVING A SEVERE AND VERY SEVERE IMPACT ON THE COMMUNITY AND 100%
REPORTED THE SAME FOR SUBSTANCE USE. ADDITIONALLY, 75% OF PARTICIPANTS
REPORTED THAT MENTAL HEALTH ISSUES WORSENERED OVER TIME AND 85.7% REPORTED
SUBSTANCE USE ISSUES WORSENERED OVER TIME.

IN 2024, THE FOLLOWING ACTIVITIES ADDRESSED BEHAVIORAL HEALTH (MENTAL
HEALTH/SUBSTANCE USE):

GSMC HOSTED THREE MENTAL HEALTH FIRST AID TRAINING SESSIONS THAT TRAINED
19 COMMUNITY MEMBERS.

GSMC DISTRIBUTED 51 FREE NARCAN KITS AT THE TIME OF DISCHARGE TO PATIENTS
ADMITTED FOR HEROIN OR OPIOID OVERDOSE.

GSMC PARTICIPATED IN THE "FOLLOW UP PROJECT", AN EVIDENCE-BASED SUICIDE
PREVENTION PROJECT WITH THE COLORADO OFFICE OF SUICIDE PREVENTION AT THE
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE). AS A RESULT,
150 PATIENTS ACCEPTED WEEKLY FOLLOW-UP PHONE CALLS FOR 30 DAYS FOLLOWING
THE DISCHARGE FOR A MENTAL HEALTH CRISIS OR OVERDOSE.

GSMC PARTICIPATED IN THE ZERO SUICIDE COLLABORATIVE TO IMPROVE TRAINING
AND TREATMENT APPROACHES FOR SUICIDE PREVENTION THROUGH THE OFFICE OF
SUICIDE PREVENTION (CDPHE) AND THE BOULDER COUNTY SUBSTANCE USE ADVISORY
GROUP.

GSMC PARTICIPATED IN THE COLORADO ALTERNATIVES TO OPIOIDS (ALTO) PROJECT.
IN 2024, GSMC INCREASED THE PERCENTAGE OF EPRESCRIBING OF CONTROLLED
SUBSTANCES FOR DISCHARGED PATIENTS TO 98.51%.

Part V Facility Information (continued)

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

GSMC DONATED \$10,000 TO LOCAL NONPROFITS SUPPORTING BEHAVIORAL HEALTH.

OTHER HEALTH NEEDS NOT PRIORITIZED:

EACH OF THE HEALTH NEEDS IDENTIFIED IN THE CHNA PROCESS ARE IMPORTANT. GSMC AND NUMEROUS COMMUNITY COLLABORATORS ARE ADDRESSING THESE NEEDS THROUGH OTHER PROGRAMS, INTERVENTIONS, AND INITIATIVES. HOWEVER, DUE TO LIMITED RESOURCES, EXPERTISE, AND TIME TO ACHIEVE SUCCESSFUL IMPACT, GSMC LIMITED ITS PRIMARY FOCUS TO THE SIGNIFICANT HEALTH ISSUES IDENTIFIED IN THE 2021 CHNA. GSMC CONTINUED TO SUPPORT COMMUNITY EFFORTS AND COLLABORATIONS THAT ADDRESS ISSUES NOT PRIORITIZED IN THE 2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY. THE FOLLOWING SIGNIFICANT HEALTH NEEDS IDENTIFIED WERE NOT ADDRESSED DUE TO THE AFORMENTIONED REASONS: CHRONIC DISEASES (CANCER, DIABETES, HEART DISEASE AND STROKE, AND LUNG DISEASE), COVID-19, DENTAL CARE, FOOD INSECURITY, HOUSING, OVERWEIGHT AND OBESITY, AND UNINTENDED INJURIES.

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

CATASTROPHIC ASSISTANCE. INTERMOUNTAIN FRONT RANGE, INC. 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, INTERMOUNTAIN FRONT RANGE, INC. ALLOWS FOR EXTENUATING CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES AND PROCEDURES TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, SECTION B, LINE 16

LUTHERAN MEDICAL CENTER:

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

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

LORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:

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

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

LORADO-MONTANA-WYOMING

LUTHERAN MEDICAL CENTER:

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

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

LORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:

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

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

LORADO-MONTANA-WYOMING

LUTHERAN MEDICAL CENTER:

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

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.

SUMMARY:

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

LORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:

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

SUMMARY:

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

LORADO-MONTANA-WYOMING

PART V, SECTION B, LINE 15E, 16L, 16J & 20E:

SPECIFIC INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM ALONG WITH APPLICATIONS TO APPLY FOR FINANCIAL ASSISTANCE CAN BE FOUND ON THE INTERMOUNTAIN HEALTH WEBSITE

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

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.

PART V, SECTION B, LINE 22B:

INTERMOUNTAIN FRONT RANGE, INC. 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? 149

Name and address	Type of facility (describe)
1 ROCKY MOUNTAIN ORTHOPEDICS CLINIC 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
2 IH HEART & VASCULAR - LUTHERAN CARDI 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
3 IH HEART & VASCULAR - WEST PARK CARD 360 WEST PARK DR GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
4 GRAND JUNCTION HOSPITALISTS 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
5 WELLINGTON NEUROLOGY CLINIC 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
6 LMC CANCER CENTERS OF CO - RADIATION 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
7 PATTERSON PRIMARY CARE CLINIC 2570 PATTERSON RD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
8 WELLINGTON NEUROSURGERY CLINIC 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
9 IH HEART & VASCULAR - DENVER 1818 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
10 WHEAT RIDGE CLINIC - PRIMARY CARE 8550 W 38TH AVE WHEAT RIDGE, CO 80033-6016	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
11 IH HEART & VASCULAR INSTITUTE - LAFA 300 EXEMPLA CIR LAFAYETTE, CO 80026-3394	OUTPATIENT PHYSICIAN CLINIC
12 DENVER WEST CLINIC - PRIMARY CARE 1726 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
13 IH BROOMFIELD CLINIC 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
14 DENVER MIDTOWN CLINIC - PRIMARY CARE 1960 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
15 PATTERSON OB-GYN & MIDWIFERY CLINIC 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
16 IH SUPERIOR CLINIC 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
17 IH THORNTON CLINIC 1181 E 120TH AVE THORNTON, CO 80233-5729	OUTPATIENT PHYSICIAN CLINIC
18 LAFAYETTE CLINIC - NEUROLOGY 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
19 IH LAFAYETTE CLINIC 2600 CAMPUS DR LAFAYETTE, CO 80026-3358	OUTPATIENT PHYSICIAN CLINIC
20 CENTRAL PARK CLINIC - OB-GYN 2823 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
21 CHERRY CREEK CLINIC - PRIMARY CARE 400 S COLORADO BLVD DENVER, CO 80246	OUTPATIENT PHYSICIAN CLINIC
22 GRAND JUNCTION CRITICAL CARE INTENSI 2635 NORTH 7TH GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
23 RAMPART CLINIC NEUROLOGY 130 RAMPART WAY DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
24 DENVER MIDTOWN CLINIC - OB-GYN 1960 N OGDEN ST DENVER, CO 80218-3668	OUTPATIENT PHYSICIAN CLINIC
25 WELLINGTON RADIATION ONCOLOGY CLINIC 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
26 WELLINGTON OB-GYN CLINIC 2525 N 8TH ST GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
27 IH SUPERIOR CLINIC - OB-GYN 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
28 LAFAYETTE CLINIC - ORTHOPEDIC SPINE 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
29 IH HEART & VASCULAR - GRAND JUNCTION 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
30 LAFAYETTE CLINIC - NEUROSURGERY 340 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
31 WHEAT RIDGE CLINIC - PHYSICAL THERAPY 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
32 NORTHFIELD CLINIC - PRIMARY CARE 8900 E 46TH PL DENVER, CO 80238-3143	OUTPATIENT PHYSICIAN CLINIC
33 LOWRY CLINIC OB-GYN 63 N QUEBEC ST DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
34 IH HEART & VASCULAR - DENVER CARDIAC 1818 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
35 DENVER MIDTOWN CLINIC - WEIGHT LOSS 1960 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
36 LUTHERAN CLINIC - WEIGHT LOSS CENTER 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
37 WELLINGTON MEDICAL ONCOLOGY CLINIC 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
38 LUTHERAN CLINIC - ORTHOPEDIC TRAUMA 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
39 IH WESTMINSTER CLINIC 8758 WOLFF CT WESTMINSTER, CO 80031-6904	OUTPATIENT PHYSICIAN CLINIC
40 CANDELAS CLINIC - DIABETES & ENDOCRINE 15389 W 91ST DR ARVADA, CO 80007-1400	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
41 LAFAYETTE CLINIC - GENERAL SURGERY 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
42 GRAND JUNCTION PHYSICAL MEDICINE 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
43 COMMUNITY FOOT & ANKLE CLINIC 11900 GRANT ST NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
44 IH HEART & VASCULAR - NORTHGLENN CLI 11900 GRANT ST NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
45 GREEN MOUNTAIN CLINIC - PRIMARY CARE 12790-A W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
46 COPPERLEAF CLINIC - PRIMARY CARE 21750 E QUINCY AVE AURORA, CO 80015-2894	OUTPATIENT PHYSICIAN CLINIC
47 CONGRESS PARK CLINIC - PRIMARY CARE 1400 JACKSON ST DENVER, CO 80206-2761	OUTPATIENT PHYSICIAN CLINIC
48 ST. MARY'S NEPHROLOGY CLINIC 2635 N 7TH ST, 4TH FLOOR GRAND JUNCTION, CO 81501-6100	OUTPATIENT PHYSICIAN CLINIC
49 LUTHERAN CLINIC - NEUROSURGERY 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
50 GRAND JUNCTION NEONATOLOGY 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
51 CANDELAS CLINIC - PRIMARY CARE 15389 WEST 91ST DR ARVADA, CO 80007	OUTPATIENT PHYSICIAN CLINIC
52 WHEAT RIDGE CLINIC -OCCUPATIONAL MED 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
53 BELMAR CLINIC - PRIMARY CARE 360 S TELLER ST LAKEWOOD, CO 80226-7384	OUTPATIENT PHYSICIAN CLINIC
54 LOWRY CLINIC - PRIMARY CARE 63 N QUEBEC ST DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
55 GREEN VALLEY RANCH CLINIC - PRIMARY 4859 N YAMPA ST DENVER, CO 80249	OUTPATIENT PHYSICIAN CLINIC
56 IH HEART & VASCULAR - CARDIOTHORACIC 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
57 SCL HEALTH - MSO WP PHYSICIAN BILLIN 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
58 IH SAINT JOSEPH HOSPITAL - RADIATION 1375 EAST 19TH AVE DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
59 ROCKY MOUNTAIN ORTHOPEDICS - PT 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
60 LUTHERAN CLINIC - FOOT AND ANKLE 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
61 IH LARKRIDGE CLINIC 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
62 DENVER MIDTOWN CLINIC - DIABETES 1960 N OGDEN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
63 LUTHERAN CLINIC - NEUROLOGY 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
64 WELLINGTON MATERNAL FETAL MEDICINE C 710 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
65 DENVER MIDTOWN CLINIC - CERTIFIED NU 1960 N OGDEN ST DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
66 DENVER MIDTOWN CLINIC - UROGYNECOLOG 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
67 WELLINGTON LUNG & SLEEP CLINIC 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501-8121	OUTPATIENT PHYSICIAN CLINIC
68 DENVER MIDTOWN CLINIC - MATERNAL FET 1960 OGDEN ST DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
69 IH VIRTUAL CARE COLORADO/MONTANA 8550 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
70 HIGHLANDS RANCH CLINIC - PRIMARY CAR 8671 S QUEBEC ST HIGHLANDS RANCH, CO 80130	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
71 PATTERSON OCCUPATIONAL MEDICINE CLIN 2686 PATTERSON RD GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
72 IH DENVER SPORTS MEDICINE CLINIC 1830 FRANKLIN ST DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
73 IH HEART & VASCULAR - GOLDEN 400 INDIANA ST GOLDEN, CO 80401-3426	OUTPATIENT PHYSICIAN CLINIC
74 IH HEART & VASCULAR - DENVER HEART 1818 N OGDEN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
75 LUTHERAN CLINIC - MATERNAL FETAL MED 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
76 LAFAYETTE WOMEN'S CLINIC - OB-GYN 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
77 IH FIRESTONE CLINIC 8350 COLORADO BLVD FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
78 SAINT JOSEPH - CANCER CENTERS OF CO 1825 N MARION ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
79 IH QUAIL CREEK CLINIC 2055 WEST 136TH AVE BROOMFIELD, CO 80023-9308	OUTPATIENT PHYSICIAN CLINIC
80 ST. MARY'S WOUND CARE CLINIC 2635 N 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
81 WESTERN CO OBESITY MANAGEMENT CLINIC 2440 N 11TH STREET GRAND JUNCTION, CO 81501-8102	OUTPATIENT PHYSICIAN CLINIC
82 IH BROOMFIELD CLINIC - PT & OT 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
83 IH DENVER CLINIC - ORTHO SPINE 1830 FRANKLIN ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
84 IH HOSPICE - DENVER PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6019	OUTPATIENT PHYSICIAN CLINIC
85 ST. MARY'S RHEUMATOLOGY CLINIC 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
86 LMC - CANCER CENTERS OF CO - MEDICAL 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
87 IH HEART AND VASCULAR - LUTHERAN CAR 12905 W 40TH AVE WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
88 IH LARKRIDGE CLINIC - PHYSICAL THERA 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
89 IH - BUCKLEY CLINIC 550 S AIRPORT BLVD AURORA, CO 80017-2253	OUTPATIENT PHYSICIAN CLINIC
90 DENVER MIDTOWN CLINIC - BREAST CARE 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
91 GSMC - CANCER CENTERS OF COLORADO 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
92 LAFAYETTE CLINIC - TRAUMA SURGERY 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
93 IH - LAFAYETTE MATERNAL FETAL MEDICI 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
94 LAFAYETTE WOMEN'S CLINIC - UROGYNECO 300 EXEMPLA CIR LAFAYETTE, CO 80026-3392	OUTPATIENT PHYSICIAN CLINIC
95 GSMC - CANCER CENTERS OF COLORADO 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
96 GRAND JUNCTION INFECTIOUS DISEASE CL 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
97 DENVER MIDTOWN CLINIC - SURGERY 1960 N OGDEN ST DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
98 GRAND JUNCTION PALLIATIVE CARE 2635 N 7TH ST GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
99 PLATTE VALLEY CLINIC - MATERNAL FETA 1606 PRAIRIE CENTER PKWY BRIGHTON, CO 80601-4004	OUTPATIENT PHYSICIAN CLINIC
100 IH LUTHERAN HOSPITAL - MEDICAL ONCOL 400 INDIANA ST GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
101 CENTRAL PARK CLINIC - PHYSICAL THERA 2807 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
102 IH HEART & VASCULAR - DELTA CARDIOLO 155 STAFFORD LN DELTA, CO 81416-2243	OUTPATIENT PHYSICIAN CLINIC
103 PATTERSON BEHAVIORAL HEALTH CLINIC 2570 PATTERSON RD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
104 FIRESTONE CLINIC - NEUROLOGY 8350 COLORADO BLVD FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
105 CENTRAL PARK CLINIC - OCCUPATIONAL M 2803 ROSLYN ST DENVER, CO 80238	OUTPATIENT PHYSICIAN CLINIC
106 PLATTE VALLEY CLINIC - SPINE 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
107 PLATTE VALLEY CLINIC - DIABETES & EN 1610 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
108 WEST PINES BEHAVIORAL 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
109 EAST CROSSROADS CLINIC - PRIMARY CAR 23750 E 14TH AVE AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
110 SCL HEALTH - INPATIENT CONSULT SERVI 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
111 CORTEZ NEUROLOGY OUTREACH CLINIC 1280 N MILDRED RD CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
112 ST. MARY'S HYPERBARIC MEDICAL SVCS 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
113 EAST CROSSROADS CLINIC - PODIATRY 23750 E 14TH AVE AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
114 PLATTE VALLEY CLINIC - SPINE 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
115 IH CENTRAL PARK CLINIC - GYNECOLOGIC 2823 ROSLYN ST DENVER, CO 80238	OUTPATIENT PHYSICIAN CLINIC
116 PATTERSON ENDOCRINOLOGY CLINIC 2686 PATTERSON RD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
117 WEST PINES 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
118 CANDELAS CLINIC - DIABETES EDUCATION 15389 W 91ST DR ARVADA, CO 80007-1400	OUTPATIENT PHYSICIAN CLINIC
119 EAST CROSSROADS CLINIC - ORTHOPEDICS 23750 E 14TH AVE AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
120 IH LUTHERAN SPINE CENTER 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
121 DENVER MIDTOWN CLINIC - LUNG NODULE 1960 N OGDEN ST DENVER, CO 80218-3673	OUTPATIENT PHYSICIAN CLINIC
122 GUNNISON NEUROLOGY OUTREACH CLINIC 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
123 DELTA PHYSICAL MEDICINE & REHAB 155 STAFFORD LANE DELTA, CO 81416	OUTPATIENT PHYSICIAN CLINIC
124 SMMG - MEDICAL ONCOLOGY MOAB REGIONAL HOSPITAL MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
125 IH LUTHERAN SPINE CENTER 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
126 IH HEART AND VASCULAR - BUCKLEY 550 S AIRPORT BLVD AURORA, CO 80017-2253	OUTPATIENT PHYSICIAN CLINIC
127 ST. MARY'S - CANCER CENTERS OF CO 750 HOSPITAL LOOP CRAIG, CO 81625-8750	OUTPATIENT PHYSICIAN CLINIC
128 ST. MARY'S - CANCER CENTERS OF CO GRAND RIVER HEALTH RIFLE, UT 81650-8510	OUTPATIENT PHYSICIAN CLINIC
129 IH HEART & VASCULAR - MOAB CARDIOLOG 450 WILLIAMS WAY MOAB, CO 84532-2185	OUTPATIENT PHYSICIAN CLINIC
130 IH LAFAYETTE WOMEN'S CLINIC 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

