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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 $ 2,036,733,037

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)(3) ☑ 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
SELECTHEALTH COLLABORATES WITH CLINICAL PARTNERS TO OFFER COVERAGE AND ACCESS TO HIGH QUALITY HEALTHCARE SERVICES AT THE LOWEST APPROPRIATE COST, AND TO IMPROVE THE HEALTH OF MEMBERS THROUGH 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**	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	933
6	Total number of volunteers (estimate if necessary)	**6**	14
7a	Total 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
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	1,103,672,824	1,207,584,849
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,652,392	26,933,993
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	936,260	885,713
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,112,261,476	1,235,404,555
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	282,700	205,373
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)	59,008,716	61,728,855
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,019,022,257	1,121,739,468
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,078,313,673	1,183,673,696
19	Revenue less expenses Subtract line 18 from line 12	33,947,803	51,730,859

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	495,694,043	516,658,939
21	Total liabilities (Part X, line 26)	150,574,937	160,765,618
22	Net assets or fund balances Subtract line 21 from line 20	345,119,106	355,893,321

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 — 2012-11-06 Date

▶ PATRICIA RICHARDS PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP
178 SOUTH RIO GRANDE ST SUITE 400
SALT LAKE CITY, UT 84101

EIN ▶

Phone no ▶ (801) 350-3300

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,176,035,365 including grants of $ 205,373) (Revenue $ 1,208,470,562)

SELECTHEALTH, INC (SELECTHEALTH OR COMPANY) PROVIDES FINANCIAL SUPPORT TO IMPROVE THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES IT SERVES SELECTHEALTH PROVIDES COST-EFFECTIVE INSURANCE PROGRAMS TO UNDERSERVED MARKETS SUCH AS INDIVIDUALS AND SMALL EMPLOYERS THE COMMUNITIES SELECTHEALTH SERVES ALSO BENEFIT FROM A VARIETY OF SPONSORED HEALTH AND WELLNESS ACTIVITIES, INCLUDING ONLINE AND WORK-SITE HEALTH PROGRAMS, HEALTH FAIRS, AND FLU SHOT CLINICS CONTINUED ON SCHEDULE O

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** ▶ $ 1,176,035,365

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	7,585		
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**	933		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**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 or securities account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?	**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	**13a**			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Yes	
	If "Yes," to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) ALBERT R ZIMMERLI TRUSTEE	10 0	X						0	946,720	831,425
(2) BARBARA J RAY VICE CHAIR/SEC/TRUSTEE	5 0	X						3,127	448	0
(3) BRADFORD R RICH TRUSTEE	2 0	X						927	0	0
(4) CHARLES W SORENSON JR MD TRUSTEE	5 0	X						0	1,225,110	971,371
(5) DANIEL G GOMEZ TRUSTEE	2 0	X						1,699	0	0
(6) EDWARD G KLEYN TRUSTEE	2 0	X						2,071	0	0
(7) KEVEN J JENSEN TRUSTEE	2 0	X						1,991	0	0
(8) MARK R BRIESACHER MD TRUSTEE	2 0	X						0	336,641	195,400
(9) MICHAEL M SMITH TRUSTEE	2 0	X						1,499	0	0
(10) PATRICIA R RICHARDS PRESIDENT/CEO/TRUSTEE	50 0	X		X				512,307	0	376,222
(11) STEPHEN W WADE TRUSTEE	2 0	X						569	0	0
(12) THOMAS B MORGAN TRUSTEE / CHAIR	5 0	X						2,392	1,080	0
(13) MICHAEL S BASSIS PHD TRUSTEE	2 0	X						960	0	0
(14) SCOTT SPERRY TRUSTEE	2 0	X						358	0	0
(15) ANDREA WOLCOTT TRUSTEE	2 0	X						358	0	0
(16) J MURPHY WINFIELD VICE PRESIDENT	50 0			X				309,540	0	143,680
(17) JERRY EDGINGTON VICE PRESIDENT	50 0			X				334,748		98,732

