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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SELECTHEALTH INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5381 GREEN STREET

City or town, state or country, and ZIP + 4
MURRAY, UT 84123

D Employer identification number
87-0409820

E Telephone number
(801) 442-2000

G Gross receipts $ 1,112,070,616

F Name and address of principal officer
PATRICIA RICHARDS
5381 GREEN STREET
MURRAY, UT 84123

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SELECTHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COLLABORATION WITH CLINICAL PARTNERS TO OFFER COVERAGE AND ACCESS TO HIGH QUALITY HEALTHCARE SERVICES AT THE LOWEST APPROPRIATE COST, TO IMPROVE THE HEALTH OF OUR MEMBERS AND TO PROVIDE SUPERIOR SERVICE

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**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	879
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	997,582,335	1,023,557,114
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,382,097	5,226,313
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	700,483	732,191
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,009,664,915	1,029,515,618
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,324,000	109,000
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)	54,211,322	56,697,155
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–24f)	915,963,323	915,974,355
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	971,498,645	972,780,510
19	Revenue less expenses Subtract line 18 from line 12	38,166,270	56,735,108

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	315,508,380	408,276,327
21	Total liabilities (Part X, line 26)	125,471,281	123,023,665
22	Net assets or fund balances Subtract line 21 from line 20	190,037,099	285,252,662

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-10-28

▶ MARK BROWN VP/CFO/TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 2901 DOUGLAS BLVD 300 ROSEVILLE, CA 95661		EIN ▶	
		Phone no ▶ (916) 218-1900	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SELECTHEALTH COLLABORATES WITH CLINICAL PARTNERS TO OFFER COVERAGE AND ACCESS TO HIGH QUALITY HEALTHCARE SERVICES AT THE LOWEST APPROPRIATE COST, TO IMPROVE THE HEALTH OF OUR MEMBERS AND TO PROVIDE SUPERIOR SERVICE TO OUR CUSTOMERS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 961,346,329 including grants of $ 109,000) (Revenue $ 1,024,289,305)

SELECTHEALTH HAS AS ITS PURPOSE THE DEVELOPMENT AND OPERATION OF ALTERNATIVE HEALTH CARE DELIVERY PLANS AND FINANCING SYSTEMS TO PROVIDE COST-EFFECTIVE AND HIGH QUALITY CARE TO PARTICIPATING EMPLOYER GROUPS AND INDIVIDUALS AS WELL AS THE CONDUCTING OF RESEARCH AND EDUCATIONAL DEMONSTRATION PROJECTS SELECTHEALTH ALSO FOCUSES ON AT RISK POPULATIONS, INCLUDING CHILDREN AND DISADVANTAGED PERSONS (EXAMPLES INCLUDE A PREMIUM ASSISTANCE PROGRAM TO INSURE CHILDREN OF LOW-INCOME FAMILIES, WORKSITE WELLNESS AND IMMUNIZATION PROGRAMS, AND "STEP EXPRESS," A PROGRAM WHICH ENCOURAGES 4TH GRADE STUDENTS TO WORK TOWARDS HEALTHIER LIFESTYLES)

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 961,346,329

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
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**		
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	6,609		
b	Enter the number of Forms W-2G included in 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		Yes	
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	879		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a			No
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			
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			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	10		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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 in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

MARK BROWN
5381 GREEN STREET
MURRAY, UT 84123
(801) 442-5000

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(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			
See add'l data										

