PUBLIC DISCLOSURE COPY

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Name of filer
INTERMOUNTAIN FRONT RANGE, INC.

EIN or SSN
84-1103606

Name and title of officer or person subject to tax SCOTT PEEK
PRESIDENT, PEAKS REGION

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	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	1,239,007,170.
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 [X] 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 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. 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

[X] I authorize SISTERS OF CHARITY OF LEAVENWORTH to enter my PIN 18641

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 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 2025 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 11-2-26

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 2025 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

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

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	INTERMOUNTAIN FRONT RANGE, INC.	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) 01

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

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

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

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

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

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

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

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

☒ calendar year 20 25 or

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

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

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

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

LHA 523841 04-01-25

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion 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

F Name and address of principal officer: SCOTT PEEK
SAME AS C ABOVE

D Employer identification number
84-1103606

E Telephone number
303-813-5342

G Gross receipts $ 1,243,680,407.

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: HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7029
6	Total number of volunteers (estimate if necessary)	6	481
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,611,360.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	159,481.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	28,590,620.	32,135,684.
9	Program service revenue (Part VIII, line 2g)	1,176,846,966.	1,145,060,117.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-582,855.	59,007,302.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,837,925.	2,804,067.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,207,692,656.	1,239,007,170.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,976,781.	2,966,794.
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)	589,298,226.	613,558,489.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	761,860,458.	776,156,228.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,353,135,465.	1,392,681,511.
19	Revenue less expenses. Subtract line 18 from line 12	-145,442,809.	-153,674,341.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,235,509,443.	1,211,884,946.
21	Total liabilities (Part X, line 26)	1,051,054,140.	1,189,841,195.
22	Net assets or fund balances. Subtract line 21 from line 20	184,455,303.	22,043,751.

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 — SIGN HERE — Date: 11-2-26

SCOTT PEEK, PRESIDENT, PEAKS REGION
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	
Firm's address			Phone no.	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses $ 1,210,252,675. including grants of $ 2,966,794.) (Revenue $ 1,147,394,980.)
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 OPENED A GENERAL MEDICAL FACILITY LOCATED ON A 100-ACRE CAMPUS OPENED. IN 1973, A SIX-FLOOR TOWER WAS ADDDED 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

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 1,210,252,675.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 7029			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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) SCOTT PEEK	34.00									
TRUSTEE/MKT PRESIDENT, FRONT RANGE M	18.00	X		X				1,143,798.	0.	330,959.
(2) FRANK WALCH, MD	52.00									
PHYSICIAN	0.00					X		1,151,772.	0.	153,579.
(3) JAKE CHANIN, MD	52.00									
PHYSICIAN	0.00					X		1,229,099.	0.	52,662.
(4) BASHEAL AGRAWAL, MD	52.00									
PHYSICIAN	0.00					X		1,185,025.	0.	79,381.
(5) ROBERT REPLOGLE, MD	52.00									
PHYSICIAN	0.00					X		1,163,411.	0.	73,815.
(6) ERIC MOMIN, MD	52.00									
PHYSICIAN	0.00					X		1,165,905.	0.	66,467.
(7) CHRISTOPHER AWTREY	50.00									
FORMER KEY EMPLOYEE	2.00						X	655,948.	0.	199,710.
(8) ANDREA BURCH	51.00									
PRESIDENT LMC	1.00			X				564,550.	0.	224,627.
(9) SEAN FADDEN	1.00									
TREASURER	51.00			X				0.	531,766.	176,420.
(10) KEVIN JENKINS	51.00									
PRESIDENT GSMC (PARTIAL)	1.00			X				535,310.	0.	155,916.
(11) ELIZABETH WITHERS	52.00									
FORMER KEY EMPLOYEE	0.00						X	522,961.	0.	141,241.
(12) ANN GANTZER	52.00									
FORMER KEY EMPLOYEE	0.00						X	384,018.	0.	114,448.
(13) ASHLEY DENTON	18.00									
AVP FINANCE, FRONT RANGE MKT	34.00			X				0.	368,123.	128,553.
(14) KELLY ADAMS	1.00									
SECRETARY	51.00			X				0.	334,498.	144,631.
(15) MICHELLE SHIAO	0.00									
FORMER OFFICER	52.00						X	0.	356,476.	120,642.
(16) KATARZYNA CRABTREE, MD	52.00									
FORMER KEY EMPLOYEE	0.00						X	381,767.	0.	86,056.
(17) PATRICE FARRELL-DELINE	0.00									
FORMER KEY EMPLOYEE	52.00						X	0.	284,915.	103,807.

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) CALVIN BEASLEY	0.00									
FORMER KEY EMPLOYEE	50.00						X	0.	258,923.	99,531.
(19) TONI GREEN-CHEATWOOD	20.00									
FORMER KEY EMPLOYEE	32.00						X	314,217.	0.	32,190.
(20) REAGAN GOODNIGHT	52.00									
FORMER KEY EMPLOYEE	0.00						X	239,994.	0.	89,511.
(21) KALI KLEIN	1.00									
ASSISTANT SECRETARY (PARTIAL)	51.00			X				0.	240,896.	69,457.
(22) DAWN ANUSZKIEWICZ	51.00									
PRESIDENT GSMC (PARTIAL)	1.00			X				286,175.	0.	21,048.
(23) GRACE DUNCAN	1.00									
ASSISTANT SECRETARY (PARTIAL)	51.00			X				0.	101,723.	47,984.
(24) JEFFREY BERNARD	1.00									
TRUSTEE (PARTIAL)	2.00	X						0.	0.	0.
(25) KATHY BOELTER	1.00									
VICE CHAIR	2.00	X		X				0.	0.	0.
(26) STEVEN BROWN, MD	1.00									
TRUSTEE	3.00	X						0.	0.	0.
1b Subtotal								10,923,950.	2,477,320.	2,712,635.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								10,923,950.	2,477,320.	2,712,635.

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 1,139

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES CAPPS	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(28) DONALD CHILDEARS	1.00									
TRUSTEE (PARTIAL)	2.00	X						0.	0.	0.
(29) CYNTHIA DELARIA	1.00									
TRUSTEE (PARTIAL)	2.00	X						0.	0.	0.
(30) PRADEEP DHAR, MD	1.00									
TRUSTEE (PARTIAL)	2.00	X						0.	0.	0.
(31) CHRISTINE FORKNER	1.00									
TRUSTEE	3.00	X						0.	0.	0.
(32) STEVEN FRANKEL, MD	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(33) FAYE HUMMEL	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(34) DAVID KINNARD, MD	1.00									
CHAIR	2.00	X		X				0.	0.	0.
(35) TERESA KOSTENBAUER	1.00									
TRUSTEE (PARTIAL)	2.00	X						0.	0.	0.
(36) GILLIAN MCKNIGHT-TUTEIN	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(37) KELLY SNOW-DUNKIN	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(38) MELISSA WHITMER	1.00									
TRUSTEE	2.00	X						0.	0.	0.
(39) ELISA YOUNG	1.00									
TRUSTEE (PARTIAL)	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	32,135,684.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g $				
	h	**Total.** Add lines 1a-1f		32,135,684.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE RE	620000	1,145,060,117.	1,143,777,033.	1,283,084.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		1,145,060,117.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents 6a: 111,342.					
	b	Less: rental expenses 6b: 3,357.					
	c	Rental income or (loss) 6c: 107,985.					
	d	Net rental income or (loss)		107,985.			107,985.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a: 63,583,263.					
	b	Less: cost or other basis and sales expenses 7b: 4,575,961.					
	c	Gain or (loss) 7c: 59,007,302.					
	d	Net gain or (loss)		59,007,302.			59,007,302.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a:					
	b	Less: direct expenses 8b:					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a:					
	b	Less: direct expenses 9b:					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a: 126,862.					
	b	Less: cost of goods sold 10b: 93,919.					
	c	Net income or (loss) from sales of inventory		32,943.			32,943.
Miscellaneous Revenue			Business Code				
	11a	CAFETERIA	720000	2,348,139.	2,334,863.	13,276.	
	b	MED. DIRECTORS' FEES	620000	315,000.		315,000.	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		2,663,139.			
	12	**Total revenue.** See instructions		1,239,007,170.	1,146,111,896.	1,611,360.	59,148,230.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,886,439.	2,886,439.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	80,355.	80,355.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,955,614.	2,924,227.	31,387.	
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	498,619,336.	493,331,338.	5,287,998.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,522,789.	20,522,789.		
9 Other employee benefits	58,227,782.	58,227,782.		
10 Payroll taxes	33,232,968.	32,944,467.	288,501.	
11 Fees for services (nonemployees):				
a Management				
b Legal	210.		210.	
c Accounting				
d Lobbying	17,502.		17,502.	
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.)	130,838,437.	124,525,419.	6,313,018.	
12 Advertising and promotion	4,048,903.	4,048,903.		
13 Office expenses	2,340,569.	1,914,937.	425,632.	
14 Information technology	47,255,079.		47,255,079.	
15 Royalties				
16 Occupancy	42,722,966.	40,649,130.	2,073,836.	
17 Travel	1,648,821.	1,231,014.	417,807.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,640,105.	1,550,264.	89,841.	
20 Interest	65,447,766.	65,447,766.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,627,008.	84,627,008.		
23 Insurance	260,769.	260,769.		
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	146,026,535.	146,026,535.		
b SHARED SERVICES	101,014,320.	13,346,080.	87,668,240.	
c MEDICAL PROVIDER TAXES	64,747,000.	64,747,000.		
d FEDERAL INCOME TAXES	35,929.	35,929.		
e All other expenses	83,484,309.	50,924,524.	32,559,785.	
25 **Total functional expenses.** Add lines 1 through 24e	1,392,681,511.	1,210,252,675.	182,428,836.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		15,484.	1	23,648.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		115,306,309.	4	112,541,188.
	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		2,264,961.	7	2,174,916.
	8	Inventories for sale or use		13,977,266.	8	13,927,527.
	9	Prepaid expenses and deferred charges		3,506,969.	9	3,806,665.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,195,197,945.			
	b	Less: accumulated depreciation	10b 201,255,676.	1,039,504,337.	10c	993,942,269.
	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		60,934,117.	15	85,468,733.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,235,509,443.	16	1,211,884,946.
Liabilities	17	Accounts payable and accrued expenses		72,801,031.	17	57,081,768.
	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		978,253,109.	25	1,132,759,427.
	26	**Total liabilities.** Add lines 17 through 25		1,051,054,140.	26	1,189,841,195.
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		184,455,303.	27	22,043,751.
	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		184,455,303.	32	22,043,751.
	33	Total liabilities and net assets/fund balances		1,235,509,443.	33	1,211,884,946.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,239,007,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,392,681,511.
3	Revenue less expenses. Subtract line 2 from line 1	3	-153,674,341.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	184,455,303.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-8,737,211.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,043,751.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
INTERMOUNTAIN FRONT RANGE, INC.	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 of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

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

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

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		$ 20,412,698.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 7,733,780.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 2,496,556.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 919,698.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 450,314.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 122,638.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

84-1103606

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number

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

2025

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number (EIN)
INTERMOUNTAIN FRONT RANGE, INC.	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-.

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

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

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		17,502.
j Total. Add lines 1c through 1i			17,502.
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 $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,847,583.	18,760,352.	16,972,228.	13,404,433.	12,702,594.
b Contributions	9,140,006.	1,860,873.	3,102,784.	6,454,792.	1,507,926.
c Net investment earnings, gains, and losses	1,414,734.	459,358.	719,075.	-1,173,368.	1,014,239.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,113,170.	4,233,000.	2,033,735.	1,713,629.	1,820,326.
f Administrative expenses					
g End of year balance	24,289,153.	16,847,583.	18,760,352.	16,972,228.	13,404,433.