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) LISA K FALLERT VICE PRESIDENT/SECRETARY	50 0			X				308,582	0	121,402
(19) MARK BROWN VICE PRESIDENT/CFO/TREASURER	50 0			X				290,608	0	102,006
(20) ROBERT WHITE VICE PRESIDENT/CIO	50 0			X				268,621	0	115,068
(21) STEPHEN L BARLOW MD VICE PRESIDENT/CMO	50 0			X				437,143	0	273,581
(22) GREG MATIS SECRETARY	40 0			X				0	251,077	106,302
(23) H ERIC CANNON CHIEF PHARMACY SERVICES	40 0					X		226,533	0	83,034
(24) JEFFREY DUNN PHARMACY CONTRACT MGR	40 0					X		176,983	0	46,753
(25) KENNETH SCHAECHER MEDICAL DIRECTOR	40 0					X		229,885	0	77,746
(26) MARK JANSSEN FINANCIAL SERV DIR/CONTROLLER	40 0					X		178,932	0	81,731
(27) KRISTIN MCCULLAGH DIRECTOR LEGAL SERVICES	40 0					X		181,026		67,056
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,470,859	2,761,076	3,691,509

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 59

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF UTAH HOSPITAL 50 N MEDICAL DR SALT LAKE CITY, UT 84132	MEDICAL SERVICES	35,507,486
MOUNTAIN WEST ANESTHESIA LLC 1954 FORT UNION BLVD STE 102 SALT LAKE CITY, UT 84121	MEDICAL SERVICES	23,763,795
CENTRAL UTAH CLINIC 1220 E 3900 STE 4D SALT LAKE CITY, UT 84124	MEDICAL SERVICES	20,146,623
MOUNTAIN MEDICAL PHYSICIAN SPECIALI 5555 GREEN STREET MURRAY, UT 84123	MEDICAL SERVICES	10,844,960
UTAH CANCER SPECIALISTS 3838 SOUTH 700 EAST SALT LAKE CITY, UT 84106	MEDICAL SERVICES	10,036,121

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 768

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	524292	28,597,333	28,597,333	
	b	MEDICAL PREMIUMS	524114	1,178,987,516	1,178,987,516	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,207,584,849		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		7,445,209		7,445,209
	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: 819,115,119 / 1,702,147				
	b	Less cost or other basis and sales expenses: 799,559,391 / 1,769,091				
	c	Gain or (loss): 19,555,728 / -66,944				
	d	Net gain or (loss) . . . . . ▶	19,488,784			19,488,784
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	524298	885,713	885,713	
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	885,713			
	12	**Total revenue.** See Instructions . . . ▶	1,235,404,555	1,208,470,562		26,933,993

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	205,373	205,373		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	4,049,620		4,049,620	
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	44,142,339	43,699,959	442,380	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,179,291	1,099,883	79,408	
9	Other employee benefits	8,727,994	8,257,123	470,871	
10	Payroll taxes	3,629,611	3,505,124	124,487	
11	Fees for services (non-employees)				
a	Management	6,925,164	5,247,437	1,677,727	
b	Legal	14,540	14,540		
c	Accounting	361,846	361,846		
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	338,695	338,695		
g	Other	6,792,662	6,780,227	12,435	
12	Advertising and promotion	2,775,274	2,744,454	30,820	
13	Office expenses	5,289,671	5,261,960	27,711	
14	Information technology	570,958	570,553	405	
15	Royalties . .	0			
16	Occupancy	4,671,858	4,671,858		
17	Travel	105,932	105,175	757	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	844,670	747,987	96,683	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,574,739	4,574,739		
23	Insurance	400,197		400,197	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL EXPENSES	1,044,765,498	1,044,765,498		
b	COMMISSIONS	40,813,214	40,813,214		
c	TAXES & LICENSES	1,197,271	1,173,335	23,936	
d	BAD DEBTS	193,440	193,440		
e					
f	All other expenses	1,103,839	902,945	200,894	
25	**Total functional expenses.** Add lines 1 through 24f	1,183,673,696	1,176,035,365	7,638,331	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	8,125	1	5,292
	2	Savings and temporary cash investments	35,590,222	2	109,162,920
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	17,876,952	4	19,466,120
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,837,343	9	2,540,532
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 63,087,907			
	b	Less accumulated depreciation — 10b: 29,048,742	36,835,505	10c	34,039,165
	11	Investments—publicly traded securities	400,001,525	11	348,956,557
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	2,000,000	13	2,000,000
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	544,371	15	488,353
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	495,694,043	16	516,658,939
Liabilities	17	Accounts payable and accrued expenses	25,373,390	17	19,153,885
	18	Grants payable	0	18	0
	19	Deferred revenue	14,964,944	19	14,752,393
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	110,236,603	25	126,859,340
	26	**Total liabilities.** Add lines 17 through 25	150,574,937	26	160,765,618
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	345,119,106	27	355,893,321
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		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	345,119,106	33	355,893,321
	34	Total liabilities and net assets/fund balances	495,694,043	34	516,658,939