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? 149

Name and address	Type of facility (describe)
131 IH LUTHERAN SPINE CENTER 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
132 GUNNISON MATERNAL FETAL MEDICINE 711 N TAYLOR ST GUNNISON, UT 81230-2243	OUTPATIENT PHYSICIAN CLINIC
133 IH LUTHERAN SPINE CENTER 1687 COLE BLVD LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
134 MOAB NEUROLOGY OUTREACH CLINIC 476 WEST WILLIAM WAY MOAB, CO 84532	OUTPATIENT PHYSICIAN CLINIC
135 CRAIG NEUROLOGY OUTREACH CLINIC 750 HOSPITAL LOOP CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
136 EAST CROSSROADS CLINIC - SPINE OUTREACH 23750 E 14TH AVE STE 220 AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
137 SCL HEALTH - PODIATRY 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
138 GRAND JUNCTION AIM CLINIC 2643 PATTERSON RD STE 603 GRAND JUNCTION, CO 81506-1936	OUTPATIENT PHYSICIAN CLINIC
139 GRAND JUNCTION RENAL REHAB CLINIC 2643 PATTERSON ROAD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
140 GRAND JUNCTION PEDIATRIC SPECIALTY CLINIC 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2024

Part VFacility 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?149

Name and address	Type of facility (describe)
141 GOOD SAMARITAN TRAUMA CLINIC	OUTPATIENT PHYSICIAN CLINIC
200 EXEMPLA CIR	
LAFAYETTE, CO 80026	
142 GOOD SAMARITAN - CRITICAL CARE	OUTPATIENT PHYSICIAN CLINIC
200 EXEMPLA CIR	
LAFAYETTE, CO 80026	
143 IH HEART & VASCULAR - EAST CROSSROAD	OUTPATIENT PHYSICIAN CLINIC
23750 E 14TH AVE	
AURORA, CO 80018	
144 EAST CROSSROADS CLINIC - GENERAL SUR	OUTPATIENT PHYSICIAN CLINIC
23750 E 14TH AVE	
AURORA, CO 80018	
145 SCL HEALTH - ASSOCIATE HEALTH CENTER	OUTPATIENT PHYSICIAN CLINIC
500 ELDORADO BLVD	
BROOMFIELD, CO 80021-3408	
146 SCL HEALTH - MSO WHEATRIDGE HEM ONC	OUTPATIENT PHYSICIAN CLINIC
4045 WADSWORTH BLVD	
WHEAT RIDGE, CO 80033	
147 SCL HEALTH FORESIGHT FAMILY PHYSICIA	OUTPATIENT PHYSICIAN CLINIC
2503 FORESIGHT CIR	
GRAND JUNCTION, CO 81505	
148 IH HEART & VASCULAR - HIGHLANDS RANC	OUTPATIENT PHYSICIAN CLINIC
630 PLAZA DR	
HIGHLANDS RANCH, CO 80129-2750	
149 LMC - CANCER CENTERS OF CO	OUTPATIENT PHYSICIAN CLINIC
400 INDIANA STREET	
GOLDEN, CO 80401	

Part V	Facility Information <i>(continued)</i>
---------------	--

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? 149

[illegible]

Schedule H (Form 990) 2024

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, GEOGRAPHICAL LOCATION, AND MEDICAID ELIGIBILITY.

TOTAL CHARGES ARE LIMITED IN RELATION TO THE GROSS HOUSEHOLD INCOME. CHARGES ARE DISCOUNTED TO NOT EXCEED 25% OF GROSS ANNUAL HOUSEHOLD INCOME.

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

PART 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 UNAPID SERVICES INCLUDED ON FORM 990, PART IX, LINE 25, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, IS \$ 32,002,274.

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, INTERMOUNTAIN FRONT RANGE, INC. 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.

PART III, LINE 4:

BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF INTERMOUNTAIN FRONT RANGE, INC. UNINSURED AND UNDERINSURED PATIENTS ARE UNABLE TO PAY FOR THE SERVICES PROVIDED. ACCORDINGLY, INTERMOUNTAIN FRONT RANGE, INC. 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 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;

Part VI Supplemental Information (Continuation)

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:

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

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

PART VI, LINE 2:

LUTHERAN MEDICAL CENTER:

AS PART OF LMC'S COMMITMENT, THE HOSPITAL DOES REGULAR ASSESSMENTS TO UNDERSTAND WHERE NEED IS GREATEST IN THE COMMUNITY AND RESPOND WHERE IT CAN PROVIDE THE GREATEST IMPACT.

AS A MEMBER AND LEADER IN THE NEW JEFFERSON COUNTY HEALTH ALLIANCE, THE HOSPITAL CAN MONITOR EMERGING HEALTH NEEDS WITH OTHER STAKEHOLDERS AND COORDINATE A PROMPT RESPONSE. FOR EXAMPLE, THE ALLIANCE IDENTIFIED A LAG IN COVID-19 VACCINATION AMONG HISPANIC COMMUNITY MEMBERS. IN RESPONSE, LMC INITIATED A SPANISH LANGUAGE COMMUNICATION EFFORT, UTILIZED SPANISH-SPEAKING COMMUNITY NAVIGATORS, AND IMPLEMENTED CHANGES THAT REMOVED INSURANCE BARRIERS. THE RESULT WAS A 112% INCREASE IN VACCINATIONS AMONG THIS POPULATION.

GOOD SAMARITAN MEDICAL CENTER:

COMMUNITY-BUILDING ACTIVITIES IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF HEALTH ISSUES INCLUDING POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS. GSMC INTENTIONALLY BUILT COMMUNITY COLLABORATIONS WITH LOCAL ORGANIZATIONS TO ADDRESS ROOT CAUSES BY PARTICIPATING IN EMERGENCY PREPAREDNESS AND DISASTER READINESS.