1b Total . . . . . ▶	3,576,272	2,882,388	3,067,898

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 61

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF UTAH HOSPITAL 50 N MEDICAL DR SALT LAKE CITY, UT 84132	MEDICAL SERVICES	26,111,421
MOUNTAIN WEST ANESTHESIA LLC 1954 FORT UNION BLVD STE 102 SALT LAKE CITY, UT 84121	MEDICAL SERVICES	20,390,649
CENTRAL UTAH CLINIC 1220 E 3900 STE 4D SALT LAKE CITY, UT 84124	MEDICAL SERVICES	15,260,475
MOUNTAIN MEDICAL PHYSICIAN SPECIALI 5555 GREEN STREET MURRAY, UT 84123	MEDICAL SERVICES	11,611,866
DAVIS HOSPITAL AND MEDICAL CENTER 401 S 400 E BOUNTIFUL, UT 84010	MEDICAL SERVICES	8,707,388
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 680		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	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 $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	ADMINISTRATION FEES	524,298	29,008,661	29,008,661	
	b	MEDICAL PREMIUMS	524,114	994,548,453	994,548,453	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,023,557,114		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,510,849		5,510,849
	4	Income from investment of tax-exempt bond proceeds . . ▶		0		
	5	Royalties . . . . . ▶		0		
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	82,270,462			
	b	Less cost or other basis and sales expenses	82,554,775	223		
	c	Gain or (loss)	-284,313	-223		
	d	Net gain or (loss) . . . . . ▶		-284,536		-284,536
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶		0		
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶		0		
		Miscellaneous Revenue / Business Code				
	11a	OTHER OPERATING REVENUE 524,298		732,191	732,191	
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		732,191		
	12	**Total revenue.** See Instructions . . . ▶		1,029,515,618	1,024,289,305	0 5,226,313

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U S See Part IV, line 21	109,000	109,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,081,639		3,081,639	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	42,493,203	40,278,980	2,214,223	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,280,592	1,213,863	66,729	
9	Other employee benefits	6,475,900	6,138,456	337,444	
10	Payroll taxes	3,365,821	3,270,251	95,570	
11	Fees for services (non-employees)				
a	Management	3,196,213	628,819	2,567,394	
b	Legal	4,878	1,920	2,958	
c	Accounting	338,038	338,038		
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	147,730		147,730	
g	Other	4,640,400	4,595,974	44,426	
12	Advertising and promotion	1,624,512	1,116,977	507,535	
13	Office expenses	5,462,241	5,433,802	28,439	
14	Information technology	521,927	521,556	371	
15	Royalties	0			
16	Occupancy	3,705,796	3,387,316	318,480	
17	Travel	122,287	111,828	10,459	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	366,604	326,895	39,709	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,089,509	2,934,232	1,155,277	
23	Insurance	588,258		588,258	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL EXPENSES	847,978,615	847,978,615		
b	COMMISSIONS EXPENSE	41,897,249	41,897,249		
c	TAXES & LICENSES	74,897	74,897		
d	BAD DEBTS	517,553	517,553		
e	RECRUITING	199,136	184,378	14,758	
f	All other expenses	498,512	285,730	212,782	
25	**Total functional expenses.** Add lines 1 through 24f	972,780,510	961,346,329	11,434,181	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		25,230	1	4,138
	2	Savings and temporary cash investments		72,646,323	2	124,071,396
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,316,588	4	17,547,714
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,805,710	9	862,327
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 53,473,735			
	b	Less accumulated depreciation	10b 23,935,668	12,770,095	10c	29,538,067
	11	Investments—publicly traded securities		202,944,434	11	229,252,685
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		7,000,000	13	7,000,000
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		315,508,380	16	408,276,327
Liabilities	17	Accounts payable and accrued expenses		16,434,470	17	18,150,990
	18	Grants payable			18	
	19	Deferred revenue		13,957,735	19	14,071,383
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			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 Complete Part X of Schedule D		95,079,076	25	90,801,292
	26	**Total liabilities.** Add lines 17 through 25		125,471,281	26	123,023,665
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		190,037,099	27	285,252,662
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		190,037,099	33	285,252,662
	34	Total liabilities and net assets/fund balances		315,508,380	34	408,276,327