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,235,404,555
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,183,673,696
3	Revenue less expenses Subtract line 2 from line 1	3	51,730,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	345,119,106
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-40,956,644
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	355,893,321

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493311017562

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

2011

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and 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 35c (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 on behalf of or in opposition to candidates for public office in Part IV		
2	Political expenditures	▶ $	61,998
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	▶ $	498
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ $	61,500
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ $	61,998
4	Did the filing organization file **Form 1120-POL** for this year?		☑ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (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) 2008	(b) 2009	(c) 2010	(d) 2011	(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-
BRAD L DEE	1220 HARRISON AVE SLC,UT 84105		2500	
WAYNE NIEDERHAUSER	PO BOX 901136 SANDY,UT 84090		3000	
SALT LAKE COUNTY REPUBLICAN PARTY	PO BOX 719 SLC,UT 84110	870297805	2000	
UTAH HOSPAC	2180 S 1300 E STE 440 SLC,UT 84106	876119772	1500	
WASHINGTON COUNTY REPUBLICAN PARTY	PO BOX 1508 ST GEORGE,UT 84770	274068353	250	
CHRISTINE WATKINS	1548 E 5700 S PRICE,UT 84501		1000	
CURT BRAMBLE	3663 N 870 E PROVO,UT 84604		2000	
DEREK BROWN	PO BOX 711167 SLC,UT 84171		500	
GENE DAVIS	865 PARKWAY AVE SLC,UT 84106		1000	
JIM BIRD	5111 W WOODWORTH RD WEST JORDAN,UT 84081		500	
JOHNNY ANDERSON	4289 S EL CAMNIO ST TAYLORSVILLE,UT 84119		500	
KEVIN VAN TASSELL	3424 W 1500 N VERNAL,UT 84078		500	
LUZ ROBLES	1004 N MORTON DR SLC,UT 84116		500	
STEVE URQUHART	634 E 1100 S ST GEORGE,UT 84790		500	
GREG HUGHES	14057 S NEW SADDLE RD DRAPER,UT 84020		2000	
LEE PERRY	977 W 23901 S PERRY,UT 84302		200	
ROSS ROMERO	1150 S 1400 E SLC,UT 84105		500	
TODD KISER	10702 S 540 E SANDY,UT 84070		500	
DAVID HINKINS	PO BOX 485 ORANGEVILLE,UT 84537		500	
JIM DUNNIGAN	3105 W 5400 S 6 TAYLORSVILLE,UT 84118		1500	
JT MARTIN	451 S STATE ROOM 225 SLC,UT 84111		1000	
MIKE WINDER	4400 W 4100 S W VALLEY,UT 84120		4800	
RALPH OKERLUND	248 SOUTH 500 WEST MONROE,UT 84754		500	
SCOTT FREITAG	2223 N 1150 W LAYTON,UT 84041		250	
SCOTT JENKINS	4385 W 1975 N PLAIN CITY,UT 84404		1000	
SENDEM PAC	1150 S 1400 E SLC,UT 84105	611575877	3000	
SPEAKERS VICTORY FND	138 S MAIN ST STE 421 SLC,UT 84101	451499619	5000	
STEVE FAIRBANKS	1205 EDEN BROOK DR SANDY,UT 84094		500	
UT HOUSE REPUBLICAN ELECTION COMMITTEE	568 I STREET SLC,UT 84103	870189040	1500	0
UTAH DEMOCRATIC PARTY	825 N 300 W STE C400 SLC,UT 84103	870256343	1500	
UTAH LEAGUE OF CITIES AND TOWNS	50 S 600 E STE 150 SLC,UT 84102	876000393	10000	
UTAH REPUBLIC PARTY	117 E SOUTH TEMPLE SLC,UT 84111	870189040	2000	
UTAH SENATE REPUBLICAN CAMPAIGN	596 MOUNTAIN VIEW RD CENTERVILLE,UT 84014	331003834	1500	
UTAH TAXPAYERS ASSOC	656 E 11400 S STE R DRAPER,UT 84020	870189230	2000	
UTAHS PROSPERITY FND	175 S W TEMPLE ST STE 650 SLC,UT 84101	452521624	5000	
WAYNE HARPER	6683 S NOTTINGHAM DR WEST JORDAN,UT 84084		500	