GSMC ACTIVELY PARTICIPATED IN COMMUNITY COALITIONS AND WORK GROUPS FOCUSING ON SPECIFIC HEALTH NEEDS WITHIN THE COMMUNITY, INCLUDING COLLABORATIONS WITH THE FOLLOWING LOCAL AND STATE HEALTH ORGANIZATIONS AND COMMUNITY-BASED ORGANIZATIONS: ADAMS COUNTY HEALTH DEPARTMENT, BOULDER COUNTY HEALTH DEPARTMENT, BROOMFIELD COUNTY HEALTH DEPARTMENT, ADAMS COUNTY HEALTH ALLIANCE, HEALTHY FUTURES COALITION, SUBSTANCE USE ADVISORY

Part VI Supplemental Information (Continuation)

GROUP, BROOMFIELD BEHAVIORAL HEALTH COALITION, BROOMFIELD HOUSING SOLUTIONS FORUM, COLORADO COMMUNITY HEALTH ALLIANCE PROGRAM IMPROVEMENT ADVISORY COMMITTEE, BOULDER COUNTY BEHAVIORAL HEALTH OPERATIONS GROUP, COMMUNITY REACH CENTER, COLORADO HOSPITAL ASSOCIATION, AND SISTER CARMEN COMMUNITY CENTER.

GSMC CONTINUES TO MONITOR AND IDENTIFY HEALTH NEEDS IN THE COMMUNITY AS WELL AS EVALUATE GSMC PROGRAMS CURRENTLY ADDRESSING COMMUNITY NEEDS.

IN ADDITION, GSMC IS REPRESENTED AND PARTICIPATED IN METRO DENVER PARTNERSHIP FOR HEALTH, A COLLABORATIVE OF COLORADO HEALTH SYSTEMS, PUBLIC HEALTH DEPARTMENTS, AND COMMUNITY-BASED PROVIDERS. THIS COLLABORATIVE WORKS TO ADDRESS CHALLENGING COMMUNITY HEALTH NEEDS USING COLLECTIVE IMPACT STRATEGIES.

IN JANUARY 2023, GSMC BEGAN SCREENING PATIENTS FOR SOCIAL NEEDS IN FIVE AREAS: HOUSING, FOOD, UTILITIES, TRANSPORTATION, AND INTERPERSONAL SAFETY. OVERALL SCREENING RATES AT GSMC INCREASED FROM A 2022 BASELINE OF 18.3% TO 90.97% IN 2024.

PART VI, LINE 3:

BY POLICY, INTERMOUNTAIN FRONT RANGE, INC. PROVIDES HEALTHCARE SERVICES TO INDIVIDUALS 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.

SPECIFIC INFORMATION ON HOW TO APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM CAN BE FOUND ON INTERMOUNTAIN FRONT RANGE, INC.'S WEBSITE IN ENGLISH, SPANISH, ARABIC, CHINESE, FRENCH, KOREAN, RUSSIAN, AND VIETNAMESE AND CAN BE SUBMITTED ELECTRONICALLY, BY MAIL, OR IN PERSON. 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, SPANISH, ARABIC, CHINESE, FRENCH, KOREAN, RUSSIAN AND VIETNAMESE, 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 AND PATIENT FINANCIAL ADVOCATES ARE AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION BEFORE, DURING AND AFTER THE TIME OF SERVICE.

THE AVAILABILITY OF FINANCIAL ASSISTANCE CAN BE FOUND IN REGISTRATION AREAS AND PATIENT CARE AREAS IN ENGLISH AND SPANISH.

EVERY BILLING STATEMENT STATES THE FOLLOWING: "YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE. TO APPLY VISIT WWW.INTERMOUNTAINHEALTH.ORG/FINANCIALASSISTANCE OR CALL US AT 866.665.2636. THIS STATEMENT IS PROVIDED ON THE FRONT OF EACH STATEMENT IN CONSPICUOUS FONT.

PART VI, LINE 4:

LUTHERAN MEDICAL CENTER:

LMC IS LOCATED IN WHEAT RIDGE, COLORADO, IN THE WESTERN DENVER-METRO AREA. THIS ACUTE CARE FACILITY HAS A SERVICE AREA THAT SERVES THE WESTERN METRO

Part VI Supplemental Information (Continuation)

AREA, INCLUDING WHEAT RIDGE, ARVADA, AND GOLDEN WHERE THE MAIN CONCENTRATION OF CARE IS PROVIDED AND OVER 50% OF DISCHARGES. ADDITIONAL COMMUNITIES IN THE PRIMARY SERVICE AREA ARE LAKEWOOD, WESTMINSTER, AND THE FOOTHILL COMMUNITIES IN THE FRONT RANGE. LMC'S PRIMARY SERVICE AREA CONSISTS OF 18 ZIP CODES - 13 ZIP CODES IN JEFFERSON COUNTY, 3 ZIP CODES IN DENVER COUNTY, AND 1 ZIP CODE EACH IN ADAMS COUNTY AND GILPIN COUNTY. THE PRIMARY SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES WHERE THE HOSPITAL DRAWS APPROXIMATELY 75% OF ITS INPATIENT DISCHARGES AND PROVIDES 30% OF INPATIENT CARE.

THE SECONDARY SERVICE AREA INCLUDES 20 ZIP CODES AND EXTENDS THROUGH ADAMS, BROOMFIELD, CLEAR CREEK, DENVER, AND JEFFERSON COUNTIES. THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON APPROXIMATELY 90% OF DISCHARGES.

NONPROFIT HOSPITALS IN THE SERVICE AREA: ST. ANTHONY NORTH HOSPITAL-CENTURA HEALTH (WESTMINSTER), ST. ANTHONY HOSPITAL-CENTURA HEALTH (LAKEWOOD), AVISTA ADVENTIST HOSPITAL-CENTURA HEALTH (LOUISVILLE), LONGMONT UNITED HOSPITAL (LONGMONT); BOULDER COMMUNITY HOSPITAL (BOULDER), GOOD SAMARITAN MEDICAL CENTER (LAFAYETTE), AND DENVER HEALTH (PUBLIC HEALTH HOSPITAL).

FOR-PROFIT HOSPITALS IN THE SERVICE AREA: NORTH SUBURBAN MEDICAL CENTER IN THORNTON (ADAMS COUNTY) IS IN THE SECONDARY SERVICE AREA.

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

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

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

LITTLETON (80127) HAD THE LARGEST PERCENTAGE OF POPULATION AGES 5 TO 17 (23.7%) AND KITTREDGE HAD THE SMALLEST PERCENTAGE (4.2%). BUFFALO CREEK HAD THE HIGHEST PERCENTAGE OF POPULATION AGES 65 YEARS AND OLDER (26.8%) AND KITTREDGE HAD THE LOWEST PERCENTAGE (9.4%). THE MEDIAN AGE IN JEFFERSON COUNTY WAS 40.3 YEARS.

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

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

Part VI Supplemental Information (Continuation)

LANGUAGE: IN THE SERVICE AREA, 90.2% OF POPULATION (AGE 5 YEARS AND OLDER) SPOKE ONLY ENGLISH IN THE HOME, 9.8% SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 5.2% SPOKE SPANISH IN THE HOME. COLORADO'S RATES OF SPEAKING SPANISH AT HOME AND SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME WERE HIGHER THAN THE SERVICE AREA.

EDUCATION (AGE 25 YEARS AND OLDER): IN THE SERVICE AREA, 95.2% OF THE POPULATION ARE HIGH SCHOOL GRADUATES OR HIGHER, 49.1% EARNED A BACHELOR'S DEGREE OR HIGHER.

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

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

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

SEE CONTINUATION BELOW

PART VI, LINE 5:

LUTHERAN MEDICAL CENTER:

DURING THE REPORTING PERIOD, LMC OFFERED NUMEROUS CLINICAL PROGRAMS AT THEIR CANCER CENTER, NEUROVASCULAR CENTER, AND TRAUMA CENTER THAT OFFERED COMMUNITY OUTREACH AND EDUCATION, INCLUDING WEIGHT MANAGEMENT AND MAINTAINING A HEALTHY LIFESTYLE, CANCER SUPPORT GROUPS, PREVENTIVE COMMUNITY HEALTH EDUCATION, SKIN CANCER SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, CLASSES FOR PROSPECTIVE PARENTS, AND DIABETES MANAGEMENT CLASSES.

LMC ALSO COLLABORATED WITH SAFETY NET CLINICS (I.E., STRIDE) TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY, AND SERVICES WITHIN THE COMMUNITY. THESE PROGRAMS ADHERE TO QUALITY INDICATORS IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES.

GOOD SAMARITAN MEDICAL CENTER:

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

IN ADDITION TO COMMUNITY COLLABORATIONS THROUGH COMMUNITY HEALTH IN 2024 MENTIONED ABOVE IN PART VI, QUESTION 2, GSMC CAREGIVERS SERVED ON THE FOLLOWING COMMUNITY BOARDS OR COMMITTEES: NORTH CENTRAL REGION HEALTHCARE COALITION, DONOR ALLIANCE ADVISORY BOARD, ZERO SUICIDE LEARNING COLLABORATIVE, FOOTHILLS REGIONAL EMERGENCY MEDICAL AND TRAUMA ADVISORY COUNCIL (FRETAC), BROOMFIELD LOCAL EMERGENCY PLANNING COMMITTEE, COLORADO TRAUMA NETWORK, ERIE CHAMBER OF COMMERCE, LAFAYETTE CHAMBER OF COMMERCE, BOULDER MULTI-AGENCY COORDINATION GROUP OF BOULDER OFFICE OF EMERGENCY

Part VI Supplemental Information (Continuation)

MANAGEMENT, HEALTH & MEDICAL RESPONSE (HAMR) BOULDER COUNTY HEALTHCARE COALITION, STATE EMERGENCY MEDICAL AND TRAUMA SERVICES ADVISORY COUNCIL (SEMTAC), AND STATEWIDE TRAUMA ADVISORY COMMITTEE (STAC).

IN ADDITION TO PRIORITY HEALTH PROGRAMMING, GOOD SAMARITAN MEDICAL CENTER ALSO ENGAGED IN THE FOLLOWING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES:

- BABY'S FIRST RIDE: PROVIDED 999 CAR SEAT CHECKS.

- CANCER SUPPORT GROUP OFFERED BY THE CANCER CENTERS OF COLORADO AT GSMC: 67 ENCOUNTERS.

- "DOING GOOD" GRANT: DISTRIBUTED EIGHT CHARITABLE CONTRIBUTIONS TO NONPROFIT COMMUNITY ORGANIZATIONS IN 2024 FOR A TOTAL OF \$65,000.

- CONTINUING EDUCATION EMERGENCY MEDICAL SERVICES (EMS) PROGRAM: PROVIDED EDUCATION TO 1,660 LOCAL EMS PROVIDERS.

- EDUCATIONAL FOLLOW-UP PROGRAM: PROVIDED EDUCATIONAL FOLLOW-UP AT 506 ENCOUNTERS WITH EMS PROVIDERS FOLLOWING DROP OFF AT GSMC.

- EMS RECERTIFICATION: PROVIDED PARAMEDIC REFRESHER COURSE, CPR AND AED TRAINING, BASIC EKG TRAINING IN 29 ENCOUNTERS.

- IN-KIND DONATIONS TO PROJECT CURE: \$280,534.

- STUDENT CLINICALS: 365 STUDENTS COMPLETED THEIR CLINICAL ROTATIONS IN LABORATORY, NURSING, PHARMACY, PHYSICAL MEDICINE, RADIOLOGY, RESPIRATORY, SOCIAL WORK, AND SURGERY AT GSMC.

- BLOOD DRIVES: IN CONJUNCTION WITH VITALANT BLOOD DONATION, GSMC HELD FIVE BLOOD DRIVES. EMPLOYEES AND COMMUNITY MEMBERS DONATED 116 UNITS AND 16 DOUBLE UNITS. THESE BLOOD DONATIONS ARE ESTIMATED TO HELP 374 PEOPLE.