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 50.8000 %
c Term endowment 49.2000 %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,164,524.		31,164,524.
b Buildings	12,773,299.	787,016,314.	80,355,324.	719,434,289.
c Leasehold improvements		108,246,329.	36,334,546.	71,911,783.
d Equipment		233,390,223.	83,355,479.	150,034,744.
e Other		22,607,256.	1,210,327.	21,396,929.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				993,942,269.

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)	OTHER RECEIVABLES	2,138,920.
(2)	RIGHT OF USE ASSETS	83,198,344.
(3)	THIRD PARTY SETTLEMENTS	93,082.
(4)	PREPAID ASSETS	38,387.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		85,468,733.

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED LIABILITY - OPERATING LEASE	85,974,092.
(3)	INTERCOMPANY PAYABLE	1,044,438,266.
(4)	OTHER LIABILITIES	2,347,069.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		1,132,759,427.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS HELD IN LUTHERAN MEDICAL CENTER FOUNDATION (PRE FOUNDATION MERGER) AND INTERMOUNTAIN HEALTCARE FOUNDATION, INC. (POST FOUNDATION MERGER) SUPPORT LUTHERAN MEDICAL CENTER IN AREAS INCLUDING ASSOCIATE EDUCATION, HOSPICE & PALLATIVE CARE, AND OTHER SERVICES AND PROGRAMS.

TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT ENDOWMENT FUNDS HELD IN GOOD SAMARITAN MEDICAL CENTER FOUNDATION (PRE FOUNDATION MERGER) AND INTERMOUNTAIN HEALTCARE FOUNDATION, INC. (POST FOUNDATION MERGER) SUPPORT AREAS INCLUDING ASSOCIATE EDUCATION, PATIENT ASSISTANCE, MEDICAL EDUCATION, COMMUNITY HEALTH AND WELLNESS AND OTHER SERVICES AND PROGRAMS.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

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	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 250 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500 %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			10,718,376.	2,156,164.	8,562,212.	.63%
b Medicaid (from Worksheet 3, column a)			222,978,601.	166,209,596.	56,769,005.	4.18%
c Costs of other means-tested government programs (from Worksheet 3, column b)			802,673.	282,406.	520,267.	.04%
d **Total.** Financial assistance and means-tested government programs			234,499,650.	168,648,166.	65,851,484.	4.85%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,014,743.		2,014,743.	.15%
f Health professions education (from Worksheet 5)			3,833,678.		3,833,678.	.28%
g Subsidized health services (from Worksheet 6)			195,326,384.	136,184,354.	59,142,030.	4.35%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,596,158.		2,596,158.	.19%
j **Total.** Other benefits			203,770,963.	136,184,354.	67,586,609.	4.97%
k **Total.** Add lines 7d and 7j			438,270,613.	304,832,520.	133,438,093.	9.82%

Part II Community Building Activities.

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	33,435,070.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	292,523,705.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	496,425,814.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-203,902,109.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 LUTHERAN MEDICAL CENTER 12911 W 40TH AVE WHEAT RIDGE, CO 80401 HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LO 01L1WU	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 [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE PART V, SECTION C			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: 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	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 250 % for eligibility for discounted care of 500 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	X	
15	Explained the method for applying for financial assistance?	**15**	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: 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?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: 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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: 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	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 250 % for eligibility for discounted care of 500 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[X] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: 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)			

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

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

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

THE 2024 CHNA HAD PARTICIPANTS FROM THE FOLLOWING SECTORS:

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

LMC GATHERED INPUT THROUGH COMMUNITY INPUT MEETINGS, COMMUNITY STAKEHOLDER SURVEYS, PUBLIC SURVEYS, AND COMMUNITY STAKEHOLDER INTERVIEWS, TO HARNESS THE COMMUNITY'S VOICE. THIS EFFORT INCLUDED A BROAD REPRESENTATION OF COMMUNITY PERSPECTIVES AND EXPERIENCES. THE TOOLS AND METHODS USED TO COLLECT AND ANALYZE PRIMARY DATA WERE SEQUENCED TO IDENTIFY, REFINE, AND UNDERSTAND THE 2024 CHNA SIGNIFICANT HEALTH NEEDS.

A FULL LIST OF PARTICIPATING ORGANIZATIONS AND A SUMMARY OF FINDINGS IS AVAILABLE IN THE CHNA APPENDIX (HTTPS://INTERMOUNTAINHEALTHCARE.ORG/-/MEDIA/FILES/INTERMOUNTAIN-HEALTH/COMMUNITY-BENEFIT/CHNA-2024/LUTHERAN-HOSPITAL-2024-CHNA.ASHX).

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

THE 2024 CHNA HAD PARTICIPANTS FROM THE FOLLOWING SECTORS:

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

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.

- LABOR AND WORKFORCE REPRESENTATIVES
- RESIDENTS OF THE COMMUNITY

GSMC GATHERED INPUT THROUGH COMMUNITY INPUT MEETINGS, COMMUNITY STAKEHOLDER SURVEYS, PUBLIC SURVEYS, AND COMMUNITY STAKEHOLDER INTERVIEWS, TO HARNESS THE COMMUNITY'S VOICE. THIS EFFORT INCLUDED A BROAD REPRESENTATION OF COMMUNITY PERSPECTIVES AND EXPERIENCES. THE TOOLS AND METHODS USED TO COLLECT AND ANALYZE PRIMARY DATA WERE SEQUENCED TO IDENTIFY, REFINE, AND UNDERSTAND THE 2024 CHNA SIGNIFICANT HEALTH NEEDS.

A FULL LIST OF PARTICIPATING ORGANIZATIONS AND A SUMMARY OF FINDINGS IS AVAILABLE IN THE CHNA APPENDIX (HTTPS://INTERMOUNTAINHEALTHCARE.ORG/SC10MEDIA/FILES/INTERMOUNTAIN-HEALTH/COMMUNITY-BENEFIT/CHNA-2024/GOOD-SAMARITAN-HOSPITAL-2024-CHNA.ASHX).

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 BRIGHTON COMMUNITY HOSPITAL ASSOCIATION D/B/A 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, BRIGHTON COMMUNITY HOSPITAL ASSOCIATION D/B/A PLATTE VALLEY MEDICAL CENTER, AND LUTHERAN MEDICAL CENTER.

LUTHERAN MEDICAL CENTER:
PART V, SECTION B, LINE 6B: LMC CONTRACTED WITH THE COLORADO HEALTH INSTITUTE (CHI) TO COLLECT AND ANALYZE SECONDARY DATA THAT IDENTIFIED HEALTH NEEDS FOR THE HOSPITAL SERVICE AREA. CHI ALSO CONDUCTED A COMMUNITY STAKEHOLDER SURVEY AND PROVIDED AN ANALYSIS OF THEMES AND DISPARITIES. ANOTHER KEY COMMUNITY COLLABORATOR WAS THE JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH. THESE LOCAL AGENCIES PROVIDED INSIGHT AND EVIDENCE ABOUT PUBLIC HEALTH TRENDS, DISPARITIES, AND CURRENT EFFORTS TO ADDRESS COMMUNITY HEALTH NEEDS. THEY ALSO PARTICIPATED IN COMMUNITY INPUT MEETINGS AND INTERVIEWS. ADDITIONALLY, THE INTERMOUNTAIN HEALTH SYSTEM AND CHILDREN'S HOSPITAL COLORADO SHARED THEIR RESPECTIVE FINDINGS DURING THE CHNA PROCESS IN A COLLABORATIVE EFFORT TO ALIGN THE IDENTIFICATION AND PRIORITIZATION OF CHILDREN'S HEALTH NEEDS IN A COMMON SERVICE AREA.

GOOD SAMARITAN MEDICAL CENTER:
PART V, SECTION B, LINE 6B: GSMC CONTRACTED WITH THE COLORADO HEALTH INSTITUTE (CHI) TO COLLECT AND ANALYZE SECONDARY DATA THAT IDENTIFIED HEALTH NEEDS FOR THE HOSPITAL SERVICE AREA. CHI ALSO CONDUCTED A COMMUNITY STAKEHOLDER SURVEY AND PROVIDED AN ANALYSIS OF THEMES AND DISPARITIES. OTHER KEY COMMUNITY COLLABORATORS INCLUDED BOULDER COUNTY PUBLIC HEALTH AND BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT. THESE LOCAL AGENCIES PROVIDED INSIGHT AND EVIDENCE ABOUT PUBLIC HEALTH TRENDS, DISPARITIES, AND CURRENT EFFORTS TO ADDRESS COMMUNITY HEALTH NEEDS. THEY ALSO PARTICIPATED IN COMMUNITY INPUT MEETINGS AND INTERVIEWS. ADDITIONALLY, THE INTERMOUNTAIN HEALTH SYSTEM AND CHILDREN'S HOSPITAL COLORADO SHARED THEIR

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.

RESPECTIVE FINDINGS DURING THE CHNA PROCESS IN A COLLABORATIVE EFFORT TO ALIGN THE IDENTIFICATION AND PRIORITIZATION OF CHILDREN'S HEALTH NEEDS IN A COMMON SERVICE AREA.

LUTHERAN MEDICAL CENTER:
PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS

GOOD SAMARITAN MEDICAL CENTER:
PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS

LUTHERAN MEDICAL CENTER:
PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS

GOOD SAMARITAN MEDICAL CENTER:
PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY POSTED ON WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS

LUTHERAN MEDICAL CENTER:
PART V, SECTION B, LINE 11: NEEDS ADDRESSED:

THE CHNA SECONDARY DATA ANALYSIS IDENTIFIED 13 HEALTH NEEDS. THESE WERE PRESENTED TO THE COMMUNITY FOR THEIR INPUT AND RANKING, AND THEY DID NOT PRIORITIZE CANCER, DENTAL CARE, DIABETES, HEART DISEASE AND STROKE, LUNG DISEASE, OVERWEIGHT AND OBESITY, AND UNINTENTIONAL INJURY. COMMUNITY INPUT ALSO IDENTIFIED THE ADDITIONAL HEALTH NEEDS OF ECONOMIC STABILITY, CHILDCARE ACCESS, AND TRANSPORTATION. THIS PRIMARY AND SECONDARY DATA WAS USED TO PRODUCE A NARROWED LIST OF PRELIMINARY HEALTH NEEDS THAT WAS PRIORITIZED BY THE HOSPITAL TO DETERMINE THE FINAL SIGNIFICANT HEALTH NEEDS.

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

A DETAILED ACCOUNT OF THE AIMS, ANTICIPATED OUTCOMES, MAIN PROGRAMS, AND HOSPITAL AND COMMUNITY RESOURCES TO ADDRESS EACH HEALTH NEED IS DESCRIBED IN DETAIL IN THE IMPLEMENTATION STRATEGY REPORT FOUND ON THE PUBLIC WEBSITE:
(HTTPS://INTERMOUNTAINHEALTHCARE.ORG/-/MEDIA/FILES/INTERMOUNTAIN-HEALTH/COMMUNITY-BENEFIT/CHNA-2024/LUTHERAN-HOSPITAL-2024-CHNA.ASHX).

IMPROVING BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH, SUBSTANCE USE, AND SOCIAL CONNECTEDNESS):

2025 OUTCOMES:

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.