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		25,970,500	2,403,661	23,566,839
c Leasehold improvements				
d Equipment		36,950,906	26,645,081	10,305,825
e Other		166,501		166,501
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				34,039,165

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
(1) Financial derivatives		
(2) 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	121,715,154
PAYABLE TO AFFILIATES	3,365,046
RESERVES AND INCENTIVES	1,779,140
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	126,859,340

2. Fin 48 (ASC 740) 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 (ASC740)

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
FIXED ASSET DETAIL	FORM 990, SCHEDULE D, PART VI, LINE 1E	

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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

2011

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
(1) THE FOUNDATION OF DIXIE REGIONAL MEDICAL1380 E MEDICAL CENTER DR ST GEORGE,UT 84790	94-2638220	501(C)(3)	25,000				SUPPORT LOCAL HEALTHCARE
(2) AMERICAN DIABETES ASSOCIATION182 SOUTH 600 EAST SUITE 100 SALT LAKE CITY,UT 84102	87-0306217	501(C)(3)	15,500				DIABETES PREVENTION
(3) UTAH SUMMER GAMES 351 WEST UNIVERSITY BLVD CEDAR CITY,UT 84720	87-0431148	501(C)(3)	10,000				SUPPORT HEALTHY ACTIVITY
(4) UTAH VALLEY HEALTHCARE FOUNDATION367 EAST 1200 SOUTH STE 367 OREM,UT 84058	74-2364579	501(C)(3)	12,500				SUPPORT HEALTHY ACTIVITY
(5) UTAH HEALTH POLICY PROJECT455 EAST 4000 SOUTH SLC,UT 84111	87-0684606	501(C)(3)	20,000				HEALTH EDUCATION
(6) IHC HEALTH SERVICES INC36 S STATE ST STE 2200 SLC,UT 84111	94-2854057	501(c)(3)	40,000				ENCOURAGE HEALTHY LIVING

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

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

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 written policy, grants are generally limited to organizations exempt from income tax under IRC section 501(c)(3) for purposes of improving health and/or healthcare and human services or to strengthen the local community The level of approval required for a given grant is determined by the amount Deviations from the policy require approval by the executive committee of the Board of Trustees Potential grant recipients are carefully reviewed prior to receiving any funds from SelectHealth to help ensure that the grants will be used for proper purposes and won't be diverted from their intended use

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) ALBERT R ZIMMERLI	(i)	0	0	0	0	0	0	
	(ii)	664,026	238,567	44,127	810,302	21,123	1,778,145	238,567
(2) CHARLES W SORENSON JR MD	(i)	0	0	0	0	0	0	
	(ii)	877,940	311,153	36,017	954,672	16,699	2,196,481	311,153
(3) H ERIC CANNON	(i)	177,314	47,527	1,692	65,425	17,609	309,567	43,876
	(ii)	0	0	0	0	0	0	
(4) J MURPHY WINFIELD	(i)	243,153	52,784	13,603	131,053	12,627	453,220	52,784
	(ii)	0	0	0	0	0	0	
(5) JEFFREY DUNN	(i)	154,541	21,143	1,299	31,144	15,609	223,736	19,697
	(ii)	0	0	0	0	0	0	
(6) JERRY EDGINGTON	(i)	205,498	118,110	11,140	81,774	16,958	433,480	118,110
	(ii)							
(7) KENNETH SCHAECHER	(i)	180,518	32,035	17,332	68,215	9,531	307,631	32,035
	(ii)	0	0	0	0	0	0	
(8) LISA K FALLERT	(i)	240,665	56,129	11,788	108,024	13,378	429,984	56,129
	(ii)	0	0	0	0	0	0	
(9) MARK BROWN	(i)	226,651	51,546	12,411	86,969	15,037	392,614	51,546
	(ii)	0	0	0	0	0	0	
(10) MARK JANSSEN	(i)	126,768	25,937	26,227	65,976	15,755	260,663	25,937
	(ii)	0	0	0	0	0	0	
(11) MARK R BRIESACHER MD	(i)	0	0	0	0	0	0	
	(ii)	300,037	33,288	3,316	177,749	17,651	532,041	33,288
(12) PATRICIA R RICHARDS	(i)	357,534	130,869	23,904	363,888	12,334	888,529	130,869
	(ii)	0	0	0	0	0	0	
(13) ROBERT WHITE	(i)	207,887	49,734	11,000	93,887	21,181	383,689	49,734
	(ii)	0	0	0	0	0	0	
(14) STEPHEN L BARLOW MD	(i)	164,705	62,110	210,328	258,077	15,504	710,724	243,249
	(ii)	0	0	0	0	0	0	
(15) KRISTIN MCCULLAGH	(i)	146,028	33,650	1,348	51,095	15,961	248,082	33,650
	(ii)							
(16) GREG MATIS	(i)	0	0	0	0	0	0	
	(ii)	194,732	53,236	3,109	88,053	18,249	357,379	0