Part XI Financial Statements and Reporting

			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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 87-0409820
Name: SELECTHEALTH INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
MARK R BRIESACHER MD TRUSTEE	3 0	X						0	247,344	64,341
DANIEL E ENGLAND TRUSTEE	3 0	X						868	0	0
EDWARD G KLEYN TRUSTEE	3 0	X						981	1,342	0
DIANE T NAYLOR TRUSTEE	3 0	X						1,061	0	0
BARBARA J RAY TRUSTEE/VICE CHAIR/SECRETARY	5 0	X		X				781	0	0
BRADFORD R RICH TRUSTEE	3 0	X						691	0	0
ALBERT R ZIMMERLI TRUSTEE / INTERIM CEO	10 0	X		X				0	971,708	661,566
STEPHEN W WADE TRUSTEE	3 0	X						581	0	0
VERNON J COOLEY MD TRUSTEE	3 0	X						581	0	0
DANIEL G GOMEZ TRUSTEE	3 0	X						781	0	0
KEVEN J JENSEN TRUSTEE	3 0	X						981	0	0
THOMAS B MORGAN TRUSTEE/CHAIR	5 0	X		X				691	0	0
WILLIAM H NELSON TRUSTEE	3 0	X						0	496,768	169,614
H DON NORTON TRUSTEE	3 0	X						1,088	356	0
MICHAEL M SMITH TRUSTEE	3 0	X						781	0	0
SIDNEY C PAULSON TRUSTEE/FORMER PRESIDENT & CEO	50 0	X		X				505,737	0	86,709
CHARLES W SORENSON JR MD TRUSTEE	3 0	X						0	1,164,870	1,031,823
PATRICIA R RICHARDS PRESIDENT / CEO / TRUSTEE	50 0	X		X				74,080	0	22,651
STEPHEN L BARLOW MD VP/CHIEF MEDICAL OFFICER	50 0			X				341,422	0	147,403
JERRY EDGINGTON VICE PRESIDENT	50 0			X				309,609	0	125,421
LISA K FALLERT VICE PRESIDENT/SECRETARY	50 0			X				297,165	0	96,565
DAVID H OLSON VICE PRESIDENT	50 0			X				244,027	0	144,017
TODD D TRETTIN VP/FORMER CFO/TREASURER	50 0			X				230,011	0	41,851
J MURPHY WINFIELD VICE PRESIDENT	50 0			X				297,151	0	117,817
MARK BROWN VP/CFO/TREASURER	50 0			X				242,200	0	74,193

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
ROBERT WHITE INFORMATION OFFICER	50 0					X		246,431	0	83,680
H ERIC CANNON PHARMACY SERVICES CHIEF	50 0					X		226,416	0	74,070
KENNETH SCHAECHER MEDICAL DIRECTOR	50 0					X		215,197	0	65,763
TRENTON OLSON SALES DIRECTOR	50 0					X		170,386	0	19,688
JEFFREY DUNN PHARMACY CONTRACT MGR	50 0					X		166,574	0	40,726

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL EXPENSES	847,978,615	847,978,615		
COMMISSIONS EXPENSE	41,897,249	41,897,249		
TAXES & LICENSES	74,897	74,897		
BAD DEBTS	517,553	517,553		
RECRUITING	199,136	184,378	14,758	

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SCHEDULE C (Form 990 or 990-EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
SELECTHEALTH INC	87-0409820

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 expenditures	▶ $	80,176
3	Volunteer hours		0

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	▶ $	12,926
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ $	67,250
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ $	80,176
4	Did the filing organization file **Form 1120-POL** for this year?		☑ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-
See Additional Data Table				

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

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 (grass roots 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:	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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
POLITICAL EXPENDITURES	FORM 990, SCHEDULE C, PART I-A, LINE 1	SELECTHEALTH PARTICIPATES IN THE POLITICAL PROCESS BY PROVIDING SMALL AMOUNTS OF DIRECT CASH AND IN-KIND CONTRIBUTIONS TO STATE AND LOCAL CANDIDATES OF BOTH PARTIES RUNNING FOR PUBLIC OFFICE