- FUNDED A COLLABORATION WITH JEFFERSON CENTER FOR MENTAL HEALTH THAT PROVIDED 6,032 YOUTH AND ADULTS WITH 20,324 MENTAL HEALTH SESSIONS, IMPROVING ACCESS TO MENTAL HEALTH INTERVENTIONS FOR UNINSURED AND LOW-INCOME COMMUNITY MEMBERS.
- FUNDED A COLLABORATION WITH JEFFERSON COUNTY PUBLIC SCHOOLS THAT PROVIDED 192 STUDENTS WITH 680 HOURS OF MENTAL HEALTH COUNSELING AND THE DEVELOPMENT OF 63 SAFETY PLANS FOR STUDENTS AT-RISK OF SUICIDE BOTH OF WHICH ELIMINATED BARRIERS TO CARE INCLUDING TRANSPORTATION AND STIGMA.
- DISTRIBUTED 1,675 FREE GUNLOCKS THROUGHOUT THE COMMUNITY ACCOMPANIED BY INFORMATION ON MENTAL HEALTH RESOURCES AS PART OF EFFORTS TO REDUCE ACCESS TO LETHAL MEANS AND PREVENT SUICIDE.

ACHIEVING GREATER ECONOMIC STABILITY (INCLUDING AFFORDABLE HOUSING, ECONOMIC STABILITY, AND FOOD INSECURITY):

2025 OUTCOMES:

- FUNDED A COLLABORATION WITH FOOD BANK OF THE ROCKIES THAT SERVED 2,229 COMMUNITY MEMBERS WHO EXPERIENCED A COMBINATION OF FOOD INSECURITY AND CHRONIC HEALTH CONDITIONS. THE PROGRAM DELIVERED 43,439 MEDICALLY TAILORED FOOD BOXES AND CONNECTED PARTICIPANTS WITH 1,639 SUPPORTS (E.G., FOOD BENEFITS NAVIGATION, MEAL PLANNING, AND NUTRITION ADVICE). THESE EFFORTS IMPROVED FOOD SECURITY AND OFFSET THE COST OF NUTRITIONAL FOODS SO INDIVIDUALS COULD AFFORD OTHER NECESSITIES LIKE HOUSING AND MEDICATION.
- TRAINED 500 STUDENTS PARTICIPATING IN THE CROSS PURPOSE JOB TRAINING PROGRAM, PROVIDING 2,384 HOURS OF INDIVIDUALIZED SUPPORT. THE PARTICIPATING STUDENTS HAD 100% SUCCESS RATE OF OBTAINING EMPLOYMENT, WHICH STRENGTHENS INCOME STABILITY AND ECONOMIC MOBILITY.

INCREASING ACCESS TO CARE (INCLUDING ACCESS TO HEALTHCARE AND TRANSPORTATION):

2025 OUTCOMES:

- ENROLLED 2,163 COMMUNITY MEMBERS IN HEALTH COVERAGE AND SOCIAL SERVICES THROUGH A COLLABORATION WITH BENEFITS IN ACTION, A LOCAL NONPROFIT SPECIALIZING IN BENEFITS ENROLLMENT AND NAVIGATION. SEVENTY-ONE PERCENT (71%) OF THE ENROLLEES WERE ASSISTED WITH HEALTH INSURANCE, INCREASING ACCESS TO PRIMARY CARE AND CONNECTION TO A MEDICAL HOME.

IMPROVING CHILD AND FAMILY WELL-BEING:

2025 OUTCOMES:

- SERVED 821 FAMILIES THROUGH THE BABY'S FIRST RIDE PROGRAM THAT ENSURES PROPER CAR SEAT INSTALLATION AND USE, REDUCING UNINTENTIONAL INJURY AND DEATH DURING AUTOMOBILE CRASHES, THE SECOND LEADING CAUSE OF CHILDREN IN THE SERVICE AREA.
- ASSISTED A METRO DENVER-BASED NONPROFIT, A PRECIOUS CHILD, IN DISTRIBUTING 253,714 POUNDS OF CHILD AND INFANT CARE ITEMS TO 23,901 FAMILIES IN NEED, WHICH IMPROVED CHILDHOOD OUTCOMES, ALLEVIATED PARENTAL STRESS, AND SUPPORTED ECONOMIC STABILITY.

NEEDS NOT ADDRESSED:

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 IS NOT ADDRESSING ALL THE HEALTH NEEDS IDENTIFIED DURING THE CHNA IN THE IMPLEMENTATION STRATEGY. THE FOLLOWING HEALTH NEEDS WERE NOT PRIORITIZED DUE TO COMMUNITY INPUT, RESOURCE CONSTRAINTS, ABILITY AND EXPERTISE, EXISTING EFFORTS BY OTHER ORGANIZATIONS, OR LACK OF EFFECTIVE SOLUTIONS; HOWEVER, THEY REMAIN IMPORTANT TO THE HEALTH OF THE COMMUNITY AND ARE SUPPORTED THROUGH CLINICAL OPERATIONS AND PROGRAMS, COMMUNITY BENEFIT REPORTABLE ACTIVITIES, COMMUNITY OUTREACH, AND OTHER COLLABORATIVE EFFORTS: CHRONIC DISEASES (CANCER, DIABETES, HEART DISEASE AND STROKE, LUNG DISEASE, OVERWEIGHT AND OBESITY), DENTAL CARE, AND HEALTHY AGING.

GOOD SAMARITAN MEDICAL CENTER:
PART V, SECTION B, LINE 11: NEEDS ADDRESSED:

THE CHNA SECONDARY DATA ANALYSIS IDENTIFIED 10 HEALTH NEEDS. THESE WERE PRESENTED TO THE COMMUNITY FOR THEIR INPUT AND RANKING, AND THEY DID NOT PRIORITIZE CANCER, DENTAL CARE, HEART DISEASE AND STROKE, LUNG DISEASE, AND OVERWEIGHT AND OBESITY. COMMUNITY INPUT ALSO IDENTIFIED THE ADDITIONAL HEALTH NEEDS OF ECONOMIC STABILITY AND TRANSPORTATION. THIS PRIMARY AND SECONDARY DATA WAS USED TO PRODUCE A NARROWED LIST OF PRELIMINARY HEALTH NEEDS THAT WAS PRIORITIZED BY THE HOSPITAL TO DETERMINE THE FINAL SIGNIFICANT HEALTH NEEDS.

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

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

IMPROVING BEHAVIORAL HEALTH (INCLUDING MENTAL HEALTH, SUBSTANCE USE, SOCIAL CONNECTEDNESS, AND SUICIDE PREVENTION, INCLUDING FIREARM SAFETY):

2025 OUTCOMES:

- COLLABORATED WITH COMMUNITY REACH CENTER TO HOST FOUR MENTAL HEALTH FIRST AID TRAINING SESSIONS THAT SERVED 77 PARTICIPANTS AND IMPROVED COMMUNITY EDUCATION REGARDING BEHAVIORAL HEALTH AND AVAILABLE RESOURCES.
- PROVIDED FUNDING TO PARENT PEER CONSULTING THAT OFFERED 28 YOUTH-BASED SUBSTANCE USE EDUCATION AND NALOXONE TRAININGS TO 500 STUDENTS AT FOUR BOULDER VALLEY HIGH SCHOOLS, WHICH IMPROVED ACCESS TO COMMUNITY BEHAVIORAL HEALTH EDUCATION AND RESOURCES.
- PROVIDED FUNDING TO CLINICA FAMILY HEALTH & WELLNESS, A NONPROFIT THAT SERVED 217 INDIVIDUALS AND ALLOCATED 1,811 RESOURCES THROUGH THE YOUTH CENTER OF EXCELLENCE PROGRAM THAT AIMS AT IMPROVING MENTAL HEALTH AMONG AT-RISK YOUTH AND FAMILIES.
- DISTRIBUTED 950 FREE GUNLOCKS THROUGHOUT THE COMMUNITY ACCOMPANIED BY INFORMATION ON MENTAL HEALTH RESOURCES AS PART OF EFFORTS TO REDUCE ACCESS

Part V Facility Information *(continued)*

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

TO LETHAL MEANS AND PREVENT SUICIDE.

ACHIEVING GREATER ECONOMIC STABILITY (INCLUDING AFFORDABLE HOUSING, ECONOMIC STABILITY, AND FOOD INSECURITY):

2025 OUTCOMES:

- PROVIDED FUNDING TO BROOMFIELD FISH ENABLING THE NONPROFIT ORGANIZATION TO SERVE 8,494 COMMUNITY MEMBERS AND DISTRIBUTE 967,918 POUNDS OF FOOD, WHICH ADDRESS NUTRITION SECURITY AMONG LOW-INCOME AND AT-RISK RESIDENTS.
- PROVIDED FUNDING TO COAL CREEK MEALS ON WHEELS ENABLING THE NONPROFIT ORGANIZATION TO SERVE 265 INDIVIDUALS A TOTAL OF 13,720 MEALS, WHICH ADDRESS NUTRITION SECURITY AMONG LOW-INCOME AND AT-RISK RESIDENTS.
- PROVIDED FUNDING TO FUNDING TO COMMUNITY FOOD SHARE ENABLING THE NONPROFIT ORGANIZATION TO SERVE 9,510 INDIVIDUALS AND DISTRIBUTE 3,217,900 POUNDS OF FOOD, WHICH ADDRESS NUTRITION SECURITY AMONG LOW-INCOME AND AT-RISK RESIDENTS.
- PROVIDED FUNDING TO BROTHERS REDEVELOPMENT, INC. TO ASSIST 129 INDIVIDUALS WITH 181 HOUSING SUPPORT SERVICES THAT ALLOWED LOW INCOME OLDER AND DISABLED ADULTS TO OBTAIN OR SUSTAIN AFFORDABLE HOUSING.
- PROVIDED FUNDING TO MILE HIGH UNITED WAY TO SUPPORT THE "BRIDGE THE GAP" PROGRAM THAT AIDED 115 YOUTH AGING OUT OF THE FOSTER SYSTEM AND DELIVERED 219 ECONOMIC STABILITY SUPPORTS, INCLUDING CAREER READINESS ASSISTANCE FOR 60% OF PARTICIPANTS.
- PROVIDED FUNDING TO SISTER CARMEN COMMUNITY CENTER TO SUPPORT "PATHWAYS TO ECONOMIC STABILITY" THAT DELIVERED 401 ECONOMIC SUPPORTS TO 942 INDIVIDUALS AND IMPROVED SELF-SUFFICIENCY FOR PARTICIPANTS.

INCREASING ACCESS TO CARE (INCLUDING ACCESS TO HEALTHCARE AND TRANSPORTATION):

2025 OUTCOMES:

- ENROLLED 2,885 COMMUNITY MEMBERS IN HEALTH COVERAGE AND PUBLIC BENEFITS THROUGH A COLLABORATION WITH AND FUNDING TO BENEFITS IN ACTION, A NONPROFIT SPECIALIZING IN BENEFITS ENROLLMENT AND NAVIGATION. THE PROGRAM RESULTED IN 1,432 ENROLLMENTS IN HEALTH INSURANCE PRODUCTS; 2,645 ENROLLMENTS IN ADDITIONAL GOVERNMENT PROGRAMS; 31 INDIVIDUALS CONNECTED TO PRIMARY CARE; AND 9 HEALTH LITERACY EDUCATION EVENTS THAT SERVED 775 COMMUNITY MEMBERS.
- PROVIDED FUNDING TO VIA MOBILITY SERVICES, A NONPROFIT THAT SERVED 793 UNIQUE OLDER ADULTS AND PERSONS WITH DISABILITIES IN THE SERVICES AREA WITH 18,937 DOOR-THROUGH-DOOR TRANSPORTATION TRIPS TO MEDICAL AND OTHER VITAL SERVICES.

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

2025 OUTCOMES:

- SERVED 780 FAMILIES THROUGH THE BABY'S FIRST RIDE EDUCATIONAL PROGRAM THAT ENSURES PROPER CAR SEAT INSTALLATION AND USE, REDUCING UNINTENTIONAL INJURY AND DEATH DURING AUTOMOBILE CRASHES, THE SECOND LEADING CAUSE OF CHILDREN IN THE SERVICE AREA.