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	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 filing organizaion's 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
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, LINE 4B	THE FOLLOWING INDIVIDUAL RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS (457(F)) FROM THE FILING ORGANIZATION - STEPHEN L BARLOW $181,139

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				
ALBERT R ZIMMERLI	(I)	0	0	0	0	0	0	
	(II)	664,026	238,567	44,127	810,302	21,123	1,778,145	238,567
CHARLES W SORENSON JR MD	(I)	0	0	0	0	0	0	
	(II)	877,940	311,153	36,017	954,672	16,699	2,196,481	311,153
H ERIC CANNON	(I)	177,314	47,527	1,692	65,425	17,609	309,567	43,876
	(II)	0	0	0	0	0	0	
J MURPHY WINFIELD	(I)	243,153	52,784	13,603	131,053	12,627	453,220	52,784
	(II)	0	0	0	0	0	0	
JEFFREY DUNN	(I)	154,541	21,143	1,299	31,144	15,609	223,736	19,697
	(II)	0	0	0	0	0	0	
JERRY EDGINGTON	(I)	205,498	118,110	11,140	81,774	16,958	433,480	118,110
	(II)							
KENNETH SCHAECHER	(I)	180,518	32,035	17,332	68,215	9,531	307,631	32,035
	(II)	0	0	0	0	0	0	
LISA K FALLERT	(I)	240,665	56,129	11,788	108,024	13,378	429,984	56,129
	(II)	0	0	0	0	0	0	
MARK BROWN	(I)	226,651	51,546	12,411	86,969	15,037	392,614	51,546
	(II)	0	0	0	0	0	0	
MARK JANSSEN	(I)	126,768	25,937	26,227	65,976	15,755	260,663	25,937
	(II)	0	0	0	0	0	0	
MARK R BRIESACHER MD	(I)	0	0	0	0	0	0	
	(II)	300,037	33,288	3,316	177,749	17,651	532,041	33,288
PATRICIA R RICHARDS	(I)	357,534	130,869	23,904	363,888	12,334	888,529	130,869
	(II)	0	0	0	0	0	0	
ROBERT WHITE	(I)	207,887	49,734	11,000	93,887	21,181	383,689	49,734
	(II)	0	0	0	0	0	0	
STEPHEN L BARLOW MD	(I)	164,705	62,110	210,328	258,077	15,504	710,724	243,249
	(II)	0	0	0	0	0	0	
KRISTIN MCCULLAGH	(I)	146,028	33,650	1,348	51,095	15,961	248,082	33,650
	(II)							
GREG MATIS	(I)	0	0	0	0	0	0	
	(II)	194,732	53,236	3,109	88,053	18,249	357,379	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Identifier	Return Reference	Explanation
PROGRAM SERVICES, CONTINUED	FORM 990, PART III, LINE 4A	ADDITIONALLY, IN RESPONSE TO A DRAMATIC INCREASE IN THE PERCENTAGE OF OVERWEIGHT OR OBESE STUDENTS BETWEEN THE 3RD AND 5TH GRADES, THE COMPANY DEVELOPED STEP EXPRESS, A COMMUNITY OUTREACH PROGRAM TO HELP 4TH GRADE STUDENTS WORK TOWARD A HEALTHIER LIFESTYLE THROUGH CLASSROOM LESSON PLANS, PHYSICAL ACTIVITY, AND A FITNESS CHALLENGE IN 2011, THE COMPANY RECOGNIZED 25 UTAH ORGANIZATIONS THAT SUPPORT HEALTH IMPROVEMENT OR SERVE SPECIAL POPULATIONS THROUGH ITS SELECT 25 PROGRAM EACH SELECT 25 AWARD RECIPIENT RECEIVED $2,500 TO USE TOWARD MAKING A HEALTHY DIFFERENCE IN THEIR COMMUNITIES AWARD WINNERS REPRESENTED A WIDE VARIETY OF CAUSES, INCLUDING PROGRAMS SUPPORTING PHYSICAL ACTIVITY FOR LOW-INCOME CHILDREN, DENTAL CARE FOR THE UNINSURED, AND EXERCISE CLASSES FOR SENIORS SELECTHEALTH ALSO PARTICIPATES IN FUNDRAISING EVENTS, INCLUDING THE AMERICAN DIABETES ASSOCIATION'S TOUR DE CURE CYCLING EVENT THE COMPANY'S TEAM OF RIDERS RAISES FUNDS TO BE USED TOWARD DIABETES RESEARCH PARTICIPATION IN THESE COMMUNITY OUTREACH EVENTS IS GUIDED BY THE COMPANY'S COMMUNITY BENEFIT AND CONTRIBUTIONS POLICY CONSISTENT WITH THE COMPANY'S MISSION OF HEALTH AND SERVICE, THIS POLICY AIMS TO SUPPORT ORGANIZATIONS AND INITIATIVES THAT FURTHER HEALTH IMPROVEMENT, EDUCATION, AND ECONOMIC DEVELOPMENT