- TRAUMA OUTREACH THROUGH COMMUNITY EDUCATION:

- GSMC OFFERED ONE "STEPPING ON" CLASSES WITH 67 ENCOUNTERS.

- TEN "STOP THE BLEED" TRAINING SESSIONS WITH 172 INDIVIDUALS COMPLETING THE COURSE.

- EIGHT "THINK FIRST FOR FALL PREVENTION" CLASSES FOR SENIORS WITH 114 ENCOUNTERS.

- ELEVEN FALL PREVENTION CLASSES WERE PROVIDED, REACHING 278 PARTICIPANTS.

- TWO FIREARM SAFETY EVENTS REACHED 650 PARTICIPANTS GIVING AWAY 350 GUN LOCKS AND 300 GUN SAFES.

- THREE TAI CHI CLASSES WITH 34 ENCOUNTERS.

- 68 BIKE HELMETS WERE DISTRIBUTED TO CHILDREN AT THREE EVENTS WITH AN ATTENDANCE OF 169 PEOPLE.

- THREE CAR FIT SESSIONS FOR SENIORS WITH 18 ATTENDEES.

GSMC IS AN IMPORTANT PART OF THE COMMUNITY AND SERVES IN MANY WAYS IN RESPONSE TO DIRECT REQUESTS FROM COMMUNITY ORGANIZATIONS AND RESIDENTS. FROM DELIVERING CORE HEALTH CARE TO PREVENTIVE CARE TO SUPPORTING OTHER CIVIC GROUPS, OUR COMMUNITY INVOLVEMENT TAKES MANY FORMS. OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL. THEY ARE DEEPLY INVOLVED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND

Part VI Supplemental Information (Continuation)

SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT RESIDENTS ARE INFORMED ABOUT AVAILABLE SERVICES. WHEN GSMC HAS EXCESS REVENUE OVER OPERATING EXPENSES, IT USES THOSE FUNDS TO OBTAIN CURRENT HEALTHCARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND EXPAND ACCESS TO CARE FOR UNMET NEED AREAS.

PART VI, LINE 6:

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 SALT LAKE CITY, UTAH, IH CONSISTS OF A TEAM OF MORE THAN 68,000 CAREGIVERS WHO SERVE THE HEALTHCARE NEEDS OF PEOPLE ACROSS THE INTERMOUNTAIN WEST, INCLUDING UTAH, IDAHO, NEVADA, COLORADO, MONTANA, AND WYOMING. IH PROVIDES SERVICES TO AND PROMOTES THE HEALTH OF THESE COMMUNITIES THROUGH 33 HOSPITALS, HUNDREDS OF CLINICS, A MEDICAL GROUP, AFFILIATE NETWORKS, HOMECARE, TELEHEALTH, INSURANCE PLANS, MEDICAL AIR TRANSPORT, AND OTHER SERVICES. IH 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 UNDERSERVED POPULATIONS.

SCHEDULE H, PART VI, LINE 4
CONTINUED NARRATIVE

GOOD SAMARITAN MEDICAL CENTER:

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

OTHER NOT-FOR-PROFIT HOSPITALS IN THE SERVICE AREA INCLUDE: COMMON SPIRIT LONGMONT UNITED HOSPITAL (LONGMONT), COMMON SPIRIT ST. ANTHONY NORTH HOSPITAL (WESTMINSTER), ADVENT HEALTH AVISTA (LOUISVILLE), BOULDER COMMUNITY HOSPITAL (BOULDER), UCHEALTH LONGS PEAK HOSPITAL (LONGMONT), UCHEALTH BROOMFIELD HOSPITAL (BROOMFIELD), AND INTERMOUNTAIN HEALTH LUTHERAN HOSPITAL (WHEAT RIDGE).

FOR-PROFIT HOSPITAL IN THE SERVICE AREA: HEALThONE MOUNTAIN RIDGE AT

Part VI Supplemental Information (Continuation)

NORTH SUBURBAN HOSPITAL (THORNTON).

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

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

POPULATION BY AGE: IN THE GSMC SERVICE AREA, 26.5% WERE AGES 19 YEARS AND YOUNGER, 61% WERE 20 TO 64 YEARS, AND 12.6% WERE AGES 65 YEARS AND OLDER. ADAMS AND WELD COUNTIES HAD THE HIGHEST PERCENTAGE OF YOUTH, AGES 0 TO 19 YEARS (29.3%).

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

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

SOCIAL AND ECONOMIC FACTORS RANKINGS: COUNTY HEALTH RANKINGS EXAMINED DATA RELATED TO HEALTH FACTORS TO RANK COLORADO'S 64 COUNTIES ON SOCIAL AND ECONOMIC INDICATORS, WITH 1 BEING THE BEST FOR HEALTH FACTORS. THIS RANKING TOOK INTO CONSIDERATION HIGH SCHOOL GRADUATION RATES, UNEMPLOYMENT, CHILDREN IN POVERTY, SOCIAL SUPPORT, AND OTHER. THE COUNTIES IN GSH'S SERVICE AREA RANKED AS FOLLOWS: ADAMS COUNTY RANKED 38 OF 64, WELD COUNTY 28 OF 64, JEFFERSON COUNTY 15 OF 64, BOULDER COUNTY 13 OF 64, AND BROOMFIELD COUNTY 2 OF 64.

PERSONS LIVING IN POVERTY: IN BOULDER COUNTY 11.8% OF PEOPLE LIVED IN POVERTY, WHICH IS HIGHER THAN THE U.S. AVERAGE OF 11.5%. (US CENSUS).

ECONOMICS, 2020: THE MEDIAN HOUSEHOLD INCOME IN THE STATE WAS \$77,104. THE MEDIAN INCOMES IN THE SERVICE AREAS WERE BROOMFIELD (\$106,892), JEFFERSON (\$89,696), BOULDER (\$88,341), WELD (\$78,160), AND ADAMS (\$75,341).

EDUCATIONAL ATTAINMENT FOR ADULTS (AGE 25 AND OLDER: THE POPULATION IN GSMC'S SERVICE AREA HAD A 91.6% HIGH SCHOOL GRADUATION RATE AND 8.4% HAD NOT ATTAINED A HIGH SCHOOL DIPLOMA. ADDITIONALLY, 19.3% HAD SOME COLLEGE WITH NO DEGREE, AND 43.9% HAD A BACHELOR'S DEGREE OR HIGHER. BOULDER COUNTY HAD THE HIGHEST RATE OF COLLEGE EDUCATION, WITH 62.1% OF ADULTS ATTAINING A BACHELOR'S DEGREE, AND ADAMS COUNTY HAD THE LOWEST ATTAINMENT AT 24.3%. ADAMS COUNTY HAD THE HIGHEST RATE OF ADULTS WITHOUT A HIGH SCHOOL DIPLOMA AT 16.2%. ADAMS COUNTY HAD THE LOWEST AT 83.8%.

HEALTH INSURANCE COVERAGE, CIVILIAN NONINSTITUTIONALIZED POPULATION,

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 7:

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

**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

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

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
LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033	20-8846152	501 (C) (3)	901,070.	0.			PROGRAM SUPPORT
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 200 EXEMPLA CIRCLE - LAFAYETTE, CO 80026	84-1649162	501 (C) (3)	365,445.	0.			PROGRAM SUPPORT
PROJECT CURE INTERNATIONAL HEADQUARTERS - 10377 E. GEDDES AVENUE - CENTENNIAL, CO 80112	84-1568566	501 (C) (3)	0.	280,534.	BOOK	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION
BENEFITS IN ACTION 12157 W CEDAR DR, SUITE 100 LAKEWOOD, CO 80228	87-3774775	501 (C) (3)	96,000.	0.			ACCESS TO CARE WORK DONATION/CORPORATE GRANTS
JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE STREET STE 200 WHEAT RIDGE, CO 80033	84-0474717	501 (C) (3)	35,000.	0.			SPONSORSHIP/SCHOOL BASED COUNSELING SERVICES GRANT
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DRIVE LAFAYETTE, CO 80026	84-0820308	501 (C) (3)	15,000.	0.			DOING GOOD GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

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
VIA MOBILITY SERVICES 2855 N 63RD STREET BOULDER, CO 80301	84-0777296	501 (C) (3)	10,000.	0.			DOING GOOD GRANT
ST LOUIS CATHOLIC PARISH IN LOUISVILLE - 902 GRANT AVE - LOUISVILLE, CO 80027	84-6012535	501 (C) (3)	8,700.	0.			DOING GOOD GRANT
COAL CREEK MEALS ON WHEELS 455 N BURLINGTON LAFAYETTE, CO 80026	84-0634856	501 (C) (3)	8,000.	0.			DOING GOOD GRANT
A PRECIOUS CHILD, INC. 7051 W 118TH AVENUE BROOMFIELD, CO 80020	26-3349334	501 (C) (3)	7,500.	0.			DOING GOOD GRANT
COLORADO PERSONALIZED EDUCATION PROGRAM FOR PHYSICIANS - 720 S COLORADO BLVD 1100-N - DENVER, CO 80246	74-2565416	501 (C) (3)	6,000.	0.			DONATIONS
BROOMFIELD FISH 6 GARDEN CENTER BROOMFIELD, CO 80020	84-1591870	501 (C) (3)	5,800.	0.			DOING GOOD GRANT
MENTAL HEALTH PARTNERS 1455 DIXON AVE LAFAYETTE, CO 80026	84-0520493	501 (C) (3)	5,500.	0.			DOING GOOD GRANT/SUICIDE PREVENTION TABLE SPONSORSHIP

Schedule I (Form 990)

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

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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) DANIEL POSSLEY, MD PHYSICIAN	(i)	927,827.	924,424.	5,767.	20,700.	45,007.	1,923,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT PEEK TRUSTEE/MKT PRES, FRONT RANGE MKT/PR	(i)	778,339.	336,241.	4,697.	354,414.	31,406.	1,505,097.	236,241.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JESS JOYMON, MD PHYSICIAN	(i)	949,694.	368,244.	2,765.	20,700.	46,649.	1,388,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BASHEAL AGRAWAL, MD PHYSICIAN	(i)	846,269.	270,493.	2,611.	20,700.	45,869.	1,185,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT REPLOGLE, MD PHYSICIAN	(i)	853,658.	257,493.	9,586.	20,700.	37,946.	1,179,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAKE CHANIN, MD PHYSICIAN	(i)	621,093.	494,095.	2,483.	20,700.	19,370.	1,157,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAWN ANUSZKIEWICZ PRESIDENT GSMC	(i)	467,583.	152,936.	2,892.	219,038.	23,272.	865,721.	147,087.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEVEN HANKINS VP CHIEF OPERATING OFFICER GSMC	(i)	297,285.	76,364.	359,025.	78,413.	1,613.	812,700.	163,650.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TROY STOEHR FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,480.	66,804.	327,213.	67,017.	29,536.	724,050.	164,209.
(10) SEAN FADDEN TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	399,078.	106,655.	25,773.	163,417.	19,517.	714,440.	130,898.
(11) ANDREA BURCH VP, COO/CNO (PARTIAL), PRESIDENT LMC	(i)	387,444.	79,337.	36,056.	175,309.	34,194.	712,340.	113,579.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTOPHER AWTREY CMO, FRONT RANGE MEDICAL GROUP	(i)	418,573.	95,048.	4,724.	80,954.	31,406.	630,705.	95,048.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TONI GREEN-CHEATWOOD VP CMO GSMC/LMC (PARTIAL), ACO CO	(i)	419,647.	89,513.	2,073.	74,252.	31,406.	616,891.	89,513.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANN GANTZER VP CNO GSMC, INT. CNO LMC (PARTIAL)	(i)	303,103.	67,993.	78,795.	72,691.	31,406.	553,988.	66,846.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TERENCE MOLOUGHNEY SECRETARY (PARTIAL)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,180.	69,994.	213,230.	48,033.	14,289.	516,726.	57,779.
(16) JOHN WICKLUND FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	481,282.	0.	0.	481,282.	0.