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.

- ASSISTED A METRO DENVER-BASED NONPROFIT, A PRECIOUS CHILD, IN DISTRIBUTING 253,714 POUNDS OF CHILD AND INFANT CARE ITEMS TO 23,901 FAMILIES IN NEED, WHICH IMPROVED CHILDHOOD OUTCOMES, ALLEVIATED PARENTAL STRESS, AND SUPPORTED ECONOMIC STABILITY.

NEEDS NOT ADDRESSED:

THE FOLLOWING HEALTH NEEDS WERE NOT PRIORITIZED DUE TO COMMUNITY INPUT, RESOURCE CONSTRAINTS, ABILITY AND EXPERTISE, EXISTING EFFORTS BY OTHER ORGANIZATIONS, OR LACK OF EFFECTIVE SOLUTIONS; HOWEVER, THEY REMAIN IMPORTANT TO THE HEALTH OF THE COMMUNITY AND ARE SUPPORTED THROUGH CLINICAL OPERATIONS AND PROGRAMS, COMMUNITY BENEFIT REPORTABLE ACTIVITIES, COMMUNITY OUTREACH, AND OTHER COLLABORATIVE EFFORTS: CHRONIC DISEASES (CANCER, DIABETES, HEART DISEASE AND STROKE, LUNG DISEASE, AND OVERWEIGHT AND OBESITY), DENTAL CARE, AND SEXUALLY TRANSMITTED DISEASE.

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

CATASTROPHIC ASSISTANCE. LMC AND GSMC ATTEMPT 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/COLORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:
PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/COLORADO-MONTANA-WYOMING

LUTHERAN MEDICAL CENTER:
PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/COLORADO-MONTANA-WYOMING

GOOD SAMARITAN MEDICAL CENTER:
PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/COLORADO-MONTANA-WYOMING

LUTHERAN MEDICAL CENTER:
PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/COLORADO

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.

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
LORADO-MONTANA-WYOMING

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

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

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

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

PART V, SECTION B, LINE 22B:

LMC AND GSMC 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? 137

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

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
11 DENVER WEST CLINIC - PRIMARY CARE 1726 COLE BLVD. LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
12 IH HEART & VASCULAR INST - LAFAYETTE 300 EXEMPLA CIR. LAFAYETTE, CO 80026-3394	OUTPATIENT PHYSICIAN CLINIC
13 IH THORNTON CLINIC 1181 E 120TH AVE. THORNTON, CO 80233-5729	OUTPATIENT PHYSICIAN CLINIC
14 IH SUPERIOR CLINIC 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
15 IH BROOMFIELD CLINIC 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
16 IH LAFAYETTE CLINIC 2600 CAMPUS DR. LAFAYETTE, CO 80026-3358	OUTPATIENT PHYSICIAN CLINIC
17 LAFAYETTE CLINIC - NEUROLOGY 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
18 DENVER MIDTOWN CLINIC - PRIMARY CARE 1960 N OGDEN ST. DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
19 CHERRY CREEK CLINIC - PRIMARY CARE 400 S COLORADO BLVD. DENVER, CO 80246	OUTPATIENT PHYSICIAN CLINIC
20 PATTERSON OB-GYN & MIDWIFERY CLINIC 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
21 GJ CRITICAL CARE INTENSIVISTS 2635 NORTH 7TH GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
22 WELLINGTON OB-GYN CLINIC 2525 N 8TH ST. 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 IH HEART & VASCULAR - GJ VASC SURG 2643 PATTERSON RD. GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
26 COPPERLEAF CLINIC - PRIMARY CARE 21750 E QUINCY AVE. AURORA, CO 80015-2894	OUTPATIENT PHYSICIAN CLINIC
27 LAFAYETTE CLINIC - NEUROSURGERY 340 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
28 IH SUPERIOR CLINIC - OB-GYN 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
29 CENTRAL PARK CLINIC - OB-GYN 2823 ROSLYN ST. DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
30 LUTHERAN CLINIC - ORTHOPEDIC TRAUMA 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
31 NORTHFIELD CLINIC - PRIMARY CARE 8900 E 46TH PL. DENVER, CO 80238-3143	OUTPATIENT PHYSICIAN CLINIC
32 CANDELAS CLINIC - PRIMARY CARE 15389 WEST 91ST DR. ARVADA, CO 80007	OUTPATIENT PHYSICIAN CLINIC
33 CANDELAS CLINIC - DIABETES & ENDO 15389 W 91ST DR. ARVADA, CO 80007-1400	OUTPATIENT PHYSICIAN CLINIC
34 LOWRY CLINIC OB-GYN 63 N QUEBEC ST. DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
35 GRAND JUNCTION AIM CLINIC 2643 PATTERSON RD. STE 603 GRAND JUNCTION, CO 81506-1936	OUTPATIENT PHYSICIAN CLINIC
36 IH WESTMINSTER CLINIC 8758 WOLFF CT. WESTMINSTER, CO 80031-6904	OUTPATIENT PHYSICIAN CLINIC
37 BELMAR CLINIC - PRIMARY CARE 360 S TELLER ST. LAKEWOOD, CO 80226-7384	OUTPATIENT PHYSICIAN CLINIC
38 LUTHERAN CLINIC - WEIGHT LOSS CENTER 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
39 WHEAT RIDGE CLIN - PHYSICAL THERAPY 8550 W 38TH AVE. WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
40 GRAND JUNCTION PHYSICAL MEDICINE 2643 PATTERSON RD. GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
41 GREEN VALLEY RANCH CLINIC - PRIMARY 4859 N YAMPA ST. DENVER, CO 80249	OUTPATIENT PHYSICIAN CLINIC
42 DENVER MIDTOWN CLINIC - WEIGHT LOSS 1960 N OGDEN ST. DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
43 CONGRESS PARK CLINIC - PRIMARY CARE 1400 JACKSON ST. DENVER, CO 80206-2761	OUTPATIENT PHYSICIAN CLINIC
44 GREEN MOUNTAIN CLINIC - PRIMARY CARE 12790-A W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
45 IH HEART & VASC - NORTHGLENN CLIN 11900 GRANT ST. NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
46 LOWRY CLINIC - PRIMARY CARE 63 N QUEBEC ST. DENVER, CO 80230	OUTPATIENT PHYSICIAN CLINIC
47 LAFAYETTE CLINIC - GENERAL SURGERY 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
48 DENVER MIDTOWN CLIN - MATERNAL FETAL 1960 OGDEN ST. DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
49 COMMUNITY FOOT & ANKLE CLINIC 11900 GRANT ST. NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
50 LUTHERAN CLINIC - FOOT AND ANKLE 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
51 LUTHERAN CLINIC - NEUROSURGERY 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
52 LAFAYETTE CLINIC - ORTHOPEDIC SPINE 340 EXEMPLA CIRCLE LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
53 GRAND JUNCTION NEONATOLOGY 2635 N 7TH ST. GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
54 ROCKY MOUNTAIN ORTHOPEDICS - PT 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
55 IH HEART & VASCULAR - DENVER CARDIAC 1818 N OGDEN ST. DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
56 WELLINGTON LUNG & SLEEP CLINIC 1050 WELLINGTON AVE. GRAND JUNCTION, CO 81501-8121	OUTPATIENT PHYSICIAN CLINIC
57 LAFAYETTE WOMEN'S CLINIC - OB-GYN 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
58 IH LARKRIDGE CLINIC 16570 WASHINGTON ST. THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
59 LUTHERAN CLINIC - NEUROLOGY 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
60 IH HEART & VASCULAR - CARDIOTHORACIC 2643 PATTERSON RD. GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
61 WHEAT RIDGE CLIN - OCCUPATIONAL MED 8550 W 38TH AVE. WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
62 IH - BUCKLEY CLINIC 550 S AIRPORT BLVD AURORA, CO 80017-2253	OUTPATIENT PHYSICIAN CLINIC
63 HIGHLANDS RANCH CLIN - PRIMARY CARE 8671 S QUEBEC ST. HIGHLANDS RANCH, CO 80130	OUTPATIENT PHYSICIAN CLINIC
64 IH DENVER CLINIC - ORTHO SPINE 1830 FRANKLIN ST. DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
65 IH FIRESTONE CLINIC 8350 COLORADO BLVD FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
66 WELLINGTON MATERNAL FETAL MED CLINIC 710 WELLINGTON AVE. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
67 IH DENVER SPORTS MEDICINE CLINIC 1830 FRANKLIN ST. DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
68 IH HEART & VASCULAR - GOLDEN 400 INDIANA ST. GOLDEN, CO 80401-3426	OUTPATIENT PHYSICIAN CLINIC
69 IH LUTHERAN HOSPITAL - MED ONCOLOGY 400 INDIANA ST. GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
70 IH HEART & VASCULAR - DENVER STRUCT 1818 N OGDEN ST. DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
71 PATTERSON OCCUPATIONAL MEDICINE CLIN 2686 PATTERSON RD. GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
72 DENVER MIDTOWN CLINIC - DIABETES 1960 N OGDEN ST. DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
73 DENVER MIDTOWN CLIN - UROGYNECOLOGY 1960 N OGDEN ST. DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
74 LUTHERAN CLINIC - MATERNAL FETAL MED 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
75 IH HOSPICE - DENVER PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6019	OUTPATIENT PHYSICIAN CLINIC
76 LAFAYETTE CLINIC - TRAUMA SURGERY 340 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
77 IH QUAIL CREEK CLINIC 2055 WEST 136TH AVE. BROOMFIELD, CO 80023-9308	OUTPATIENT PHYSICIAN CLINIC
78 IH VIRTUAL CARE COLORADO/MONTANA 8550 W 38TH AVE. WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
79 EAST CROSSROADS CLIN - PRIMARY CARE 23750 E 14TH AVE. AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
80 IH WEST PARK CARDIOLOGY 201 WEST PARK DR. GRAND JUNCTION, CO 81505-1469	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