Additional Data

Software ID:
Software Version:
EIN: 87-0409820
Name: SELECTHEALTH INC

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's own internal 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-
SENATE REPUBLICAN CAMPAIGN COMMITTEE	596 MOUNTAIN VIEW ROAD CENTERVILLE,UT 84014	331003834	4000	
DAVIS COUNTY REPUBLICAN PARTY	182 WEST 300 NORTH 3 BOUNTIFUL,UT 84010		1500	0
SALT LAKE COUNTY REPUBLICAN PARTY	PO BOX 719 SALT LAKE CITY,UT 84110		1500	0
UTAH COUNTY REPUBLICAN PARTY	58 NORTH UNIVERSITY AVE PROVO,UT 84601		1500	0
WASHINGTON COUNTY GOP	PO BOX 1508 ST GEORGE,UT 84771		400	0
COMMITTEE TO REELECT WAYNE NIEDERHAUSER	3182 E GRANITE WOODS LANE SANDY,UT 84092		1000	0
HOUSE REPUBLICAN ELECTION COMMITTEE	PO BOX 526057 SALT LAKE CITY,UT 84152	870189040	4000	0
COMMITTEE TO ELECT STEVE URQUHART	77 W 1070 S 102 ST GEORGE,UT 84770		2500	0
UTAH REPUBLICAN PARTY	117 EAST SOUTH TEMPLE SALT LAKE CITY,UT 84111		1500	0
UTAH HOSPAC	2180 SOUTH 1300 EAST 440 SALT LAKE CITY,UT 84106	876119772	2750	0
UTAH DEMOCRATIC PARTY	455 SOUTH 300 EAST SALT LAKE CITY,UT 84111		1500	0
COMMITTEE TO ELECT DAN LILJENQUIST	553 SOUTH DAVIS BOULEVARD BOUNTIFUL,UT 84010		1500	0
COMMITTEE TO REELECT GREG HUGHES	472 MIDLAKE DR DRAPER,UT 84020		500	0
TAXPAC	1578 WEST 1700 SOUTH SUITE 201 SALT LAKE CITY,UT 84104	870189230	2000	0
COMMITTEE TO ELECT MIKE NOEL	PO BOX 301 KANAB,UT 84741		500	0
COMMITTEE TO REELECT TODD KISER	10702 SOUTH 540 EAST SANDY,UT 84070		500	0
JIM DUNNIGAN CAMPAIGN	3105 WEST 5400 SOUTH 6 TAYLORSVILLE,UT 84118		1600	0
COMMITTEE TO REELECT HOWARD STEPHENSON	1038 EAST 13590 SOUTH DRAPER,UT 84020		2000	0
COMMITTEE TO REELECT RALPH OKERLUND	248 SOUTH 500 WEST MONROE,UT 84754		500	0
COMMITTEE TO REELECT DAVID HINKINS	PO BOX 485 ORANGEVILLE,UT 84537		500	0
COMMITTEE TO ELECT CURT ODA	PO BOX 824 CLEARFIELD,UT 84089		1000	0
COMMITTEE TO ELECT GENE DAVIS	865 PARKWAY AVE SALT LAKE CITY,UT 84106		500	0
COMMITTEE TO ELECT TOM DOLAN	1000 CENTENNIAL PKWY SANDY,UT 84070		1000	0
COMMITTEE TO REELECT BRAD DEE	111 WEST 5600 SOUTH OGDEN,UT 84405		2500	0
COMMITTEE TO REELECT KERRY GIBSON	5454 WEST 1150 SOUTH OGDEN,UT 84404		500	0
COMMITTEE TO REELECT MERLYNN NEWBOLD	1054 SOUTH 1440 WEST SOUTH JORDAN,UT 84095		500	0
COMMITTEE TO REELECT STUART ADAMS	3271 EAST 1875 NORTH LAYTON,UT 84040		1000	0
DAN SNARR CAMPAIGN	5223 SPRING CLOVER DR MURRAY,UT 84123		500	0
FRIENDS OF GARY HERBERT	PO BOX 4138 SALT LAKE CITY,UT 84110	208147208	5000	0
GOVERNOR'S SPECIAL INITIATIVES OFFICE	175 SOUTH WEST TEMPLE SUITE 620 SALT LAKE CITY,UT 84101		5000	0