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 President of Skywest, Inc a subsidiary 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 2011, SHBAC PURCHASED ADMINISTRATIVE SERVICES FROM THE FILING ORGANIZATION SEE 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

Identifier	Return Reference	Explanation
BUSINESS AND FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	ALBERT R ZIMMERLI / ANDREA WOLCOTT / BARBARA J RAY / BRADFORD R RICH / CHARLES W SORENSON JR MD / DANIEL G GOMEZ / EDWARD G KLEYN / KEVEN J JENSEN / MARK R BRIESACHER, MD / MICHAEL S BASSIS, PHD / MICHAEL M SMITH / PATRICIA R RICHARDS / SCOTT SPERRY / STEPHEN W WADE / THOMAS B MORGAN - BUSINESS RELATIONSHIP (BOARD MEMBERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE ORGANIZATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATION) ALBERT R ZIMMERLI / CHARLES W SORENSON JR MD - BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF IHC AFFILIATED SERVICES, INC , AN INACTIVE CORPORATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATION'S PARENT) ALBERT R ZIMMERLI / CHARLES W SORENSON JR MD - BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF THE HEALTHCARE CAPTIVE INSURANCE COMPANY, A TAXABLE CORPORATION THAT IS WHOLLY-OWNED BY THE FILING ORGANIZATON'S PARENT) KEVEN J JENSEN / THOMAS B MORGAN - FAMILY RELATIONSHIP CHARLES W SORENSON JR, MD / ALBERT R ZIMMERLI / MARK R BRIESACHER, MD - BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIPS IN A RELATED TAX EXEMPT ORGANIZATION)

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 and Compliance Committee Draft copies of the return were provided to the Committee in advance of its October meeting The return was discussed and questions were answered during that meeting Prior to filing with the IRS, a copy of the final return was provided by mail to each board member

Identifier	Return Reference	Explanation
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 of the sole member, Intermountain Health Care, Inc , and SelectHealth, Inc If an individual discloses a situation that poses a conflict of interest, a determination is made whether the situation can be managed (such as by recusal in decision-making settings) or must be eliminated (such as through divestiture of the outside interest or requiring a choice between the individual's role with SelectHealth or the outside entity) Findings are reported to the Audit and Compliance Committee of SelectHealth