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 DENVER MIDTOWN CLINIC - BREAST CARE 1960 N OGDEN ST. DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
83 IH - LAFAYETTE MATERNAL FETAL MED 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
84 IH BROOMFIELD CLINIC - PT & OT 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
85 CENTRAL PARK CLIN - PHYSICAL THERAPY 2807 ROSLYN ST. DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
86 IH HEART AND VASC - LUTHERAN CARDIAC 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
87 IH LARKRIDGE CLINIC - PHYS THERAPY 16570 WASHINGTON ST. THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
88 PLATTE VALLEY CLINIC - SPINE 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
89 GJ INFECTIOUS DISEASE CLINIC 2643 PATTERSON RD. GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
90 LAFAYETTE WOMEN'S CLINIC - UROGYNECO 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3392	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
91 DENVER MIDTOWN CLIN - CERT NURSE MID 1960 N OGDEN ST. DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
92 GSMC - CANCER CENTERS OF COLORADO 340 EXEMPLA CIR. LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
93 PATTERSON BEHAVIORAL HEALTH CLINIC 2570 PATTERSON RD. GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
94 PLATTE VALLEY CLIN - MATERNAL FETAL 1606 PRAIRIE CENTER PKWY BRIGHTON, CO 80601-4004	OUTPATIENT PHYSICIAN CLINIC
95 EAST CROSSROADS CLINIC - ORTHOPEDICS 23750 E 14TH AVE. AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
96 DENVER WEIGHT LOSS CLINIC 1960 N. OGDEN STREET STE 510 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
97 GRAND JUNCTION PALLIATIVE CARE 2635 N 7TH ST. GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
98 IH HEART & VASCULAR - DELTA CARDIO 155 STAFFORD LN. DELTA, CO 81416-2243	OUTPATIENT PHYSICIAN CLINIC
99 IH CENTRAL PARK CLINIC - GYNECOLOGIC 2823 ROSLYN ST. DENVER, CO 80238	OUTPATIENT PHYSICIAN CLINIC
100 FIRESTONE CLINIC - NEUROLOGY 8350 COLORADO BLVD. FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
101 CENTRAL PARK CLIN - OCCUPATIONAL MED 2803 ROSLYN ST. DENVER, CO 80238	OUTPATIENT PHYSICIAN CLINIC
102 PLATTE VALLEY CLIN - DIABETES & ENDO 1610 PRAIRIE CENTER PKWY BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
103 DELTA PHYSICAL MEDICINE & REHAB 155 STAFFORD LANE DELTA, CO 81416	OUTPATIENT PHYSICIAN CLINIC
104 EAST CROSSROADS CLINIC - PODIATRY 23750 E 14TH AVE. AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
105 SCL HEALTH - INPATIENT CONSULT SVCS 2635 N 7TH ST. GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
106 DENVER MIDTOWN CLINIC - SURGERY 1960 N OGDEN ST. DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
107 IH LUTHERAN CLINIC - SLEEP MEDICINE 12905 W 40TH AVE. WHEAT RIDGE, CO 80401-2790	OUTPATIENT PHYSICIAN CLINIC
108 WHEAT RIDGE CLINIC - OCC THERAPY 8550 W 38TH AVE. WHEAT RIDGE, CO 80033-4300	OUTPATIENT PHYSICIAN CLINIC
109 CENTRAL PARK CLINIC - UROLOGY 2803 ROSLYN ST. DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
110 PATTERSON ENDOCRINOLOGY CLINIC 2686 PATTERSON RD. GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
111 IH GJ DOWNTOWN CLINIC 735 WHITE AVE. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
112 CORTEZ NEUROLOGY OUTREACH CLINIC 1280 N MILDRED RD. CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
113 SCL HLTH - MSO WP PHYSICIAN BILLING 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
114 EAST CROSSROADS CLINIC - OB-GYN 23750 E 14TH AVE. AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
115 DENVER MIDTOWN CLINIC - LUNG NODULE 1960 N OGDEN ST. DENVER, CO 80218-3673	OUTPATIENT PHYSICIAN CLINIC
116 IH BROOMFIELD CLINIC - OCC THERAPY 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
117 CANDELAS CLINIC - DIABETES EDUCATION 15389 W 91ST DR. ARVADA, CO 80007-1400	OUTPATIENT PHYSICIAN CLINIC
118 WELLINGTON OB-GYN CLINIC 2525 N 8TH ST. GRAND JUNCTION, CO 81501-8845	OUTPATIENT PHYSICIAN CLINIC
119 IH LAFAYETTE WOMEN'S CLINIC 300 EXEMPLA CIR. LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
120 IH HEART & VASCULAR - EAST CROSSROAD 23750 E 14TH AVE. AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
121 LUTHERAN CLINIC - UROLOGY 12905 W 40TH AVE. WHEAT RIDGE, CO 80401	OUTPATIENT PHYSICIAN CLINIC
122 WEST PINES BEHAVIORAL 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
123 IH HEART & VASCULAR - MOAB CARDIO 450 WILLIAMS WAY MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
124 MOAB NEUROLOGY OUTREACH CLINIC 476 WEST WILLIAM WAY MOAB, UT 84532	OUTPATIENT PHYSICIAN CLINIC
125 EAST CROSSROADS CLINIC - SPINE 23750 E 14TH AVE. STE 220 AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
126 LMC - CANCER CENTERS OF CO - MEDICAL 400 INDIANA ST. GOLDEN, CO 80401	OUTPATIENT PHYSICIAN CLINIC
127 EAST CROSSROADS CLIN - GEN SURGERY 23750 E 14TH AVE. AURORA, CO 80018	OUTPATIENT PHYSICIAN CLINIC
128 GUNNISON NEUROLOGY OUTREACH CLINIC 711 N TAYLOR ST. GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
129 GUNNISON MATERNAL FETAL MEDICINE 711 N TAYLOR ST. GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
130 GJ PEDIATRIC SPECIALTY CLINIC 2643 PATTERSON RD. GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)
131 LAFAYETTE WEIGHT LOSS CLINIC 300 EXEMPLA CIRCLE STE 400 LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
132 IH GJ DOWNTOWN CLIN - BEHAVIOR HLTH 735 WHITE AVE. GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
133 SCL HEALTH - PODIATRY 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
134 GRAND JUNCTION RENAL REHAB CLINIC 2643 PATTERSON RD. GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
135 MATERNAL FETAL MEDICINE CENTER 1960 N OGDEN ST. DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
136 SCL HEALTH - MSO WHEATRIDGE HEM ONC 4045 WADSWORTH BLVD WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
137 IH HEART AND VASCULAR - BUCKLEY 550 S AIRPORT BLVD AURORA, CO 80017-2253	OUTPATIENT PHYSICIAN CLINIC

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of facility (describe)

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

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

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

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

LMC AND GSMC LIMIT CHARGES WHEN ALL OUTSTANDING MEDICAL DEBT, INCLUDING DEBT OWED TO OTHER PROVIDERS, EXCEEDS 25% OF THE PATIENT'S GROSS ANNUAL HOUSEHOLD INCOME.

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

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

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

PART I, LINE 7, COLUMN (F):
THE ADJUSTMENTS FOR UNPAID SERVICES INCLUDED ON FORM 990, PART IX, LINE 25, BUT EXCLUDED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN, WERE $33,435,070.

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, LMC AND GSMC 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.

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

THE CHARITY CARE AMOUNTS INCLUDED IN THE FINANCIAL STATEMENTS ARE SEPARATE AND DISTINCT FROM ADJUSTMENTS FOR UNPAID SERVICES, WHICH GENERALLY REPRESENTS PATIENT SERVICES REVENUES THAT ARE NOT COLLECTIBLE DUE TO EITHER AN UNWILLINGNESS TO PAY BY THOSE RESPONSIBLE FOR PAYMENT OR AN INABILITY BY LMC AND GSMC TO OBTAIN DOCUMENTATION FROM THOSE RESPONSIBLE FOR PAYMENT THAT WOULD SUBSTANTIATE THE PATIENT'S QUALIFICATION FOR CHARITY CONSIDERATION. ADJUSTMENTS FOR UNPAID SERVICES ARE REFLECTED AS REDUCTIONS TO PATIENT SERVICES REVENUES IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AND WERE $32,002,274 AND $33,435,070 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2025, RESPECTIVELY.

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

PART III, LINE 4:
BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF LMC AND GSMC UNINSURED AND UNDERINSURED PATIENTS ARE UNABLE TO PAY FOR THE SERVICES PROVIDED. ACCORDINGLY, LMC AND GSMC RECORD 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

Part VI Supplemental Information *(Continuation)*

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; 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:
LMC AND GSMC RECOGNIZE THEIR 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. LMC AND GSMC ALSO ASSIST 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 LMC AND GSMC AFFORD 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 LMC AND GSMC 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:

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

BEING PART OF THE INTERMOUNTAIN HEALTH SYSTEM, LMC HAS COMPREHENSIVE

Part VI Supplemental Information *(Continuation)*

ACCESS TO SECONDARY HEALTH DATA USING THE DATA SYSTEM, METOPIO, WHICH
ALLOWS ONGOING EVALUATION OF COMMUNITY HEALTH STATUS BETWEEN CHNA CYCLES.
IT ALSO MONITORS EMERGING COMMUNITY HEALTH NEEDS BY ASSESSING TRENDS IN
PATIENT DATA, I.E., EMERGENCY DEPARTMENT VISITS, INPATIENT
HOSPITALIZATIONS, AND SOCIAL NEED SCREENINGS.

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

GOOD SAMARITAN MEDICAL CENTER:

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

BEING PART OF THE INTERMOUNTAIN HEALTH SYSTEM, GSMC HAS COMPREHENSIVE
ACCESS TO SECONDARY HEALTH DATA USING THE DATA SYSTEM, METOPIO, WHICH
ALLOWS ONGOING EVALUATION OF COMMUNITY HEALTH STATUS BETWEEN CHNA CYCLES.
IT ALSO MONITORS EMERGING COMMUNITY HEALTH NEEDS BY ASSESSING TRENDS IN
PATIENT DATA, I.E., EMERGENCY DEPARTMENT VISITS, INPATIENT
HOSPITALIZATIONS, AND SOCIAL NEED SCREENINGS.

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

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

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

SIGNS ARE POSTED AT PUBLIC REGISTRATION AREAS, IN PRIVATE REGISTRATION
ROOMS AND IN PATIENT CARE AREAS IN BOTH ENGLISH AND SPANISH, THAT STATE
THE FOLLOWING: "WE BELIEVE MEDICALLY NECESSARY HEALTHCARE SERVICES SHOULD

Part VI Supplemental Information *(Continuation)*

BE ACCESSIBLE TO RESIDENTS IN THE COMMUNITIES WE SERVE REGARDLESS OF ABILITY TO PAY. IF YOU DON'T HAVE INSURANCE OR IF YOU NEED HELP IN PAYING FOR CARE, ASK TO SPEAK WITH ONE OF OUR ELIGIBILITY COUNSELORS ABOUT LMC AND GSMC'S FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING PATIENTS." COMMUNICATION ASSISTANCE, SUCH AS ADDITIONAL TRANSLATION SERVICES AND AMERICAN SIGN-LANGUAGE, IS ALSO AVAILABLE TO PATIENTS, AS NEEDED.

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

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

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

PART VI, LINE 4:
LUTHERAN MEDICAL CENTER:

THIS GEOGRAPHIC AND DEMOGRAPHIC INFORMATION REFLECTS THE DATA AVAILABLE DURING THE MOST RECENT CHNA AND WAS USED TO DETERMINE THE CURRENT SIGNIFICANT HEALTH NEEDS.

LMC IS IN WHEAT RIDGE, COLORADO, AND THE PRIMARY SERVICE AREA IS COMMUNITIES WITHIN 27 ZIP CODES IN THE DENVER-METRO AREA OF JEFFERSON COUNTY, WHERE MOST PATIENT ADMISSIONS ORIGINATE. THE HOSPITAL SERVICE AREA INCLUDES UNDERREPRESENTED, UNDERSERVED, AND LOW-INCOME COMMUNITY MEMBERS.

POPULATION: 626,238
PERSONS UNDER 18 YEARS: 18.7%
PERSONS 65 YEARS AND OVER: 17.3%
FEMALE PERSONS: 49.9%
HIGH SCHOOL GRADUATE OR HIGHER (AGE 25 YEARS+): 95.1%
PERSONS IN POVERTY (100% FEDERAL POVERTY LEVEL): 6.8%
MEDIAN HOUSEHOLD INCOME (2022 DOLLARS): $95,794
PERSONS WITHOUT HEALTH INSURANCE (UNDER AGE 65): 6.3%
WHITE, NOT HISPANIC OR LATINO: 76.0%
HISPANIC OR LATINO: 16.2%
BLACK OR AFRICAN AMERICAN: 1.1%
ASIAN: 2.9%
AMERICAN INDIAN AND ALASKA NATIVE: 0.3%

Part VI Supplemental Information *(Continuation)*

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER: 0.1%
SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME: 10.0%

COMPARED TO ALL OF COLORADO, THE HOSPITAL SERVICE AREA HAS HIGHER RATES OF TOBACCO AND ALCOHOL USE AMONG ADULTS AND PREGNANT PEOPLE, HEART DISEASE, CANCER, AND POOR MENTAL HEALTH. IT ALSO HAS INCREASING RATES OF BINGE DRINKING AND VAPING AMONG YOUTH, AND AN INCREASE IN ALCOHOL AND OPIOID RELATED DEATHS AMONG ALL AGES.