Form 990, Schedule C, Part 1-C, Line 5

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's own internal 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-
HOUSE CONSERVATIVE CAUCUS	Salt Lake City Salt Lake City,UT 84111		2000	0
MADSEN FOR SENATE	PO BOX 572 LEHI,UT 84043		2000	0
SENATE DEMOCRATIC PAC	4571 SYCAMORE DRIVE SALT LAKE CITY,UT 84117	611575877	2500	0
SHURTLEFF JOINT FUND	62 WEST 300 SOUTH MIDWAY,UT 84049	270228789	5000	0
STEVE CURTIS FOR MAYOR	437 NORTH WASATCH DRIVE LAYTON,UT 84041		1000	0
UTAH STATE DEMOCRATIC COMMITTEE	455 SOUTH 300 EAST SALT LAKE CITY,UT 84111		2500	0
WADDOUPS ROUNDUP	2868 MATTERHORN DRIVE TAYLORSVILLE,UT 84084		2500	0
WALL CAMPAIGN	Salt Lake City Salt Lake City,UT 84111		500	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29,359,505	23,935,668	5,423,837
e Other		24,114,230	0	24,114,230
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				29,538,067

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ESTIMATED CLAIMS LIABILITY	90,644,208
PAYABLE TO AFFILIATES	157,084
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	90,801,292

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	FORM 990, SCHEDULE D, PART X, LINE 2	EFFECTIVE JANUARY 1, 2009, THE COMPANY ADOPTED THE PROVISIONS OF ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (TOPIC 740) TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION OF TAX BENEFITS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX FILING TOPIC 740 ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALITIES, AND DISCLOSURE THE ADOPTION OF TOPIC 740 DID NOT HAVE A SIGNIFICANT IMPACT ON THE FINANCIAL STATEMENTS OF THE COMPANY
FIXED ASSET DETAIL	FORM 990, SCHEDULE D, PART VI, LINE 1E	AMOUNTS REFLECTED ON LINE 1E REPRESENT CONSTRUCTION IN PROGRESS OF AN ADMINISTRATIVE OFFICE BUILDING

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION OF DIXIE REGIONAL MEDICAL1380 E MEDICAL CENTER DR ST GEORGE,UT 84790	942638220	501(C)(3)	100,000				ASSIST WITH LIFEFLIGHT PURCHASE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING GRANT FUNDS USED IN THE UNITED STATES	FORM 990, SCHEDULE I, PART I, LINE 2	By policy, grants are generally limited to organizations exempt from income tax under IRC section 501(c)(3) Grants to for-profit entities require written approval from the CEO and CFO The CEO and the executive committee of the Intermountain Health Care Board must approve individual grants equal to or greater than $10,000

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
QUESTIONS REGARDING COMPENSATION	Form 990, Schedule J, Part I, Line 1	HOUSING ALLOWANCE - DURING THE REPORTING YEAR, A NEWLY HIRED EXECUTIVE WAS PROVIDED A TEMPORARY HOUSING ALLOWANCE THIS AMOUNT WAS REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2 Travel for Companions - Pursuant to company policy, companion travel expenses will not be reimbursed by the organization unless approved by the senior management of the sole member, Intermountain Health Care, Inc If approved, the reimbursed expenses are reported as taxable to the individual on a Form W-2 or 1099 TAX GROSS UP PAYMENTS - PURSUANT TO COMPANY POLICY, A LIMITED NUMBER OF BENEFITS AND PERQUISITES TO THE GOVERNING BODY AND CERTAIN OFFICERS ARE GROSSED UP FOR TAX PURPOSES PERSONAL SERVICES - PURSUANT TO COMPANY POLICY, TAX/FINANCIAL SERVICES ARE PAID FOR CERTAIN OFFICERS THESE AMOUNTS ARE REPORTED AS TAXABLE TO THE INDIVIDUAL ON A FORM W-2
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUAL RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT (457(F)) PLAN DEFERRAL STEPHEN L BARLOW $58,701