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ASHLEY DENTON	(i)	0.	0.	0.	0.	0.	0.	0.
VP FINANCE LMC (PARTIAL)/AVP FINANCE	(ii)	273,142.	62,205.	888.	108,380.	31,406.	476,021.	62,205.
(18) MICHELLE SHIAO	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	252,775.	58,072.	22,245.	96,251.	32,699.	462,042.	78,722.
(19) SCOTT DAY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	55,101.	67,923.	314,089.	7,447.	3,158.	447,718.	67,923.
(20) KELLY ADAMS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY (PARTIAL)	(ii)	238,931.	24,559.	31,011.	56,058.	34,534.	385,093.	24,559.
(21) PATRICE FARRELL-DELINE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	205,000.	46,597.	20,572.	80,672.	23,129.	375,970.	63,915.
(22) ELIZABETH WITHERS	(i)	321,932.	20,000.	1,995.	6,876.	9,019.	359,822.	0.
CMO, GSMC (PARTIAL)	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) CALVIN BEASLEY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	215,401.	27,788.	1,381.	51,981.	24,330.	320,881.	27,788.
(24) MEGAN DURNING	(i)	151,725.	55,025.	39,408.	39,414.	0.	285,572.	79,287.
VP STRATEGY AND BUS DEVELOPMENT LMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) REAGAN GOODNIGHT	(i)	184,414.	20,109.	17,450.	36,925.	22,361.	281,259.	20,109.
VP, CNO LMC (PARTIAL)	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) LARA ZARZECKI	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY (PARTIAL)	(ii)	168,910.	25,416.	33,638.	12,714.	25,658.	266,336.	25,416.
(27) KATARZYNA CRABTREE, MD	(i)	219,750.	0.	995.	4,395.	2,070.	227,210.	0.
CMO, LMC (PARTIAL)	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) CHRISTINA JOHNSON	(i)	148,106.	6,612.	394.	24,717.	2,244.	182,073.	6,612.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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 A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) OR INTERMOUNTAIN FRONT RANGE, INC. COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SISTERS OF CHARITY OF LEAVENWORTH HEALTHY SYSYTEM, INC. AND ALL OF ITS AFFILIATES.

THE COMPENSATION COMMITTEE OF THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC. (PARENT ORGANIZATION) 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.

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, LINES 4A-B:

SCHEDULE J, PART I, LINE 4A:

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.

SEVERANCE PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS TO DEPARTING EMPLOYEES. THE INDIVIDUALS AND THE AMOUNTS PAID FOR SEVERANCE IN 2024 WERE: TERENCE MOLOUGHNEY - \$212,179; STEVEN HANKINS - \$269,763; JOHN WICKLUND - \$480,143; SCOTT DAY - \$284,613; TROY STOEHR - \$228,918.

SCHEDULE J, PART I, LINE 4B:

PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

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

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

NQDC SERP PLAN STARTING IN 2014

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

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.

CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2024.
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 2024 WERE:- SEAN FADDEN -
\$24,243; ANDREA BURCH - \$34,243; ANN GANTZER - \$69,740; MEGAN DURNING -
\$24,261; STEVEN HANKINS - \$87,285; PATRICE FARRELL-DELINE - \$17,318; SCOTT
DAY - \$27,597; MICHELLE SHIAO - \$20,650; TROY STOEHR - \$97,405.

SCHEDULE J - 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
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	Employer identification number
INTERMOUNTAIN FRONT RANGE, INC.	84-1103606

FORM 990, PART III, LINES 4A - 4D

DESCRIPTION OF PROGRAM SERVICE ACHIEVEMENTS:

INTERMOUNTAIN FRONT RANGE, INC. (FORMERLY KNOWN AS SCL HEALTH - FRONT RANGE, INC.) OPERATES LUTHERAN MEDICAL CENTER (LMC) SERVING PRIMARILY WESTERN AND SOUTHERN SUBURBAN AREAS OF METRO DENVER AND GOOD SAMARITAN MEDICAL CENTER (GSMC), SERVING PRIMARILY BOULDER AND NORTHWEST COUNTIES OF METRO DENVER, AND OTHER AFFILIATED MEDICAL OPERATIONS. LUTHERAN MEDICAL CENTER BEGAN IN 1905 AS THE EVANGELICAL LUTHERAN SANITARIUM, A TENT COLONY FOR TUBERCULOSIS PATIENTS. IN 1961, LUTHERAN HOSPITAL, A GENERAL MEDICAL FACILITY LOCATED ON A 100-ACRE CAMPUS OPENED. IN 1973, A SIX-FLOOR TOWER WAS ADDED AND IN 1985 A CRITICAL CARE UNIT WAS ADDED, BRINGING THE NUMBER OF LICENSED BEDS TO 338. IN AUGUST 2024, THE NEW INTERMOUNTAIN LUTHERAN HOSPITAL OPENED, REPLACING THE PREVIOUS HOSPITAL CAMPUS WITH A NEW STATE OF THE ART HOSPITAL CONSISTING OF SIX STORIES AND 226 LICENSED BEDS. IT EXPANDS ACCESS TO EMERGENCY AND CRITICAL CARE FOR FAMILIES IN JEFFERSON COUNTY AND WEST DENVER SUBURBS.

IN JANUARY 1998, LUTHERAN MEDICAL CENTER JOINED SAINT JOSEPH HOSPITAL AND EXEMPLA MEDICAL GROUP TO FORM EXEMPLA HEALTHCARE, A NON-PROFIT COMMUNITY BASED ORGANIZATION, TO MANAGE OPERATIONS OF THE HOSPITAL AND MEDICAL GROUP. IN DECEMBER 2004, GOOD SAMARITAN MEDICAL CENTER, A COMMUNITY-BASED, ACUTE-CARE HOSPITAL, WAS CONSTRUCTED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IN 2010, EXEMPLA HEALTHCARE WAS ACQUIRED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IN DECEMBER 2013, THE NAME WAS CHANGED FROM EXEMPLA HEALTHCARE TO SCL HEALTH FRONT RANGE, INC.

ON APRIL 1, 2022, INTERMOUNTAIN HEALTH CARE, INC. AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AFFILIATED, CREATING A MODEL HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA, AND WYOMING. THE ORGANIZATION EMPLOYS MORE THAN 68,000 CAREGIVERS, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE MILLION PEOPLE IN COLORADO, IDAHO, NEVADA, AND UTAH.

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

INTERMOUNTAIN FRONT RANGE, INC. HAS A VARIETY OF PROGRAMS AND SERVICES TO SERVE THE COMMUNITY INCLUDING BUT NOT LIMITED TO:

- LUTHERAN MEDICAL CENTER:
- CANCER CARE (CANCER CENTERS OF COLORADO, BREAST CARE CENTER)
 - CERTIFIED COMPREHENSIVE STROKE CENTER
 - EMERGENCY AND TRAUMA SERVICES (LEVEL II TRAUMA CENTER)

Name of the organization	Employer identification number
INTERMOUNTAIN FRONT RANGE, INC.	84-1103606

- FAMILY MEDICINE
 - HEART AND NEUROVASCULAR CENTER
 - HOSPICE AND PALLIATIVE CARE
 - LABOR AND DELIVERY
 - ORTHOPEDICS
 - RADIOLOGY, IMAGING AND ANCILLARY SERVICES
 - SENIOR BEHAVIORAL HEALTH
 - SPORTS MEDICINE
 - SURGERY CENTER (INCLUDING ROBOTIC-ASSISTED SURGERY)
 - REHABILITATION SERVICES
 - WOMEN'S HEALTH

GOOD SAMARITAN MEDICAL CENTER:

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

DURING 2024, INTERMOUNTAIN FRONT RANGE, INC. HAD THE FOLLOWING

RESULTS:

ADMISSIONS - 26,384
 OUTPATIENT VISITS - 263,002
 EMERGENCY ROOM VISITS - 96,453
 BIRTHS - 2,781
 SURGERIES - 14,022
 LAB TESTS - 1,692,297

MISSION, VISION, AND VALUES:

MISSION:

HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.

VISION:

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

VALUES:

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

Name of the organization INTERMOUNTAIN FRONT RANGE, INC.	Employer identification number 84-1103606
---	--

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:

STEVEN BROWN, MD / LARA ZARZECKI / GRACE JIMENEZ / TERENCE MOLOUGHNEY / KELLY ADAMS / SEAN FADDEN - BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN SISTERS OF CHARITY HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION).

CHRISTINE FORKNER / STEPHEN FRANKEL - BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE GOVERNING DOCUMENTS WERE UPDATED TO REFLECT A MEMBER SUBSTITUTION AND A NAME CHANGE, BOTH OF WHICH WERE IN CONNECTION WITH AN INTERNAL REORGANIZATION TO CLARIFY SECULAR AND CATHOLIC ENTITIES WITHIN THE INTERMOUNTAIN HEALTH SYSTEM. IN THE MEMBER SUBSTITUTION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ("SCL HEALTH") TRANSFERRED ITS MEMBERSHIP INTEREST TO INTEGRITY HEALTH. BOTH SCL HEALTH AND INTEGRITY HEALTH ARE SUBSIDIARIES WITHIN THE INTERMOUNTAIN HEALTH SYSTEM. ALONG WITH THE SUBSTITUTION, THE CORPORATION, FORMERLY KNOWN AS SCL HEALTH - FRONT RANGE, INC., CHANGED ITS NAME TO INTERMOUNTAIN FRONT RANGE, INC.

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

MEMBERS OR STOCKHOLDERS:

INTEGRITY HEALTH IS THE SOLE MEMBER OF INTERMOUNTAIN FRONT RANGE, INC.

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

POWER TO ELECT OR APPOINT MEMBERS:

INTEGRITY HEALTH, THE SOLE MEMBER OF INTERMOUNTAIN FRONT RANGE, INC., HAS THE POWER TO APPOINT TRUSTEES TO THE INTERMOUNTAIN FRONT RANGE, INC. BOARD OF TRUSTEES, SUBJECT TO RATIFICATION BY INTERMOUNTAIN HEALTH CARE, INC.

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

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS:

WHILE INTEGRITY HEALTH IS THE SOLE MEMBER OF INTERMOUNTAIN FRONT RANGE, INC., RESERVED POWERS ARE PRIMARILY HELD BY INTERMOUNTAIN HEALTH CARE, INC. (INTERMOUNTAIN), WHICH IS THE SOLE MEMBER OF INTEGRITY HEALTH. INTEGRITY HEALTH 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;

Name of the organization INTERMOUNTAIN FRONT RANGE, INC.	Employer identification number 84-1103606
---	--

- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS OF THE CORPORATION;
 - PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION;
 - OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE, INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR THE PROPER OPERATION OF THE CORPORATION;
 - OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND EVIDENCED-BASED MEDICINE;
 - APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE, LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;
 - APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE RESTRUCTURING OF THE CORPORATION;
 - OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE 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.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:
 EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY REPORTED INFORMATION CHANGES. ADDITIONALLY, BOARD MEMBERS ARE ASKED AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF THEY ARE AWARE OF ANY CONFLICTS.

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

FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF INTERMOUNTAIN HEALTH CARE, INC.

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

Name of the organization INTERMOUNTAIN FRONT RANGE, INC.	Employer identification number 84-1103606
---	--

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
- VICE PRESIDENT

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 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 AVAILABLE TO THE PUBLIC:

INTERMOUNTAIN FRONT RANGE, 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/P21914280-P21463550-P21912552.PDF](https://emma.msrb.org/P21914280-P21463550-P21912552.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 IX, LINE 11G, OTHER FEES:
 CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	42,958,474.
MANAGEMENT AND GENERAL EXPENSES	2,822,117.
FUNDRAISING EXPENSES	0.