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

FOR-PROFIT HOSPITALS IN THE SECONDARY SERVICE AREA: NORTH SUBURBAN MEDICAL CENTER.

GOOD SAMARITAN MEDICAL CENTER:

THIS GEOGRAPHIC AND DEMOGRAPHIC INFORMATION REFLECTS THE DATA AVAILABLE DURING THE MOST RECENT CHNA AND WAS USED TO DETERMINE THE CURRENT SIGNIFICANT HEALTH NEEDS.

GSMC IS IN LAFAYETTE, COLORADO, AND THE PRIMARY SERVICE AREA IS COMMUNITIES WITHIN 42 ZIP CODES OF ADAMS, BOULDER, BROOMFIELD, DENVER, GILPIN, JEFFERSON, AND WELD COUNTIES, WHERE MOST PATIENT ADMISSIONS ORIGINATE. THE HOSPITAL SERVICE AREA INCLUDES UNDERREPRESENTED, UNDERSERVED, AND LOW-INCOME COMMUNITY MEMBERS. (SOURCE: AMERICAN COMMUNITY SURVEY, 2018-2022).

POPULATION: 1,145,754
PERSONS UNDER 18 YEARS: 22.3%
PERSONS 65 YEARS AND OVER: 13.5%
FEMALE PERSONS: 49.6%
HIGH SCHOOL GRADUATE OR HIGHER (AGE 25 YEARS+): 91.1%
PERSONS IN POVERTY (100% FEDERAL POVERTY LEVEL): 8.2%
MEDIAN HOUSEHOLD INCOME (2022 DOLLARS): $92,500
PERSONS WITHOUT HEALTH INSURANCE (UNDER AGE 65): 7.1%
WHITE, NOT HISPANIC OR LATINO: 64.5%
HISPANIC OR LATINO: 26.3%
BLACK OR AFRICAN AMERICAN: 1.4%
ASIAN: 3.8%
AMERICAN INDIAN AND ALASKA NATIVE: 0.3%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER: 0.1%
SPEAK LANGUAGE OTHER THAN ENGLISH AT HOME: 18.8%

COMPARED TO ALL OF COLORADO, THE HOSPITAL SERVICE AREA HAS HIGHER RATES OF MARIJUANA USE, UNDERAGE DRINKING, INFANT DEATH, POSTPARTUM DEPRESSION, YOUTH DEPRESSION AND SUICIDE, POOR MENTAL HEALTH DAYS, AND USE OF EMERGENCY SERVICES AMONG LOW-INCOME POPULATIONS. IT ALSO HAS A RISING TREND IN ALCOHOL AND OPIOID DEATHS.

OTHER NONPROFIT HOSPITALS IN THE SERVICE AREA: COMMON SPIRIT LONGMONT UNITED HOSPITAL, COMMON SPIRIT ST. ANTHONY NORTH HOSPITAL, ADVENT HEALTH AVISTA, BOULDER COMMUNITY HOSPITAL, UCHEALTH LONGS PEAK HOSPITAL, UCHEALTH

Part VI Supplemental Information *(Continuation)*

BROOMFIELD HOSPITAL, AND LUTHERAN MEDICAL CENTER.

FOR-PROFIT HOSPITALS IN THE SERVICE AREA: HEALTHONE MOUNTAIN RIDGE AT NORTH SUBURBAN HOSPITAL.

PART VI, LINE 5:
LUTHERAN MEDICAL CENTER:

LMC PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PARTICIPATION IN COMMUNITY COALITIONS AND SERVICES THAT IMPROVE HEALTH. EMPLOYEES PARTICIPATE IN MULTIPLE HEALTH-RELATED BOARDS AND COALITIONS TO ADVOCATE FOR HEALTH IMPROVEMENTS AND INCREASED ACCESS TO HEALTHCARE SERVICES FOR UNINSURED, LOW-INCOME, AND UNDERSERVED POPULATIONS.

THE MAJORITY OF ITS VOLUNTEER GOVERNING BODY IS COMPRISED OF PEOPLE WHO RESIDE IN ITS SERVICE AREA AND REPRESENT BROAD COMMUNITY PERSPECTIVES AND INTERESTS. THE BOARD SUPPORTS AND ENGAGES IN THE CHNA PROCESS AND MONITORS THE IMPACT OF IMPLEMENTATION STRATEGIES.

INTERMOUNTAIN HEALTH LEVERAGES ITS ECONOMIC RESOURCES AS AN ANCHOR INSTITUTION TO STRENGTHEN THE LONG-TERM HEALTH AND ECONOMIC STABILITY OF THE COMMUNITY WITH PLACE BASED INVESTING, LOCAL PURCHASING AND HIRING.

THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS FOR ITS DEPARTMENTS AND SPECIALTIES IN THE COMMUNITIES SERVED. IT PROVIDES EMERGENCY SERVICES TO ALL PEOPLE REGARDLESS OF ABILITY TO PAY. ADDITIONALLY, IT PROVIDES MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS, TRAINING, AND EDUCATION OF HEALTHCARE PROFESSIONALS, AND PARTICIPATED IN MEDICAID, MEDICARE, AND OTHER GOVERNMENT-SPONSORED HEALTH PROGRAMS.

AS A HOSPITAL EXEMPT UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3), SURPLUS FUNDS ARE REINVESTED BACK INTO THE COMMUNITY TO IMPROVE PATIENT CARE BY UPGRADING FACILITIES, TECHNOLOGIES, AND EQUIPMENT; PROVIDING FINANCIAL ASSISTANCE; OFFERING HEALTHCARE TRAINING, EDUCATION, AND RESEARCH; AND COMMUNITY BENEFIT ACTIVITIES THAT IMPROVE THE HEALTH OF THE PEOPLE IN THE COMMUNITIES SERVED.

GOOD SAMARITAN MEDICAL CENTER:
GSMC PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PARTICIPATION IN COMMUNITY COALITIONS AND SERVICES THAT IMPROVE HEALTH. EMPLOYEES PARTICIPATE IN MULTIPLE HEALTH-RELATED BOARDS AND COALITIONS TO ADVOCATE FOR HEALTH IMPROVEMENTS AND INCREASED ACCESS TO HEALTHCARE SERVICES FOR UNINSURED, LOW-INCOME, AND UNDERSERVED POPULATIONS.

THE MAJORITY OF ITS VOLUNTEER GOVERNING BODY IS COMPRISED OF PEOPLE WHO RESIDE IN ITS SERVICE AREA AND REPRESENT BROAD COMMUNITY PERSPECTIVES AND INTERESTS. THE BOARD SUPPORTS AND ENGAGES IN THE CHNA PROCESS AND MONITORS THE IMPACT OF IMPLEMENTATION STRATEGIES.

THE INTERMOUNTAIN HEALTH SYSTEM, WHICH INCLUDES GSMC, LEVERAGES ITS ECONOMIC RESOURCES AS AN ANCHOR INSTITUTION TO STRENGTHEN THE LONG-TERM HEALTH AND ECONOMIC STABILITY OF THE COMMUNITY WITH PLACE-BASED INVESTING, LOCAL PURCHASING AND HIRING.

THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO QUALIFIED PHYSICIANS FOR ITS DEPARTMENTS AND SPECIALTIES IN THE COMMUNITIES SERVED. IT PROVIDES

Part VI Supplemental Information *(Continuation)*

EMERGENCY SERVICES TO ALL PEOPLE REGARDLESS OF ABILITY TO PAY.
ADDITIONALLY, IT PROVIDES MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS,
TRAINING, AND EDUCATION OF HEALTHCARE PROFESSIONALS, AND PARTICIPATED IN
MEDICAID, MEDICARE, AND OTHER GOVERNMENT-SPONSORED HEALTH PROGRAMS.

AS A HOSPITAL EXEMPT UNDER INTERNAL REVENUE CODE ("IRC") SECTION
501(C)(3), SURPLUS FUNDS ARE REINVESTED BACK INTO THE COMMUNITY TO IMPROVE
PATIENT CARE BY UPGRADING FACILITIES, TECHNOLOGIES, AND EQUIPMENT;
PROVIDING FINANCIAL ASSISTANCE; OFFERING HEALTHCARE TRAINING, EDUCATION,
AND RESEARCH; AND COMMUNITY BENEFIT ACTIVITIES THAT IMPROVE THE HEALTH OF
THE PEOPLE IN THE COMMUNITIES SERVED.

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

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

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

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

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 USED BY THE STATE OF COLORADO IN AN ANNUAL
SUMMARY TO THE STATE LEGISLATURE
(HTTPS://HCPF.COLORADO.GOV/HOSPITAL-COMMUNITY-BENEFIT-ACCOUNTABILITY).

Part VI **Supplemental Information** *(Continuation)*

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ROSE COMMUNITY FOUNDATION 4500 CHERRY CREEK DR SOUTH 900 DENVER, CO 80246	84-0920862	501(C)(3)	789,797.	0.			DONATION TO THE COLORADO HEALTHCARE SAFETY NET STABILIZATION FUND
LUTHERAN MEDICAL CENTER FOUNDATION 12911 W. 40TH AVE. WHEAT RIDGE, CO 80401	20-8846152	501(C)(3)	490,822.	0.			PROGRAM SUPPORT
BENEVOLENT HEALTHCARE FOUNDATION DBA PROJECT CURE - 10377 E GEDDES AVENUE 200 - CENTENNIAL, CO 80112	84-1568566	501(C)(3)	0.	467,606.	BOOK	MEDICAL SUPPLIES	MEDICAL SUPPLIES DONATION
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 200 EXEMPLA CIRCLE - LAFAYETTE, CO 80026	84-1649162	501(C)(3)	315,814.	0.			PROGRAM SUPPORT
CLINICA CAMPESINA FAMILY HEALTH SERVICES DBA CLINICA FAMILY HEALTH - 1735 SOUTH PUBLIC ROAD - LAFAYETTE, CO 80026	84-0743432	501(C)(3)	140,000.	0.			SUPPORT SPECIAL BEHAVIORAL HEALTH YOUTH CTR OF EXCELLENCE/BEHAVIORAL
JEFFERSON CENTER FOR MENTAL HEALTH 4851 INDEPENDENCE STREET STE 200 WHEAT RIDGE, CO 80033	84-0474717	501(C)(3)	81,500.	0.			SUPPORT JEFFERSON'S CENTER SCHOOL-BASED SERVICES PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 30.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 532101 04-01-25