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 87-0409820
Name: SELECTHEALTH INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK R BRIESACHER MD	(I)	0	0	0	0	0	0	
	(II)	225,621	18,710	3,013	54,264	10,077	311,685	
ALBERT R ZIMMERLI	(I)	0	0	0	0	0	0	
	(II)	607,691	286,451	77,566	644,383	17,183	1,633,274	286,451
WILLIAM H NELSON	(I)	0	0	0	0	0	0	
	(II)	237,246	237,440	22,082	168,687	927	666,382	237,440
SIDNEY C PAULSON	(I)	181,219	148,309	176,209	78,621	8,088	592,446	148,309
	(II)	0	0	0	0	0	0	
STEPHEN L BARLOW MD	(I)	179,546	53,884	107,992	135,350	12,053	488,825	53,884
	(II)	0	0	0	0	0	0	
JERRY EDGINGTON	(I)	191,181	108,802	9,626	117,708	7,713	435,030	
	(II)	0	0	0	0	0	0	
LISA K FALLERT	(I)	225,166	44,607	27,392	87,195	9,370	393,730	44,607
	(II)	0	0	0	0	0	0	
DAVID H OLSON	(I)	181,105	41,020	21,902	134,593	9,424	388,044	41,020
	(II)	0	0	0	0	0	0	
TODD D TRETTIN	(I)	128,309	45,020	56,682	32,538	9,313	271,862	45,020
	(II)	0	0	0	0	0	0	
J MURPHY WINFIELD	(I)	223,774	43,720	29,657	108,393	9,424	414,968	43,720
	(II)	0	0	0	0	0	0	
CHARLES W SORENSON JR MD	(I)	0	0	0	0	0	0	
	(II)	755,119	318,295	91,456	1,014,578	17,245	2,196,693	318,295
ROBERT WHITE	(I)	179,761	38,516	28,154	71,573	12,107	330,111	38,516
	(II)	0	0	0	0	0	0	
MARK BROWN	(I)	197,906	39,133	5,161	62,348	11,845	316,393	39,133
	(II)	0	0	0	0	0	0	
H ERIC CANNON	(I)	184,218	40,839	1,359	62,017	12,053	300,486	37,260
	(II)	0	0	0	0	0	0	
KENNETH SCHAECHER	(I)	181,573	27,600	6,024	61,011	4,752	280,960	27,600
	(II)	0	0	0	0	0	0	
TRENTON OLSON	(I)	123,371	45,089	1,926	7,581	12,107	190,074	
	(II)	0	0	0	0	0	0	
JEFFREY DUNN	(I)	150,084	15,131	1,359	26,186	14,540	207,300	0
	(II)	0	0	0	0	0	0	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 grant or type of assistance