Name of the organization	Employer identification number
INTERMOUNTAIN FRONT RANGE, INC.	84-1103606

TOTAL EXPENSES	45,780,591.
----------------	-------------

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	27,671,431.
--------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	1,817,849.
---------------------------------	------------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	29,489,280.
----------------	-------------

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	75,022,674.
--------------------------	-------------

MANAGEMENT AND GENERAL EXPENSES	4,928,545.
---------------------------------	------------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	79,951,219.
----------------	-------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	155,221,090.
--	--------------

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

TRANSFER TO/FROM PARENT	2,643,163.
-------------------------	------------

**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

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GOOD SAMARITAN MEDICAL CENTER, LLC - 43-1982139, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	HOSPITAL SERVICES	COLORADO	367,046,484.	217,265,872.	INTERMOUNTAIN FRONT RANGE, INC.
INTERMOUNTAIN MEDICAL GROUP - DENVER, LLC - 46-3778226, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	262,460,374.	37,942,010.	INTERMOUNTAIN FRONT RANGE, INC.
SCL PHYSICIANS - RMPC, LLC - 35-2563201 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	0.	0.	INTERMOUNTAIN MEDICAL GROUP - DENVER, LLC
INTERMOUNTAIN MEDICAL GROUP - GRAND JUNCTION, LLC - 46-3778277, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81502	PHYSICIAN SERVICES	COLORADO	135,824,004.	9,653,043.	INTERMOUNTAIN FRONT RANGE, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. - 23-7379161, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KANSAS	501(C)(3)	LINE 12C, III-FI	INTERMOUNTAIN HEALTH CARE, INC.	X	
SCL HEALTH FOUNDATION - 82-3290526 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	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	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	X	
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL	X	
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	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	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SCLHS	X	
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.	X	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	INTERMOUNTAIN FRONT RANGE, INC.	X	
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	INTERMOUNTAIN FRONT RANGE, INC.	X	
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SCLHS	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	
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SCLHS	X	
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SCLHS	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE	X	
ST. JAMES HEALTHCARE - 81-0231785 400 SOUTH CLARK STREET BUTTE, MT 59701					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					SCLHS	X	
ST. VINCENT HEALTHCARE FOUNDATION, INC. - 81-0468034, 1106 NORTH 30TH STREET, BILLINGS, MT 59101	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	SCL HEALTH - MONTANA	X	
INTERMOUNTAIN HEALTH CARE, INC. - 87-0269232 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111					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					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					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					INTERMOUNTAIN HEALTH CARE, INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	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	No
CARENT LABORATORY SOLUTIONS, LLC - 32-0557616, 22240 COUNTRY ROAD 39, LASALLE, CO 80645	MEDICAL LABORATORY	CO	N/A	C CORP	N/A	N/A	N/A	X	
CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A	X	
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	REAL ESTATE MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A	X	
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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OUTPATIENT SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A	X		N/A
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MONUMENT HEALTH, LLC. - 47-4424617, 744 HORIZON CT., STE. 260, GRAND JUNCTION, CO 81506	HEALTH CARE NETWORK	CO	N/A	N/A	N/A	N/A		X	N/A	X		N/A
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		X	N/A	X		N/A
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OUTPATIENT CANCER	CO	N/A	N/A	N/A	N/A		X	N/A	X		N/A
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A	X		N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OUTPATIENT SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A	X		N/A
GALLATIN VALLEY SURGERY CENTER, LLC - 88-2505265, 2825 WEST MAIN STREET, SUITE C, BOZEMAN, MT 59718	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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FIRST FLIGHT OF WYOMING, LLC - 92-1785143, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MCKAY DEE SURGICAL CENTER, LLC - 26-0286308, 3895 HARRISON BLVD, STE 200, OGDEN, UT 84403	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	INNOVATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHBOX SALT LAKE CITY I, LLC - 46-5338772, 33 WEST MONROE STREET, STE 1700, CHICAGO, IL 60603	INNOVATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INTERMOUNTAIN VENTURES FUND, LLC - 84-4037085, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PELION OPPORTUNITY FUND III, LLC - 84-2757193, 2750 E COTTONWOOD PARKWAY, STE 600, SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP KOREA BUYOUT INVESTORS II, LP - 82-4971663, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP SPECIAL SITUATIONS II, LP - 83-2883726, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AACP KOREA BUYOUT INVESTORS IV, LP - 98-1549044, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LOGAN SURGERY CENTER, LLC - 86-1965725, 1300 NORTH 500 EAST, LOGAN, UT 84341	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
SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642	OUTPATIENT SURGERY	ID	N/A	N/A	N/A	N/A		X	N/A	X		N/A
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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
PARK CITY SURGICAL CENTER REAL ESTATE, LLC - 86-2568233, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060	LEASES LAND	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
AE CO-INVESTMENT PARTNERS FUND III-F, LP - 33-1693433, 6700 BROKEN SOUND PKWY NW, BOCA RATON, FL 33487	INVESTMENTS	FL	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
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) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	B	365,445.	CASH
(2) LUTHERAN MEDICAL CENTER FOUNDATION	B	901,070.	CASH
(3) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	C	154,733.	CASH
(4) LUTHERAN MEDICAL CENTER FOUNDATION	C	3,708,525.	CASH
(5) SAINT JOSEPH HOSPITAL, INC.	C	6,858,810.	CASH
(6) ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	C	17,858,330.	CASH

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	M	147,391,188.	CASH
(8) SAINT JOSEPH HOSPITAL, INC.	Q	6,297,248.	CASH
(9) BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Q	1,971,402.	CASH
(10) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	P	12,368,688.	CASH
(11) IHC HEALTH SERVICES, INC.	P	615,651.	CASH
(12) SAINT JOSEPH HOSPITAL, INC.	S	24,240,543.	CASH
(13) ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	S	33,403,810.	CASH
(14) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	S	2,643,163.	CASH
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

[illegible]

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

Electronic Filing PDF Attachment

CONSOLIDATED FINANCIAL STATEMENTS

Intermountain Health Care, Inc. and Affiliated Companies
Years Ended December 31, 2024 and 2023
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, 2024 and 2023, 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, 2024 and 2023, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

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



Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedules of consolidating financial information on pages 38-39 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Salt Lake City, Utah
March 18, 2025

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

	December 31	
	2024	2023
Assets		
Current assets:		
Cash and equivalents	\$ 1,243	\$ 801
Assets limited as to use	2,046	1,726
Patient accounts receivable	1,466	1,437
Due from brokers for securities sold	724	553
Inventory	294	266
Other current assets	833	901
Total current assets	<u>6,606</u>	<u>5,684</u>
Assets limited as to use	15,132	13,638
Property and equipment, net	6,754	6,481
Other assets	1,595	1,550
Total assets	<u><u>\$ 30,087</u></u>	<u><u>\$ 27,353</u></u>
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 892	\$ 1,000
Compensation and related liabilities	696	615
Due to brokers for securities purchased	1,370	1,103
Medical claims payable	338	325
Other current liabilities	596	452
Current portion of long-term debt	47	54
Long-term debt subject to short-term remarketing arrangements	676	623
Total current liabilities	<u>4,615</u>	<u>4,172</u>
Long-term debt	4,108	3,784
Other liabilities	1,130	1,087
Net assets:		
Without donor restrictions	19,679	17,771
With donor restrictions	555	539
	<u>20,234</u>	<u>18,310</u>
Total liabilities and net assets	<u><u>\$ 30,087</u></u>	<u><u>\$ 27,353</u></u>

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

	Year Ended December 31	
	2024	2023
Revenues		
Patient services	\$ 10,098	\$ 9,474
Premiums and capitation	6,033	5,646
Other revenues	1,014	940
	<u>17,145</u>	<u>16,060</u>
Expenses		
Employee compensation and benefits	7,221	6,933
Supplies	3,089	2,897
Medical claims	3,022	2,800
Other expenses	2,743	2,575
	<u>16,075</u>	<u>15,205</u>
Earnings before interest, depreciation and amortization	1,070	855
Depreciation and amortization	605	615
Interest	95	103
	<u>700</u>	<u>718</u>
Net operating income	370	137
Nonoperating income		
Investment income	1,376	1,469
Excess of revenues over expenses	<u>\$ 1,746</u>	<u>\$ 1,606</u>

(continued)

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

	Year Ended December 31	
	2024	2023
Net assets without donor restrictions		
Excess of revenues over expenses	\$ 1,746	\$ 1,606
Unrecognized changes in funded status of postretirement benefit plans	63	(56)
Net assets released from restrictions for the purchase of property and equipment	40	12
Net changes in fair value of cash flow hedges	34	5
Other	25	10
Increase in net assets without donor restrictions	<u>1,908</u>	<u>1,577</u>
Net assets with donor restrictions		
Contributions	74	75
Net assets released from restrictions and other	(58)	(47)
Increase in net assets with donor restrictions	<u>16</u>	<u>28</u>
Increase in net assets	1,924	1,605
Net assets at beginning of year	<u>18,310</u>	<u>16,705</u>
Net assets at end of year	<u><u>\$ 20,234</u></u>	<u><u>\$ 18,310</u></u>

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	
	2024	2023
Reconciliation of increase in net assets to net cash provided by operating activities		
Increase in net assets	\$ 1,924	\$ 1,605
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Investment gains, net	(1,417)	(1,196)
Net change in fair value of interest rate swaps	(38)	3
Unrecognized changes in funded status of postretirement benefit plans	(63)	56
Postretirement benefit plans expense	86	71
Restricted contributions	(32)	(31)
Depreciation and amortization	605	615
Net change in current assets and liabilities:		
Patient accounts receivable	(29)	(73)
Inventory	(28)	18
Other current assets	68	(293)
Accounts payable and accrued liabilities	(108)	76
Compensation and related liabilities	81	36
Medical claims payable	13	(22)
Other current liabilities	144	81
Other	(133)	26
Net cash provided by operating activities	\$ 1,073	\$ 972

(continued)

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

	Year Ended December 31	
	2024	2023
Investing activities		
Purchases of property and equipment	\$ (852)	\$ (930)
Net sales (purchases) of investments	(267)	77
Net cash used in investing activities	<u>(1,119)</u>	<u>(853)</u>
Financing activities		
Proceeds from issuance of debt	1,376	13
Repayment of debt	(933)	(107)
Borrowings under lines of credit	365	—
Repayment of borrowings under lines of credit	(365)	—
Restricted contributions	32	31
Net cash provided by (used in) financing activities	<u>475</u>	<u>(63)</u>
Net increase in cash and equivalents	429	56
Cash and equivalents at beginning of year	889	833
Cash and equivalents at end of year	<u>\$ 1,318</u>	<u>\$ 889</u>
Reconciliation of cash and equivalents		
Cash and equivalents	\$ 1,243	\$ 801
Cash in assets limited as to use	75	88
Cash and equivalents	<u>\$ 1,318</u>	<u>\$ 889</u>

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

1. Organization

The mission of Intermountain Health Care, Inc. (Intermountain) is “helping people live the healthiest lives possible.” Intermountain is a Utah nonprofit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Internal Revenue Code (Code). Intermountain is the sole corporate member or parent company of several nonprofit companies, the most significant of which is IHC Health Services, Inc. (Health Services). Health Services, which has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, owns and manages hospitals, clinics and other health-related operations, principally in Utah and Idaho. Sisters of Charity of Leavenworth Health System, Inc. (SCL Health), which has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, is a Catholic ministry that operates hospitals and clinics in Colorado, Montana and Wyoming and is affiliated with Intermountain. The applicable SCL Health care sites continue to operate in accordance with the Catholic ethical and religious directives. Intermountain is the sole corporate member of SelectHealth, Inc. (Select Health), a licensed health maintenance organization and third-party administrator that has been granted an exemption from federal income tax as a social welfare organization under Section 501(c)(4) of the Code. Intermountain is also the sole corporate member of Intermountain Medical Holdings Nevada, Inc. (Intermountain Nevada), which provides medical services to members under capitation agreements and operates clinics in the state of Nevada.

2. Significant Accounting Policies

Principles of Consolidation

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

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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 and accounts payable and accrued liabilities approximate fair value due to the short-term nature of these instruments. Cash and equivalents and assets limited as to use are carried at fair value.