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
BENEFITS IN ACTION 12157 W CEDAR DRIVE 100 LAKEWOOD, CO 80228	87-3774775	501(C)(3)	66,667.	0.			SUPPORT THE HEALTH NAVIGATION PROGRAM
FOOD BANK OF THE ROCKIES 10700 EAST 45TH AVENUE DENVER, CO 80239	84-0772672	501(C)(3)	50,500.	0.			SUPPORT FOOD FOR HEALTH PROGRAM/FEEDING JEFFCO TOGETHER FUNDRAISER
COMMUNITY FOOD SHARE INC 650 S TAYLOR AVENUE LOUISVILLE, CO 80027	74-2227731	501(C)(3)	39,000.	0.			SUPPORT RESCUE AND DELIVERY OF FOOD WITHIN SERVICE AREA
CROSSPURPOSE 3050 RICHARD ALLEN CT DENVER, CO 80205	46-3862392	501(C)(3)	37,500.	0.			SUPPORT THE CROSSPURPOSE LEADER PROGRAM
SISTER CARMEN COMMUNITY CENTER INC 655 ASPEN RIDGE DRIVE LAFAYETTE, CO 80026	84-0820308	501(C)(3)	35,000.	0.			SUPPORT THE ADVOCACY PROGRAM/SISTER CARMEN COMMUNITY CENTER HEALTH CLINIC
DOCTORS CARE 609 WEST LITTLETON BLVD SUITE 100 LITTLETON, CO 80120	84-1150815	501(C)(3)	32,000.	0.			SUPPORT THE COMMUNITY AMBASSADOR PRGM/BEHAVIORAL HEALTH AND SOCIAL DETERMINANTS
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	26,000.	0.			SUPPORT THE RESOURCE BRIDGE PROGRAM
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	26,000.	0.			SUPPORT THE UNITED FAMILIES, BRIDGE THE GAP, AND TAX HELP COLORADO PROGRAM
GREATER GRAND JUNCTION SPORTS COMMISSION - 1100 NORTH AVE - GRAND JUNCTION, CO 81501	81-3433847	501(C)(3)	25,000.	0.			2025 RIDES & VIBES TITLE SPONSOR TO SUPPORT LOCAL CYCLING GROUPS

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
BROTHERS REDEVELOPMENT INC 2250 EATON ST GARDEN LEVEL EDGEWATER, CO 80214	84-0615347	501(C)(3)	24,083.	0.			SUPPORT THE COMPLETION OF APPROX. 190 HOME MODIFICATION/REPAIR PROJECTS
ST BENEDICT HEALTH AND HEALING MINISTRY - PO BOX 325 - LOUISVILLE, CO 80027	20-8912445	501(C)(3)	23,500.	0.			SUPPORT OPERATIONS COSTS FOR THE MOBILE CLINIC OFFERING SERVICES AT THE REFUGE CAFE
VIA MOBILITY SERVICES 2855 N 63RD STREET BOULDER, CO 80301	84-0777296	501(C)(3)	20,000.	0.			SUPPORT THE VIA PARATRANSIT PROGRAM
FAMILY TREE INC 3805 MARSHALL STREET WHEAT RIDGE, CO 80033	84-0730973	501(C)(3)	20,000.	0.			SUPPORT THE DELIVERY OF THE COMMUNITY FAMILY RESOURCE TEAM PROGRAM
APEX PARK & RECREATION DISTRICT 13150 WEST 72ND AVENUE ARVADA, CO 80005-3116	84-6010335	GOVERNMENT	15,000.	0.			SPONSORSHIP TO SUPPORT THE UNDERSERVED AND LOW-INCOME RESIDENTS BY PROVIDING ACCESS TO BASIC
COMMUNITY SERVICES OF BROOMFIELD DBA BROOMFIELD FISH - 6 GARDEN CENTER - BROOMFIELD, CO 80020	84-1591870	501(C)(3)	15,000.	0.			SUPPORT THE NUTRITION AND HOUSING STABILITY PROGRAM
THE COLORADO NONPROFIT DEVELOPMENT CENTER - PO BOX 18770 - DENVER, CO 80218	84-1493585	501(C)(3)	15,000.	0.			SUPPORT THE JEFFERSON COUNTY COMMUNITIES THAT CARE PROGRAM
ARVADA CHAMBER OF COMMERCE 7502 W 80TH AVE STE 180 ARVADA, CO 80003	84-0422091	501(C)(6)	11,700.	0.			100TH ANNUAL DINNER/ THERE'S NO PLACE LIKE HOME ANNUAL DINNER/DAY OF SERVICE SPONSORSHIPS
PARENT ENGAGEMENT NETWORK 555 BURBANK ST UNIT M BROOMFIELD, CO 80020	27-0710394	501(C)(3)	10,450.	0.			SUPPORT THE YOUTH IN RECOVERY PROGRAM

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
ARVADA JUNIOR CHAMBER FOUNDATION INC - 6736 W 79TH AVE - ARVADA, CO 80003	87-0773288	501(C)(3)	10,000.	0.			ARVADA HARVEST FESTIVAL SPONSORSHIP
INNER CITY HEALTH CENTER 3800 YORK STREET DENVER, CO 80205	74-2426085	501(C)(3)	10,000.	0.			SUPPORT THE DENTAL HYGIENE PROGRAM
COAL CREEK MEALS ON WHEELS 455 N BURLINGTON LAFAYETTE, CO 80026	84-0634856	501(C)(3)	10,000.	0.			SUPPORT THE HOME DELIVERED MEALS PROGRAM
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000.	0.			SW GALA S26 PLEDGE TO SUPPORT LIFESAVING RESEARCH AND CPR TRAINING ACROSS COLORADO
HABITAT FOR HUMANITY OF METRO DENVER INC - 430 S NAVAJO ST - DENVER, CO 80223	74-2050021	501(C)(3)	10,000.	0.			SUPPORT THE COMMUNITY AGING IN PLACE ADVANCING BETTER LIVING FOR ELDERS AND HOME REPAIR PLUS
COLORADO PERSONALIZED EDUCATION DBA PROGRAM FOR PHYSICIANS - 720 S COLORADO BLVD STE 1100N - DENVER, CO 80246	74-2565416	501(C)(3)	8,500.	0.			PHYSICIAN EXCELLENCE CAMPAIGN 2025 DONATION
GOLDEN CHAMBER OF COMMERCE 1010 WASHINGTON AVE GOLDEN, CO 80401-1141	84-0421409	501(C)(6)	7,500.	0.			OLDE GOLDEN HOLIDAYS SPONOSRSHIP TO SUPPORT PIBLIC SAFETY POWER SHUTDOWNS AND POWER
ARVADA POLICE FOUNDATION 8101 RALSTON ROAD ARVADA, CO 80002	99-0974643	501(C)(3)	7,500.	0.			SECOND ANNUAL BREAKFAST WITH THE CHIEF SPONSORSHIP TO SUPPORT COMMUNITY SAFETY PROGRAMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HUMANITARIAN GRANTS	1455	0.	80,355.	FMV	TRANSPORTATION

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

PART I, LINE 2:
THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED OR REASON FOR SUCH SUPPORT. ELIGIBILITY FOR FUNDING IS DETERMINED ON AN INDIVIDUAL BASIS, CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES TO THE ORGANIZATION'S MISSION.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:
CLINICA CAMPESINA FAMILY HEALTH SERVICES DBA CLINICA FAMILY HEALTH
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SPECIAL BEHAVIORAL HEALTH YOUTH CTR OF EXCELLENCE/BEHAVIORAL HEALTH HOME PRGM

NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS CARE
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE COMMUNITY AMBASSADOR PRGM/BEHAVIORAL HEALTH AND SOCIAL DETERMINANTS OF HEALTH PRGM

NAME OF ORGANIZATION OR GOVERNMENT: APEX PARK & RECREATION DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP TO SUPPORT THE

Part IV Supplemental Information

UNDERSERVED AND LOW-INCOME RESIDENTS BY PROVIDING ACCESS TO BASIC RECREATION SVCS

NAME OF ORGANIZATION OR GOVERNMENT:
HABITAT FOR HUMANITY OF METRO DENVER INC
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE COMMUNITY AGING IN PLACE ADVANCING BETTER LIVING FOR ELDERS AND HOME REPAIR PLUS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: GOLDEN CHAMBER OF COMMERCE
(H) PURPOSE OF GRANT OR ASSISTANCE: OLDE GOLDEN HOLIDAYS SPONOSRSHIP TO SUPPORT PIBLIC SAFETY POWER SHUTDOWNS AND POWER RESTORATION UNCERTAINTIES

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

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) SCOTT PEEK	(i)	811,509.	327,982.	4,307.	278,103.	52,856.	1,474,757.	202,210.
TRUSTEE/MKT PRESIDENT, FRONT RANGE M	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANK WALCH, MD	(i)	952,113.	197,667.	1,992.	110,693.	42,886.	1,305,351.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAKE CHANIN, MD	(i)	714,679.	512,055.	2,365.	21,554.	31,108.	1,281,761.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BASHEAL AGRAWAL, MD	(i)	943,881.	239,050.	2,094.	21,554.	57,827.	1,264,406.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT REPLOGLE, MD	(i)	930,319.	223,717.	9,375.	21,554.	52,261.	1,237,226.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIC MOMIN, MD	(i)	940,028.	223,717.	2,160.	21,554.	44,913.	1,232,372.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTOPHER AWTREY	(i)	468,500.	88,029.	99,419.	155,928.	43,782.	855,658.	93,551.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREA BURCH	(i)	409,589.	113,446.	41,515.	182,496.	42,131.	789,177.	152,449.
PRESIDENT LMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SEAN FADDEN	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	408,202.	92,503.	31,061.	139,701.	36,719.	708,186.	121,456.
(10) KEVIN JENKINS	(i)	356,557.	151,668.	27,085.	122,421.	33,495.	691,226.	0.
PRESIDENT GSMC (PARTIAL)	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELIZABETH WITHERS	(i)	396,987.	60,036.	65,938.	118,367.	22,874.	664,202.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANN GANTZER	(i)	302,664.	72,434.	8,920.	83,715.	30,733.	498,466.	62,613.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ASHLEY DENTON	(i)	0.	0.	0.	0.	0.	0.	0.
AVP FINANCE, FRONT RANGE MKT	(ii)	280,908.	58,933.	28,282.	88,944.	39,609.	496,676.	85,999.
(14) KELLY ADAMS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	280,935.	52,403.	1,160.	96,560.	48,071.	479,129.	41,843.
(15) MICHELLE SHIAO	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	267,439.	54,995.	34,042.	80,609.	40,033.	477,118.	78,718.
(16) KATARZYNA CRABTREE, MD	(i)	284,127.	40,742.	56,898.	80,520.	5,536.	467,823.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(17) PATRICE FARRELL-DELINE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	217,068.	44,202.	23,645.	73,347.	30,460.	388,722.	64,170.
(18) CALVIN BEASLEY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	211,860.	46,064.	999.	64,826.	34,705.	358,454.	37,737.
(19) TONI GREEN-CHEATWOOD	(i)	156,322.	88,250.	69,645.	13,863.	18,327.	346,407.	68,533.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) REAGAN GOODNIGHT	(i)	208,686.	30,152.	1,156.	62,667.	26,844.	329,505.	27,808.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) KALI KLEIN	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY (PARTIAL)	(ii)	206,114.	34,500.	282.	53,204.	16,253.	310,353.	0.
(22) DAWN ANUSZKIEWICZ	(i)	79,630.	135,844.	70,701.	13,012.	8,036.	307,223.	204,441.
PRESIDENT GSMC (PARTIAL)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(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 THE FILING ORGANIZATION OR A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCLHS AND ALL OF ITS AFFILIATES.

THE COMPENSATION COMMITTEE OF THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC. (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, LINE 4B:
SCHEDULE J, PART I, LINE 4B:

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.

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.

NQDC SERP PLAN STARTING IN 2014

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

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

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2025 WERE: CHRISTOPHER AWTREY - $93,551; DAWN ANUSZKIEWICZ - $69,929; TONI GREEN-CHEATWOOD - $68,533; ANDREA BURCH - $39,994; SEAN FADDEN - $29,852; ASHLEY DENTON - $27,638; MICHELLE SHIAO - $24,256; PATRICE FERRELL-DELINE - $20,397.

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

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
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
INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number
84-1103606

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

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

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EVAN BURCH	FAMILY MEMBER	33,952.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: EVAN BURCH
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
ANDREA BURCH (OFFICER) IS THE PARENT OF AN EMPLOYEE OF LUTHERAN MEDICAL CENTER.