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
SELECTHEALTH BENEFIT ASSURANCE CO	100% OWNED ENTITY	1,522,507	ADMINISTRATIVE FEE		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Identifier	Return Reference	Explanation
BOARD MEMBER INDEPENDENCE	FORM 990, PART VI, SECTION A, LINE 1B	Bradford Rich, a trustee of SelectHealth, Inc , is also the chief financial officer of SkyWest Airlines ("SkyWest") SkyWest has a contractual relationship with the public company, Delta Air Lines ("Delta") pursuant to which it serves as a Delta local carrier Therefore, although SelectHealth's travel reservations and purchases are booked through Delta Air Lines, many of the local flights by SelectHealth employees are on SkyWest airplanes Since SelectHealth's transactions are directly with Delta and not SkyWest, Mr Rich has been reported as independent on the Form 990, Part VI, Line 1b ********** IN ADDITION TO SERVING ON THE FILING ORGANIZATION'S BOARD, EACH SELECTHEALTH TRUSTEE WAS ALSO A DIRECTOR OF THE SELECTHEALTH BENEFIT ASSURANCE COMPANY ("SHBAC"), A WHOLLY-OWNED TAXABLE SUBSIDIARY DURING 2009, SHBAC PURCHASED ADMINISTRATIVE SERVICES FROM THE FILING ORGANIZATION, WHICH HAS BEEN DISCLOSED ON BOTH SCHEDULE L, PART IV AND ON SCHEDULE R, PART V NO FINANCIAL BENEFIT CAN OR DOES ACCRUE TO THE TRUSTEES AS A RESULT OF THEIR SERVICE ON BOTH BOARDS THEREFORE, THE INDEPENDENCE STATUS OF THE FILING ORGANIZATION'S TRUSTEES HAS NOT BEEN AFFECTED BY THIS RELATIONSHIP
BUSINESS RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	ALBERT R ZIMMERLI / BARBARA J RAY / BRADFORD R RICH / CHARLES W SORENSON JR MD / DANIEL E ENGLAND / DANIEL G GOMEZ / DIANE T NAYLOR / EDWARD G KLEYN / H DON NORTON / KEVEN J JENSEN / MARK R BRIESACHER / MICHAEL M SMITH / SIDNEY C PAULSON / STEPHEN W WADE / THOMAS B MORGAN / VERNON J COOLEY / WILLIAM H NELSON - BUSINESS RELATIONSHIP (BOARD MEMBERS OF SELECT HEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE ORGANIZATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATION) ALBERT R ZIMMERLI / CHARLES W SORENSON JR MD / WILLIAM H NELSON - BUSINESS RELATIONSHIP (BOARD MEMBERS AND OFFICERS OF AFFILIATED SERVICES, INC , A TAXABLE CORPORATION WITH MINIMAL ACTIVITY THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATON'S PARENT) ALBERT R ZIMMERLI / CHARLES W SORENSON JR MD / WILLIAM H NELSON - BUSINESS RELATIONSHIP (BOARD MEMBERS AND OFFICERS OF THE HEALTHCARE CAPTIVE INSURANCE COMPANY, A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATON'S PARENT)
CHANGE IN ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, SECTION A, LINE 4	IN JULY 2009, SELECTHEALTH, INC 'S BYLAWS WERE AMENDED TO REVISE THE TERMS OF SERVICE FOR NEWLY APPOINTED AND REAPPOINTED TRUSTEES TRUSTEES WILL BE LIMITED TO 4 CONSECUTIVE 3 YEAR TERMS AND AN AGE OF 70 WITH LIMITED EXCEPTIONS BOTH THE CHAIR AND VICE-CHAIR OF THE BOARD WILL BE LIMITED TO A SINGLE 5 YEAR TERM ADDITIONALLY, THE VICE CHAIR(S) OF THE BOARD WILL BE PART OF THE EXECUTIVE COMMITTEE
ORGANIZATION MEMBER	FORM 990, PART VI, SECTION A, LINES 6 & 7	The sole member of SelectHealth, Inc is Intermountain Health Care, Inc , a Utah nonprofit corporation Pursuant to the approved bylaws, the member exercises all property, voting, and other rights, interests and powers conferred under local statute, including the election of SelectHealth's trustees
FORM 990 REVIEW BY BOARD MEMBERS	FORM 990, PART VI, SECTION B, LINE 11	The Board of Trustees delegated the initial detailed review of the Form 990 to the Audit Committee Draft copies of the return were presented to the Committee in advance of its fall meeting The return was discussed in depth and questions were answered during that meeting Unresolved issues were corrected prior to finalization and submission of the form Prior to filing, a copy of the final return was provided to each member of the Board of Trustees
MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12	Each officer, director, trustee, and key employee is required to complete the Conflict of Interest questionnaire at least annually These individuals have also 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 The questionnaires are collected and reviewed, per policy, by IHC Health Services' Vice President of Business Ethics and Compliance Potential conflicts of interest are reviewed with appropriate personnel, which may include (but is not limited to) the Audit Committee Chair, Senior Management, and the Legal Department Findings are reported to the full Audit Committee
EXECUTIVE COMPENSATION	FORM 990, PART VI, SECTION B, LINE 15	The Executive Compensation Committee ("Committee") of Intermountain Health Care, Inc is responsible for the process of annually determining the total compensation package for the SelectHealth President / Chief Executive Officer Pursuant to Intermountain Health Care's written "Compensation Philosophy," the Committee retains an independent, external consulting firm to provide an analysis of valid, comparable data The consultants review the various types of direct compensation, including base salary, total cash, as well as annual and long term incentives Information from a selected group of comparable not-for-profit 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 Committee along with the performance data for the individual listed above Decisions by the Committee are contemporaneously documented The Committee reviews all of the collected information and the associated pay decisions with the entire board of trustees
PUBLIC INSPECTION OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STMTS	FORM 990, PART VI, SECTION C, LINE 19	SelectHealth does not currently allow public inspection of its governing documents, conflict of interest policy, or financial statements