Concentrations of Credit Risk

Financial instruments that potentially subject the Health System to concentrations of credit risk consist primarily of patient accounts receivable. Medicare and Medicaid accounts, including amounts receivable from government-sponsored plans through Select Health, represent 24% and 41% of net patient accounts receivable as of December 31, 2024 and 2023, respectively. Management does not believe there are any other significant concentrations of credit risk as of December 31, 2024 or 2023.

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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), including variable consideration for certain estimated retroactive adjustments under payment programs with third-party payers, in exchange for providing patient care. Estimates of contractual adjustments 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 employer groups, individuals and government entities that are generally written on an annual basis. The associated premiums are recognized as revenue in the period in which enrolled members are entitled to receive healthcare services. Amounts received by Select Health prior to the period of coverage are included in other current liabilities in the consolidated balance sheets.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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, proactive care at-risk contracts, third-party administration fees, medical office rentals and cafeteria sales. The Health System recognizes other revenues at amounts that reflect the consideration it has received, or to which it expects to be entitled, in exchange for providing products or services. Performance obligations for other revenues are generally satisfied over a period of one year or less.

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 and net changes in fair value of cash flow hedges.

Reclassifications

Certain reclassifications were made to the 2023 consolidated financial statements and accompanying notes to conform to the 2024 presentation. These changes had no impact on excess of revenues over expenses or net assets of the Health System.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

3. Charity Care and Community Benefit

The estimated cost of charity care provided by the Health System was \$272 and \$236 in 2024 and 2023, 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 health education and community-based health initiatives focusing on prediabetes prevention, high blood pressure, depression, suicide and prescription opioid misuse as well as increasing access to health and behavioral health services. The Health System supports upstream initiatives, such as social care and nutrition security, through ongoing expansion of programs that screen for social care needs, building collaborations to address needs and utilization of predictive data for proactive outreach. Other community benefit services include community and school-based health clinics, intern and resident training, health professions education and medical research. The Health System owns and operates 4 community and school-based health clinics in Colorado and Utah 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 75 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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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	
	2024	2023
Cash and equivalents	\$ 1,243	\$ 801
Assets limited as to use	17,178	15,364
Patient accounts receivable	1,466	1,437
Due from brokers for securities sold	724	553
Other current assets	833	901
Less amounts not available to be used within one year:		
Private debt, private equity, real asset and strategic development funds	(3,293)	(2,913)
Donor-restricted funds	(496)	(434)
Bond funds held in trust	(399)	(199)
Prepaid assets and other	(186)	(215)
Investments held by a trustee per statutory requirements	(51)	(49)
	<u>\$ 17,019</u>	<u>\$ 15,246</u>

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
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
	<u>\$ 6,150</u>	<u>\$ 4,287</u>	<u>\$ 3</u>	10,440
Investments measured using NAV per share or its equivalent				<u>6,738</u>
Fair value of assets limited as to use				<u>\$17,178</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets limited as to use:				
Cash investments	\$ 362	\$ —	\$ —	\$ 362
Equity securities	4,927	—	—	4,927
Fixed-income securities	921	2,890	5	3,816
Asset allocation funds	34	—	—	34
Global/international debt funds	226	—	—	226
Investment derivatives, net	—	(30)	—	(30)
	<u>\$ 6,470</u>	<u>\$ 2,860</u>	<u>\$ 5</u>	<u>9,335</u>
Investments measured using NAV per share or its equivalent				<u>6,029</u>
Fair value of assets limited as to use				<u>\$ 15,364</u>

Changes in Level 3 financial instruments were not significant.

The Health System uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used by the Health System for certain financial instruments is the NAV per share. The NAV per share provided by fund administrators for these financial instruments considers variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information. Management reviews the valuations and assumptions used by fund administrators to evaluate NAV per share for reasonableness and believes that the carrying amounts of the related financial instruments are reasonable estimates of fair value.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

5. Fair Value Measurements (continued)

The practical expedient used by the Health System for certain financial instruments is the NAV per share equivalent. For these financial instruments, the valuation of the transaction price is initially used as the best estimate of fair value. Accordingly, when a private debt, private equity, real asset or strategic development fund administrator provides a valuation, it is adjusted so the value at inception equals the transaction price. The initial valuation is adjusted when changes to inputs and assumptions are corroborated by evidence, such as transactions of similar financial instruments; completed or pending third-party transactions in the underlying security; offerings in the capital markets; or changes in financial results, data or cash flows. For positions that are not traded in active markets or are subject to notice provisions, valuations are adjusted to reflect such provisions, and the adjustments are generally based on available market evidence.

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

	2024	2023	Redemption Frequency	Redemption Notice Period
Common/collective trust funds	\$ 1,495	\$ 1,522	Monthly	5 to 30 days
Global/international equity funds	334	271	Monthly	10 to 60 days
Global/international debt funds	389	84	Daily, monthly, quarterly	5 to 90 days
Absolute return and hedge funds	1,227	1,239	Monthly, quarterly	5 to 90 days
Private debt, private equity, real asset and strategic development funds	3,293	2,913	Event driven	—
	<u>\$ 6,738</u>	<u>\$ 6,029</u>		

The fair values of private debt, private equity, real asset and strategic development funds were estimated using the most current information available, which is as of September 30 of the year listed or later, adjusted for cash flows and other known events impacting fair value since the valuation date. The Health System has committed up to \$5,708 for investment in these funds through 2034, of which \$2,269 had not yet been funded as of December 31, 2024.

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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	
	2024	2023
Derivative assets:		
Futures contracts	\$ 19	\$ 160
Interest rate swap agreements and other contracts	1,072	581
	<u>1,091</u>	<u>741</u>
Derivative liabilities:		
Futures contracts	(19)	(160)
Interest rate swap agreements and other contracts	(1,046)	(611)
	<u>(1,065)</u>	<u>(771)</u>
Investment derivatives, net	<u>\$ 26</u>	<u>\$ (30)</u>

6. Assets Limited as to Use

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

	December 31	
	2024	2023
Internally designated	\$ 16,232	\$ 14,682
Donor-restricted funds	496	434
Bond funds held in trust	399	199
Investments held by a trustee per statutory requirements	51	49
	<u>\$ 17,178</u>	<u>\$ 15,364</u>

Assets limited as to use include other-than-trading fixed-income securities of \$833 and \$247 as of December 31, 2024 and 2023, respectively.

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

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

6. Assets Limited as to Use (continued)

Assets limited as to use reported as noncurrent include certain internally designated investments, bond funds held in trust, donor-restricted funds 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. 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. 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. 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	
	2024	2023
Buildings and improvements	\$ 7,121	\$ 6,279
Equipment and software	2,940	2,709
	<u>10,061</u>	<u>8,988</u>
Less accumulated depreciation	(4,989)	(4,506)
	<u>5,072</u>	<u>4,482</u>
Land	760	741
Construction in progress	922	1,258
	<u>\$ 6,754</u>	<u>\$ 6,481</u>

The estimated useful life is 10 to 50 years for buildings and improvements, 3 to 15 years for equipment and 3 to 7 years for software. As of December 31, 2024, the Health System had remaining contractual obligations of \$98 for various construction projects.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

8. Other Assets

A summary of other noncurrent assets is as follows:

	December 31	
	2024	2023
Goodwill	\$ 486	\$ 478
Right-of-use assets, net	319	341
Investments in unconsolidated entities	289	274
Intangible assets, net	125	141
Contributions receivable, net	98	104
Prepaid health and welfare plan benefit	84	75
Other	194	137
	<u>\$ 1,595</u>	<u>\$ 1,550</u>

The remaining weighted average intangible asset amortization period was 9.6 and 10.4 years as of December 31, 2024 and 2023, respectively. As of December 31, 2024, the Health System had remaining contractual obligations of \$56 for various software development projects.

9. Other Current Liabilities

A summary of other current liabilities is as follows:

	December 31	
	2024	2023
Unearned revenue	\$ 248	\$ 132
Self-insurance liabilities, current portion	114	79
Lease liabilities, current portion	75	68
Medicare and Medicaid settlements	66	120
Other	93	53
	<u>\$ 596</u>	<u>\$ 452</u>

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

10. Lines of Credit

The Health System had aggregate lines of credit of \$600 available as of December 31, 2024 and 2023, respectively. As of December 31, 2024, 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, 2024 and 2023, there were no amounts outstanding on the lines of credit.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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 \$460 and \$349 as of December 31, 2024 and 2023, 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 Health Care, Inc., a Utah nonprofit corporation
- Saint Joseph Hospital, Inc., a Colorado nonprofit corporation
- SCL Health – Front Range, Inc., a Colorado nonprofit corporation
- SCL Health – Montana, a Montana nonprofit corporation
- Sisters of Charity of Leavenworth Health System, Inc., a Kansas nonprofit corporation
- St. James Healthcare, a Montana nonprofit corporation
- St. Mary's Hospital & Medical Center, Inc., a Colorado nonprofit corporation

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

12. Long-term Debt (continued)

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

	Annual Interest Rates	December 31	
		2024	2023
Revenue bond issues (subject to the MTI):			
2003, due through 2036	Variable ¹	\$ —	\$ 202
2005, due through 2037	Variable ¹	—	135
2012A, due through 2039	4.38%	—	200
2014A, due through 2045	4.00% to 5.00%	50	158
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	158
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
2018B, due through 2057	5.00%	—	50
2018C, due in 2058	Variable ¹	50	50
2019, due through 2040	4.00% to 5.00%	532	557
2020A, due through 2050	3.00% to 5.00%	200	200
2020B, due through 2060	5.00%	75	150
2022A, 2022B and 2022C, due through 2062	4.00% to 5.00%	941	945
2022D, 2022E and 2022F, due through 2062	Variable ¹	425	425
2024, due through 2039	Variable ¹	200	—
2024A, due through 2054	5.00%	648	—
2024B, due through 2034	5.00%	129	—
2024C, 2024D and 2024E, due through 2064	Variable ¹	325	—
Taxable bond issue (subject to the MTI):			
2018, due in 2048	4.13%	255	401
Other notes payable		14	13
		<u>4,576</u>	<u>4,220</u>
Add net unamortized premiums, discounts and debt issuance costs		255	241
Less current portion of long-term debt		(47)	(54)
Less long-term debt subject to short-term remarketing arrangements		<u>(676)</u>	<u>(623)</u>
Long-term debt		<u>\$ 4,108</u>	<u>\$ 3,784</u>

¹Variable rates as of December 31, 2024 and 2023 were 3.15% to 4.17% and 3.75% to 4.42%, respectively.

As of December 31, 2024, the Health System had certain interest rate swap agreements that effectively convert \$731 of its variable-rate debt to a fixed-rate basis and \$150 of its fixed-rate debt to a variable rate-basis.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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:

2025	\$	47
2026		41
2027		36
2028		46
2029		50
Thereafter		<u>4,356</u>
Long-term debt principal payments	\$	<u>4,576</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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, 2024, unrealized gains associated with interest rate swaps not designated as hedges were \$38. For the year ended December 31, 2023, unrealized losses associated with interest rate swaps not designated as hedges were \$3. Notional amounts of these interest rate swap agreements were \$1,074 as of December 31, 2024. None of these interest rate swap agreements were designated as cash flow hedges as of December 31, 2024 or 2023.

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 \$39 and \$77 as of December 31, 2024 and 2023, respectively.

Intermountain and certain affiliated companies have International Swap Dealers 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, 2024 and 2023, no collateral was required to be posted under the provisions of this ISDA agreement. The provisions of the other ISDA agreements do not require collateral deposits.