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
INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number
84-1103606

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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 69,000 EMPLOYEES,
OPERATES 34 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS
HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO MORE THAN 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)
- 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)
- REHABABILITATION SERVICES
- WOMEN'S HEALTH

GOOD SAMARITAN MEDICAL CENTER:
- CANCER CARE (CANCER CENTERS OF COLORADO)
- CHEST PAIN CENTER AND CARDIOVASCULAR CENTER OF EXCELLENCE

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

- 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 2025, INTERMOUNTAIN FRONT RANGE, INC. HAD THE FOLLOWING RESULTS:
ADMISSIONS - 22,379
OUTPATIENT VISITS - 236,672
EMERGENCY ROOM VISITS - 84,261
BIRTHS - 2,801
SURGERIES - 10,654
LAB TESTS - 1,639,803

MISSION, VISION, AND VALUES:
MISSION:
HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 2:
KALI KLEIN / 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 BYLAWS OF INTERMOUNTAIN FRONT RANGE, INC., WERE AMENDED AND RESTATED TO

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

REFLECT THE ENTITY'S RELATION TO AND INTEGRATION OF BRIGHTON COMMUNITY HOSPITAL ASSOCIATION (DOING BUSINESS AS INTERMOUNTAIN HEALTH PLATTE VALLEY HOSPITAL), AN AFFILIATED ENTITY IN THE INTERMOUNTAIN HEALTH SYSTEM.

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;
- 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:

Name of the organization
INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number
84-1103606

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. THE MINUTES FROM THAT REPORT ARE SUBMITTED TO THE BOARD OF TRUSTEES.

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

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.

Name of the organization: INTERMOUNTAIN FRONT RANGE, INC.

Employer identification number: 84-1103606

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:
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/P11935626-P11477831-P11928576.PDF), A SERVICE PROVIDED BY THE MUNICIPAL SECURITIES RULEMAKING BOARD.

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

SETTLEMENT OF OUTSTANDING A/R, A/P BETWEEN AFFILIATES	-8,736,442.
OTHER ADJUSTMENT	-769.
TOTAL TO FORM 990, PART XI, LINE 9	-8,737,211.

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	HEALTHCARE	COLORADO	295,956,071.	155,864,886.	INTERMOUNTAIN FRONT RANGE, INC.
INTERMOUNTAIN MEDICAL GROUP - DENVER, LLC - 46-3778226, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	270,558,471.	42,803,493.	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	157,296,264.	9,398,072.	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	(g) No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. - 23-7379161, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KANSAS	501(C)(3)	LINE 12C, III-FI	INTERMOUNTAIN HEALTH CARE, INC.	X	
SCL HEALTH FOUNDATION - 82-3290526 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	SCLHS	X	
SCL HEALTH RESEARCH INSTITUTE, INC. - 85-2014794, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL RESEARCH	COLORADO	501(C)(3)	LINE 4	SCLHS	X	
INTEGRITY HEALTH - 47-4520350 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12C, III-FI	INTERMOUNTAIN HEALTH CARE, INC.	X	

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HEALTHCARE	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	X	
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL	X	
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SCLHS	X	
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SCLHS	X	
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HEALTHCARE	COLORADO	501(C)(3)	LINE 3	SCLHS	X	
CATHOLIC FOUNDATION OF INTERMOUNTAIN HEALTH, INC. - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	SCLHS	X	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	INTERMOUNTAIN FRONT RANGE, INC.	X	
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 7	INTERMOUNTAIN FRONT RANGE, INC.	X	
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HEALTHCARE	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	
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HEALTHCARE	MONTANA	501(C)(3)	LINE 3	SCLHS	X	
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE	X	

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

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

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

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

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

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

SEE PART VII FOR CONTINUATIONS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OUTPATIENT SURGERY	CO	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	HEALTHCARE	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 SERVICES	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	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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
FIRST FLIGHT OF WYOMING, LLC - 92-1785143, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MCKAY DEE SURGICAL CENTER, LLC - 26-0286308, 3895 HARRISON BLVD, STE 200, OGDEN, UT 84403	OUTPATIENT SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GRANDEUR PEAK INTERNATIONAL STALWARTS, LP - 47-5468723, 136 S. MAIN STREET, STE 720, SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INNOVATION FUND HOLDINGS COMPANY, LLC - 47-1525723, 1000 WEST FULTON STREET, STE 213, CHICAGO, IL 60607	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHBOX SALT LAKE CITY I, LLC - 46-5338772, 33 WEST MONROE STREET, STE 1700, CHICAGO, IL 60603	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
INTERMOUNTAIN VENTURES FUND, LLC - 84-4037085, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PELION OPPORTUNITY FUND III, LLC - 84-2757193, 2750 E COTTONWOOD PARKWAY, STE 600, SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP KOREA BUYOUT INVESTORS II, LP - 82-4971663, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
AACP SPECIAL SITUATIONS II, LP - 83-2883726, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

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

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			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 SAMARITAL MEDICAL CENTER FOUNDATION (GRANT)	B	315,814.	CASH
(2)	LUTHERAN MEDICAL CENTER FOUNDATION (GRANT)	B	490,822.	CASH
(3)	LUTHERAN MEDICAL CENTER FOUNDATION (CAPITAL TRANSFER)	B	8,559,309.	CASH
(4)	ST.MARY'S HOSPITAL FOUNDATION (CAPITAL TRANSFER)	B	929,786.	CASH
(5)	GOOD SAMARITAL MEDICAL CENTER FOUNDATION (GRANT)	C	122,638.	CASH
(6)	GOOD SAMARITAL MEDICAL CENTER FOUNDATION (CAPITAL TRANSFER)	C	773,191.	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)	LUTHERAN MEDICAL CENTER FOUNDATION (GRANT)	C	2,496,556.	CASH
(8)	INTERMOUNTAIN HEALTHCARE FOUNDATION, INC.	C	450,314.	CASH
(9)	SAINT JOSEPH HOSPITAL, INC.	C	7,733,780.	CASH
(10)	ST.MARY'S HOSPITAL & MEDICAL CENTER, INC.	C	20,412,698.	CASH
(11)	ST.MARY'S HOSPITAL FOUNDATION (GRANT)	C	919,698.	CASH
(12)	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	M	148,269,399.	CASH
(13)	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	P	15,049,872.	CASH
(14)	SAINT JOSEPH HOSPITAL, INC.	Q	6,995,127.	CASH
(15)	BRIGHTON COMMUNITY HOSPITAL ASSOCIATION	Q	2,651,085.	CASH
(16)	SAINT JOSEPH HOSPITAL, INC.	S	26,178,423.	CASH
(17)	ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.	S	39,865,030.	CASH
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL FOUNDATION

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

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

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

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

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

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

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

EAR, NOSE & THROAT SURGERY CENTER OF UTAH, LLC

EIN: 20-1547733

9450 SOUTH 1300 EAST, SUITE 100

SANDY, UT 84094

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TELLICA IMAGING - MASSACHUSETTS, LLC

EIN: 93-4833500

36 SOUTH STATE, SUITE 2200

SALT LAKE CITY, UT 84111

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GRANDEUR PEAK GLOBAL OPPORTUNITIES, LP

Part VII Supplemental Information

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

EIN: 45-5225518

136 SOUTH MAIN STREET, SUITE 720

SALT LAKE CITY, UT 84101

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

AACP AUSTRALIA BUYOUT INVESTORS III, LP

EIN: 98-1743664

ONE EMBARCADERO, 16TH FLOOR

SAN FRANCISCO, CA 94111

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

INTERMOUNTAIN ORTHOPEDIC HOLDINGS NEVADA, LLC

EIN: 33-2572869

2779 W. HORIZON RIDGE PARKWAY, SUITE 200

HENDERSON, NV 89052

Electronic Filing PDF Attachment

Form **8453-TE**

Department of the Treasury
Internal Revenue Service

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2025, or tax year beginning _____ **, 2025,**
and ending _____ **, 20** ____

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP.
Go to www.irs.gov/Form8453TE for the latest information.

OMB No. 1545-0047

2025

Name of filer
INTERMOUNTAIN FRONT RANGE, INC.

EIN or SSN
84-1103606

Part I Type of Return and Return Information

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

1a	**Form 990** check here ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
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	23,688.
8a	**Form 5227** check here ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

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

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

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Signature of officer or person subject to tax | Date: 5.8.26 | MARKET PRESIDENT, FRONT (Title, if applicable)

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

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

ERO's Use Only

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
Firm's name				Firm's EIN
Firm's address				Phone no.

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

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

LHA 502511 12-10-25

CONSOLIDATED FINANCIAL STATEMENTS

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



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

Independent Auditors' Report

Audit and Compliance Committee
Intermountain Health Care, Inc.:

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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

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

In performing an audit in accordance with GAAS, we:

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

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

KPMG LLP

Salt Lake City, Utah
March 17, 2026

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

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

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

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

(continued)

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

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

See accompanying notes to consolidated financial statements.

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

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

(continued)

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

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

See accompanying notes to consolidated financial statements.

1. Organization

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

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

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

2. Significant Accounting Policies

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

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

2. Significant Accounting Policies (continued)

Charity Care

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

Cash and Equivalents

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

Assets Limited as to Use

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

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

2. Significant Accounting Policies (continued)

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

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

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

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

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

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

2. Significant Accounting Policies (continued)

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

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

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

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

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

2. Significant Accounting Policies (continued)

Patient Services Revenues

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

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

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

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

Premiums and Capitation

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

2. Significant Accounting Policies (continued)

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

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

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

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

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

3. Charity Care and Community Benefit

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

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

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

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

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

3. Charity Care and Community Benefit (continued)

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

4. Liquidity and Availability of Financial Resources

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

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

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

5. Fair Value Measurements

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

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

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

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

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

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

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

5. Fair Value Measurements (continued)

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

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

Changes in Level 3 financial instruments were not significant.

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

5. Fair Value Measurements (continued)

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

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

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

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

5. Fair Value Measurements (continued)

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

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

6. Assets Limited as to Use

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

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

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

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

6. Assets Limited as to Use (continued)

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

7. Property and Equipment

A summary of property and equipment is as follows:

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

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

8. Other Assets

A summary of other noncurrent assets is as follows:

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

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

9. Other Current Liabilities

A summary of other current liabilities is as follows:

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

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

10. Lines of Credit

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

11. Self-insurance Liabilities

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

12. Long-term Debt

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

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

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

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

12. Long-term Debt (continued)

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

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

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

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

12. Long-term Debt (continued)

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

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

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

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

13. Interest Rate Swap Agreements

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

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

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

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

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

14. Leases

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

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

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

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

Lease expenses incurred by the Health System were as follows:

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

14. Leases (continued)

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

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

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

15. Net Assets with Donor Restrictions

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

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

16. Litigation and Other Matters

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

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

17. Revenues

Patient Services Revenues

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

Patient services revenues by major payer source were as follows:

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

17. Revenues (continued)

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

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

18. Functional Expenses

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

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

18. Functional Expenses (continued)

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

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

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

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

19. Employee Retirement and Other Postretirement Plans

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

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

19. Employee Retirement and Other Postretirement Plans (continued)

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

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

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

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

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

19. Employee Retirement and Other Postretirement Plans (continued)

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

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

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

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

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

A summary of pension cost is as follows:

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

19. Employee Retirement and Other Postretirement Plans (continued)

Assumptions used to determine pension cost were as follows:

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

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

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

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

19. Employee Retirement and Other Postretirement Plans (continued)

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

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

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

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

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

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

19. Employee Retirement and Other Postretirement Plans (continued)

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

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

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

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

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

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

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

19. Employee Retirement and Other Postretirement Plans (continued)

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

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

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

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

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

20. Subsequent Events

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

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