Identifier	Return Reference	Explanation
ESTIMATED HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, LINE 1, COLUMN (B)	THE FOLLOWING INDIVIDUALS PROVIDED A COMBINED 50-60 AVERAGE HOURS PER WEEK TO THE FILING ORGANIZATION AND TO ONE OR MORE OF ITS AFFILIATED ENTITIES AS OUTLINED IN SCHEDULE R ALBERT R ZIMMERLI MARK R BRIESACHER MD CHARLES W SORENSON JR MD THE FOLLOWING TRUSTEES PROVIDED A TOTAL OF APPROXIMATELY 2-5 HOURS PER WEEK TO THE FILING ORGANIZATION AND ONE OR MORE OF ITS AFFILIATES EDWARD G KLEYN H DON NORTON THOMAS MORGAN WILLIAM H NELSON

VALUATION METHOD - TRANSACTIONS WITH RELATED ORGANIZATIONS FORM 990, SCHEDULE R, PART V, LINE 2 TRANSACTION TYPE K (PERFORMANCE OF SERVICES) - THE AMOUNT REPORTED REFLECTS THE ACTUAL EXPENSES INCURRED BY THE FILING ORGANIZATION ON BEHALF OF THE SELECTHEALTH BENEFIT ASSURANCE COMPANY

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IHC INSURANCE AGENCY LLC 5381 GREEN STREET MURRAY, UT 84123 87-0666736	INSURANCE	UT	141	9,375	NA

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
Intermountain Health Care Inc 36 South State Suite 2200 Salt Lake City, UT 84111 87-0269232	HOLDING CO	UT	501(c)(3)	11a	NA
IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	HOSPITAL	UT	501(c)(3)	3	NA
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMM HEALTH	UT	501(c)(3)	11a	NA
IHC MANAGEMENT INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2860622	COMM HEALTH	UT	501(c)(3)	11b	NA
IHC PROFESSIONAL SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2886596	COMM HEALTH	UT	501(c)(3)	11a	NA
INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RET BENEFITS	UT	501(c)(9)	N/A	NA

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
MCKAY DEE SURGICAL CENTER LLC 3903 HARRISON BLVD SUITE 100 OGDEN, UT84403 26-0286308	OUTPT SURGERY	UT	NA	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
SelectHealth Benefit Assurance Company 5381 GREEN STREET MURRAY, UT84123 87-0497549	Insurance	UT	NA	C Corporation	14,522,584	20,828,324	100 000 %
IHC AFFILIATED SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 87-0405996	HOSPITAL SERVICES	UT	NA	C CORPORATION			
HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 20-1937561	INSURANCE	AZ	NA	C CORPORATION			

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**	**Yes**	
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	SELECTHEALTH BENEFIT ASSURANCE COMPANY	K	1,522,507

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 87-0409820
Name: SELECTHEALTH INC

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct Controlling Entity
Intermountain Health Care Inc 36 South State Suite 2200 Salt Lake City, UT84111 87-0269232	HOLDING CO	UT	501(c)(3)	11a	NA
IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 94-2854057	HOSPITAL	UT	501(c)(3)	3	NA
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 94-2853320	COMM HEALTH	UT	501(c)(3)	11a	NA
IHC MANAGEMENT INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 94-2860622	COMM HEALTH	UT	501(c)(3)	11b	NA
IHC PROFESSIONAL SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 94-2886596	COMM HEALTH	UT	501(c)(3)	11a	NA
INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT84111 74-2675605	RET BENEFITS	UT	501(c)(9)	N/A	NA