Identifier	Return Reference	Explanation
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 annually 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 SelectHealth President / Chief Executive Officer Decisions by the Committee are contemporaneously documented The Committee reviews all of the collected information and the associated pay decisions with the entire Intermountain Healthcare board of trustees The Executive Committee of the filing organization is responsible for reviewing and approving the compensation packages for the remaining SelectHealth officers Adjustments in compensation are based on current market information and changes in job responsibility

Identifier	Return Reference	Explanation
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
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	OTHER CHANGES IN FUND BALANCE - ($37,956,644) CHANGE IN NET UNREALIZED INVESTMENT GAINS - ($3,000,000) PENSION FUNDING ASSESSMENT

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALBERT R ZIMMERLI TITLE TRUSTEE HOURS 55

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BARBARA J RAY TITLE VICE CHAIR/SEC/TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRADFORD R RICH TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES W SORENSON JR MD TITLE TRUSTEE HOURS 60

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL G GOMEZ TITLE TRUSTEE HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD G KLEYN TITLE TRUSTEE HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KEVEN J JENSEN TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK R BRIESACHER MD TITLE TRUSTEE HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL M SMITH TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICIA R RICHARDS TITLE PRESIDENT/CEO/TRUSTEE HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN W WADE TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS B MORGAN TITLE TRUSTEE / CHAIR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL S BASSIS, PHD TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SCOTT SPERRY TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANDREA WOLCOTT TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J MURPHY WINFIELD TITLE VICE PRESIDENT HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JERRY EDGINGTON TITLE VICE PRESIDENT HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LISA K FALLERT TITLE VICE PRESIDENT/SECRETARY HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK BROWN TITLE VICE PRESIDENT/CFO/TREASURER HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN L BARLOW MD TITLE VICE PRESIDENT/CMO HOURS 3

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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

2011

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
(1) IHC INSURANCE AGENCY LLC 5381 GREEN STREET MURRAY, UT 84123 87-0666736	INSURANCE	UT	0	7,058	FILING ORG

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Intermountain Health Care Inc 36 South State Suite 2200 Salt Lake City, UT 84111 87-0269232	HOLDING CO	UT	501(c)(3)	11a TYPE I	NA		No
(2) IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	HOSPITAL	UT	501(c)(3)	3	IHC INC		No
(3) INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMM HEALTH	UT	501(c)(3)	11a TYPE I	IHC INC		No
(4) IHC MANAGEMENT INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2860622	COMM HEALTH	UT	501(c)(3)	11b TYPE II	IHC INC		No
(5) IHC PROFESSIONAL SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2886596	COMM HEALTH	UT	501(c)(3)	11a TYPE I	IHC INC		No
(6) 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	IHC INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MCKAY DEE SURGICAL CENTER LLC 3903 HARRISON BLVD SUITE 100 OGDEN, UT 84403 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
(1) SelectHealth Benefit Assurance Company 5381 GREEN STREET MURRAY, UT 84123 87-0497549	Insurance	UT	FILING ORG	C Corporation	3,065,348	13,733,972	100 000 %
(2) IHC AFFILIATED SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0405996	INACTIVE	UT	NA	C CORPORATION			
(3) HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 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, 35A, 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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1) SELECTHEALTH BENEFIT ASSURANCE COMPANY	K	81,082	CASH
(2) SELECTHEALTH BENEFIT ASSURANCE COMPANY	P	173,810	cash
(3) SELECTHEALTH BENEFIT ASSURANCE COMPANY	Q	4,931,441	CASH
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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	g Section 512(b)(13) controlled organization	
Intermountain Health Care Inc 36 South State Suite 2200 Salt Lake City, UT 84111 87-0269232	HOLDING CO	UT	501(c)(3)	11a TYPE I	NA		No
IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	HOSPITAL	UT	501(c)(3)	3	IHC INC		No
INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMM HEALTH	UT	501(c)(3)	11a TYPE I	IHC INC		No
IHC MANAGEMENT INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2860622	COMM HEALTH	UT	501(c)(3)	11b TYPE II	IHC INC		No
IHC PROFESSIONAL SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2886596	COMM HEALTH	UT	501(c)(3)	11a TYPE I	IHC INC		No
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	IHC INC		No