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

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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:

	2024		2023	
	Operating Leases	Financing Leases	Operating Leases	Financing Leases
Other assets	\$ 268	\$ 51	\$ 315	\$ 26
Other current liabilities	64	11	63	5
Other liabilities	262	42	314	23

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

	2024		2023	
	Operating Leases	Financing Leases	Operating Leases	Financing Leases
Terms (years)	12.5	7.7	12.3	8.6
Discount rates	2.3%	2.8%	2.3%	2.8%

Lease expenses incurred by the Health System were as follows:

	Year Ended December 31	
	2024	2023
Operating lease expense	\$ 75	\$ 83
Financing lease expense	13	11
	<u>\$ 88</u>	<u>\$ 94</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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
2025	\$ 68	\$ 13
2026	49	9
2027	43	8
2028	38	6
2029	34	4
Thereafter	148	20
	380	60
Present value adjustment	(54)	(7)
	<u>\$ 326</u>	<u>\$ 53</u>

15. Net Assets with Donor Restrictions

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

	December 31 2024	2023
Subject to expenditure for specified purposes:		
Healthcare programs and services	\$ 264	\$ 236
Buildings and equipment	120	137
Research	26	29
Community benefit	6	9
	416	411
Donor-restricted endowments subject to spending policy and appropriation:		
Healthcare programs and services	99	92
Research	36	32
Mental health initiatives	4	4
	139	128
	<u>\$ 555</u>	<u>\$ 539</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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 2024 and 2023.

Patient services revenues by major payer source were as follows:

	Year Ended December 31	
	2024	2023
Commercial insurance and other	\$ 5,549	\$ 5,051
Medicare	3,000	2,841
Medicaid	1,483	1,410
Self-pay	66	172
	<u>\$ 10,098</u>	<u>\$ 9,474</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

17. Revenues (continued)

Premiums and Capitation Revenues

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

	Year Ended December 31	
	2024	2023
Premiums:		
Individual	\$ 1,862	\$ 1,647
Large employer	1,052	1,007
Medicare Advantage	700	553
Small employer	654	633
Medicaid	549	635
	<u>4,817</u>	<u>4,475</u>
Capitation – Medicare Advantage	1,216	1,171
	<u>\$ 6,033</u>	<u>\$ 5,646</u>

18. Functional Expenses

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
Supplies	2,268	631	69	121	3,089
Medical claims	—	—	3,022	—	3,022
Other expenses	795	453	306	1,189	2,743
Depreciation and amortization	448	78	23	56	605
Interest	86	9	—	—	95
	<u>\$ 7,492</u>	<u>\$ 3,289</u>	<u>\$ 3,930</u>	<u>\$ 2,064</u>	<u>\$ 16,775</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

18. Functional Expenses (continued)

A summary of expenses by nature and function for the year ended December 31, 2023 is as follows:

	Program Services			Admini- strative	Total Expenses
	Hospitals	Clinics and Other	Healthcare Benefits		
Employee compensation and benefits	\$ 3,769	\$ 2,003	\$ 498	\$ 663	\$ 6,933
Supplies	1,989	753	67	88	2,897
Medical claims	—	—	2,800	—	2,800
Other expenses	907	359	308	1,001	2,575
Depreciation and amortization	441	79	21	74	615
Interest	90	13	—	—	103
	<u>\$ 7,196</u>	<u>\$ 3,207</u>	<u>\$ 3,694</u>	<u>\$ 1,826</u>	<u>\$ 15,923</u>

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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.

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

	Year Ended December 31	
	2024	2023
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 3,093	\$ 2,770
Interest cost	157	152
Service cost	141	130
Actuarial loss (gain)	(119)	215
Benefits paid	(201)	(174)
Benefit obligation at end of year	3,071	3,093
Change in fair value of plan assets:		
Fair value of plan assets at beginning of year	3,075	2,891
Actual return on plan assets, net of expenses	147	358
Benefits paid	(201)	(174)
Fair value of plan assets at end of year	3,021	3,075
Funded status – net liability	\$ (50)	\$ (18)

The accumulated benefit obligation of the pension plan was \$2,715 and \$2,741 as of December 31, 2024 and 2023, respectively.

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

	December 31	
	2024	2023
Unrecognized net actuarial loss	\$ (602)	\$ (664)
Unrecognized net prior service credit	3	3
	\$ (599)	\$ (661)

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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	
	2024	2023
Amortized during the year:		
Net actuarial loss	\$ 16	\$ –
Occurring during the year:		
Net actuarial gain (loss)	46	(61)
Increase (decrease) in net assets without donor restrictions	<u>\$ 62</u>	<u>\$ (61)</u>

Net actuarial gains and losses incurred in the pension plan during 2024 and 2023 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	
	2024	2023
Discount rate	5.72%	5.25%
Rate of compensation increase	4.50	4.50

A summary of pension cost is as follows:

	Year Ended December 31	
	2024	2023
Interest cost	\$ 157	\$ 152
Service cost	141	130
Amortization of net actuarial loss	16	–
Expected return on plan assets	(220)	(203)
	<u>\$ 94</u>	<u>\$ 79</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

19. Employee Retirement and Other Postretirement Plans (continued)

Assumptions used to determine pension cost were as follows:

	Year Ended December 31	
	2024	2023
Discount rate	5.25%	5.69%
Expected return on plan assets	7.00	6.50
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, 2025.

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, 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
	<u>\$ 1,191</u>	<u>\$ 669</u>	1,860
Investments measured using NAV per share or its equivalent			1,376
Transactions pending settlement, net			(215)
Fair value of plan assets			<u>\$ 3,021</u>

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Cash investments	\$ 65	\$ —	\$ 65
Equity securities	909	—	909
Fixed-income securities	206	532	738
Investment derivatives, net	—	(7)	(7)
	<u>\$ 1,180</u>	<u>\$ 525</u>	<u>1,705</u>
Investments measured using NAV per share or its equivalent			1,465
Transactions pending settlement, net			(95)
Fair value of plan assets			<u>\$ 3,075</u>

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:

	<u>2024</u>	<u>2023</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common/collective trust funds	\$ 337	\$ 469	Monthly	5 to 30 days
Global/international equity funds	77	73	Monthly	60 days
Absolute return and hedge funds	261	226	Monthly, quarterly, annually	5 to 90 days
Private debt, private equity and real asset funds	701	697	Event driven	—
	<u>\$ 1,376</u>	<u>\$ 1,465</u>		

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 \$1,343 for investment in these funds through 2032, of which \$304 had not yet been funded as of December 31, 2024.

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.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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	
	2024	2023
Derivative assets:		
Futures contracts	\$ 143	\$ 116
Forward currency and other contracts	45	35
	<u>188</u>	<u>151</u>
Derivative liabilities:		
Futures contracts	(143)	(116)
Forward currency and other contracts	(32)	(42)
	<u>(175)</u>	<u>(158)</u>
Investment derivatives, net	<u>\$ 13</u>	<u>\$ (7)</u>

Intermountain has not yet determined the amount it will contribute to the pension plan in 2025.

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

2025	\$ 210
2026	217
2027	229
2028	233
2029	241
2030–2034	1,287

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 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. Intermountain contributed \$219 and \$185 to the 401(k) plan in 2024 and 2023, respectively.

Additionally, Intermountain sponsors a 457(b) defined contribution plan. Employee contributions invested in the 457(b) plan were \$302 and \$255 as of December 31, 2024 and 2023, respectively, and are included in noncurrent assets limited as to use and other liabilities in the consolidated balance sheets.

Intermountain Health Care, Inc. and Affiliated Companies
Notes to Consolidated Financial Statements
(Dollars in Millions)

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	
	2024	2023
Fair value of plan assets	\$ 96	\$ 88
Unrecognized net actuarial gain	62	61
Benefit obligation	12	13

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, 2024 and 2023 were classified as Level 1 or used NAV as a practical expedient.

Through March 31, 2023, SCL Health sponsored a 401(k) defined contribution plan for eligible employees. Employee contributions were matched up to 5% of eligible pay based on employment compensation levels, time of service and hours worked. As of April 1, 2023, the SCL Health 401(k) plan was merged with the Intermountain 401(k) plan. SCL Health contributed \$13 to the SCL Health 401(k) plan for the period from January 1, 2023 through March 31, 2023.

20. Subsequent Events

The Health System evaluated subsequent events through March 18, 2025, the date the consolidated financial statements were issued, and determined that no additional disclosures were necessary.

**SUPPLEMENTAL SCHEDULES OF
CONSOLIDATING FINANCIAL INFORMATION**

Intermountain Health Care, Inc. and Affiliated Companies
Supplemental Schedule - Consolidating Balance Sheets
As of December 31, 2024
(In Millions)

	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Assets				
Current assets:				
Cash and equivalents	\$ 639	\$ 604	\$ —	\$ 1,243
Assets limited as to use	1,918	128	—	2,046
Patient accounts receivable	1,632	105	(271)	1,466
Due from brokers for securities sold	652	72	—	724
Inventory	278	16	—	294
Other current assets	806	150	(123)	833
Total current assets	<u>5,925</u>	<u>1,075</u>	<u>(394)</u>	<u>6,606</u>
Assets limited as to use	11,906	3,226	—	15,132
Property and equipment, net	6,219	535	—	6,754
Other assets	1,438	1,208	(1,051)	1,595
Total assets	<u>\$ 25,488</u>	<u>\$ 6,044</u>	<u>\$ (1,445)</u>	<u>\$ 30,087</u>
Liabilities and net assets				
Current liabilities:				
Accounts payable and accrued liabilities	\$ 326	\$ 689	\$ (123)	\$ 892
Compensation and related liabilities	606	90	—	696
Due to brokers for securities purchased	1,242	128	—	1,370
Medical claims payable	—	602	(264)	338
Other current liabilities	304	302	(10)	596
Current portion of long-term debt	33	14	—	47
Long-term debt subject to short-term remarketing arrangements	676	—	—	676
Total current liabilities	<u>3,187</u>	<u>1,825</u>	<u>(397)</u>	<u>4,615</u>
Long-term debt	4,108	32	(32)	4,108
Other liabilities	766	490	(126)	1,130
Net assets:				
Without donor restrictions	17,396	3,173	(890)	19,679
With donor restrictions	31	524	—	555
	<u>17,427</u>	<u>3,697</u>	<u>(890)</u>	<u>20,234</u>
Total liabilities and net assets	<u>\$ 25,488</u>	<u>\$ 6,044</u>	<u>\$ (1,445)</u>	<u>\$ 30,087</u>

Intermountain Health Care, Inc. and Affiliated Companies
Supplemental Schedule - Consolidating Statements of Operations and Changes in Net Assets
Year Ended December 31, 2024
(In Millions)

	Obligated Group	Nonobligated Group	Eliminations	Consolidated
Revenues				
Patient services	\$ 11,122	\$ 760	\$ (1,784)	\$ 10,098
Premiums and capitation	—	6,037	(4)	6,033
Other revenues	1,227	860	(1,073)	1,014
	<u>12,349</u>	<u>7,657</u>	<u>(2,861)</u>	<u>17,145</u>
Expenses				
Employee compensation and benefits	5,937	1,317	(33)	7,221
Supplies	2,870	220	(1)	3,089
Medical claims	—	5,123	(2,101)	3,022
Other expenses	2,553	916	(726)	2,743
	<u>11,360</u>	<u>7,576</u>	<u>(2,861)</u>	<u>16,075</u>
Earnings before interest, depreciation and amortization	989	81	—	1,070
Depreciation and amortization	521	84	—	605
Interest	89	6	—	95
	<u>610</u>	<u>90</u>	<u>—</u>	<u>700</u>
Net operating income (loss)	379	(9)	—	370
Nonoperating income				
Investment income	1,164	212	—	1,376
Excess of revenues over expenses	1,543	203	—	1,746
Unrecognized changes in funded status of postretirement benefit plans	63	—	—	63
Net assets released from restrictions for the purchase of property and equipment	40	—	—	40
Net changes in fair value of cash flow hedges	34	—	—	34
Other	(7)	32	—	25
Increase in net assets without donor restrictions	<u>1,673</u>	<u>235</u>	<u>—</u>	<u>1,908</u>
Net assets with donor restrictions				
Contributions	—	74	—	74
Net assets released from restrictions and other	—	(58)	—	(58)
Increase in net assets with donor restrictions	<u>—</u>	<u>16</u>	<u>—</u>	<u>16</u>
Increase in net assets	1,673	251	—	1,924
Net assets at beginning of year	15,754	3,446	(890)	18,310
Net assets at end of year	<u>\$ 17,427</u>	<u>\$ 3,697</u>	<u>\$ (890)</u>	<u>\$ 20,234</u>