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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
MURRAY, UT 84123

D Employer identification number
87-0409820

E Telephone number
(801)442-2000

G Gross receipts $ 2,181,463,043

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

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (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
SEE SCHEDULE O

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,249
6	Total number of volunteers (estimate if necessary)	**6**	10
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
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	1,196,608,589	1,499,179,004
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,852,193	23,030,659
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,349,257	5,282,120
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,211,810,039	1,527,491,783
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	289,272	312,454
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)	71,281,104	87,401,244
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)	1,107,006,105	1,389,004,850
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,178,576,481	1,476,718,548
19	Revenue less expenses Subtract line 18 from line 12	33,233,558	50,773,235

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	608,926,865	787,460,278
21	Total liabilities (Part X, line 26)	197,210,309	298,046,290
22	Net assets or fund balances Subtract line 21 from line 20	411,716,556	489,413,988

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 — 2014-11-06 Date

▶ VICE PRESIDENT CFO VICE PRESIDENT / CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SHANNON DEFOREST				P00712229

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 178 S RIO GRANDE ST STE 400
SALT LAKE CITY, UT 84101 — 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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,468,129,411 including grants of $ 312,454) (Revenue $ 1,504,461,124)

SELECTHEALTH, INC (SELECTHEALTH OR COMPANY) PROVIDES FINANCIAL SUPPORT TO IMPROVE THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES IT SERVES SELECTHEALTH BENEFITS LOW-INCOME MEMBERS OF THE COMMUNITY BY PROVIDING COST-EFFECTIVE INSURANCE COVERAGE FOR INDIVIDUALS AND EMPLOYERS IN 2013, THE COMPANY EXPANDED ITS COMMITMENT TO UNDERSERVED COMMUNITIES BY OFFERING MEDICARE ADVANTAGE PLANS IN UTAH AND IDAHO AS WELL AS A MANAGED MEDICAID PLAN IN UTAH (SEE SCH O FOR CONTINUATION)

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** ▶ 1,468,129,411

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	7,630		
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	1,249		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 or note to any line 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**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
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 this 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**		No
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 ☐ Other (explain in Schedule O)

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 during the tax year

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) 442-3491

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) MICHEAL S BASSIS PHD	1 00	X						0	0	0
TRUSTEE	1 00									
(2) DOUGLAS C BLACK	3 00	X		X				142	420	0
TRUSTEE / CHAIR	8 00									
(3) MARK R BRIESACHER MD	1 00	X						0	439,234	199,377
TRUSTEE	1 00									
(4) DANIEL G GOMEZ	1 00	X						239	40	0
TRUSTEE	4 00									
(5) KEVEN J JENSEN	1 00	X						228	0	0
TRUSTEE	1 00									
(6) EDWARD G KLEYN	1 00	X						250	0	0
TRUSTEE	1 00									
(7) BARBARA J RAY	3 00	X		X				250	138	0
TRUSTEE /VICE CHAIR / SEC	3 00									
(8) BRADFORD R RICH	1 00	X						356	40	0
TRUSTEE	3 00									
(9) PATRICIA R RICHARDS	50 00	X		X				752,143	0	359,604
TRUSTEE / PRES / CEO	3 00									
(10) MICHAEL M SMITH	1 00	X						0	271	0
TRUSTEE	1 00									
(11) CHARLES W SORENSON JR	1 00	X						0	6,428,819	969,904
TRUSTEE	65 00									
(12) SCOTT D SPERRY	1 00	X						0	0	0
TRUSTEE	1 00									
(13) ANDREA P WOLCOTT	1 00	X						0	0	0
TRUSTEE	1 00									
(14) ALBERT R ZIMMERLI	1 00	X						0	1,405,568	1,057,538
TRUSTEE	64 00									
(15) STEPHEN L BARLOW	50 00			X				443,392	0	323,784
VP / CHIEF MED OFF	3 00									
(16) MARK A BROWN	50 00			X				323,020	0	117,065
VP / CFO / TREAS	3 00									
(17) JERRY EDGINGTON	50 00			X				362,797	0	192,497
VICE PRESIDENT	1 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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	50 00 1 00			X				161,463	0	36,972
(19) GREG J MATIS SECRETARY	40 00 10 00			X				0	298,798	130,661
(20) ROBERT L WHITE VP / CIO	50 00 3 00			X				304,159	0	127,419
(21) J MURPHY WINFIELD VP / CMO	50 00 3 00			X				345,872	0	168,876
(22) H ERIC CANNON CHIEF PHARM SERV	50 00 0 00					X		241,685	0	95,710
(23) DOROTHY VERBRUGGE MEDICAL DIRECTOR	50 00 0 00					X		238,478	0	72,388
(24) PRESCILLA MIYA SM EMPLOYER/PROG DIRECTOR	50 00 0 00					X		273,319	0	21,327
(25) MARK RICHARDSON MEDICARE /PROD DIR	50 00 0 00					X		236,682	0	84,031
(26) KENNETH SCHAECHER MEDICAL DIRECTOR	50 00 0 00					X		268,121	0	114,844
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,952,596	8,573,328	4,071,997

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 ▶77

			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 PO BOX 510721 SALT LAKE CITY UT 84151	MEDICAL SERVICES	41,805,915
ST LUKES REGIONAL MED CENTER 190 E BANNOCK ST BOISE ID 83712	MEDICAL SERVICES	25,433,709
MOUNTAIN WEST ANESTHESIA LLC PO BOX 3570 SALT LAKE CITY UT 84110	MEDICAL SERVICES	25,161,794
CENTRAL UTAH CLINIC PO BOX 30079 SALT LAKE CITY UT 84130	MEDICAL SERVICES	24,158,551
MOUNTAIN MEDICAL PHYSICIAN SPECIALISTS 5444 GREEN STREET SALT LAKE CITY UT 84107	MEDICAL SERVICES	11,844,757
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 ▶789		

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	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 . . . . . ▶				
Program Service Revenue		Business Code				
	2a	MEDICAL PREMIUMS 524114	1,456,846,862	1,456,846,862		
	b	ADMINISTRATION FEES 524292	42,332,142	42,332,142		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,499,179,004			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	8,813,518			8,813,518
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(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: 668,188,401				
	b	Less cost or other basis and sales expenses: 653,971,260				
	c	Gain or (loss): 14,217,141				
	d	Net gain or (loss) . . . . . ▶	14,217,141			14,217,141
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 . . ▶				
	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 . . ▶				
	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 . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	OTHER OPERATING REV 524298	5,282,120	5,282,120		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,282,120			
	12	**Total revenue.** See Instructions . . . . . ▶	1,527,491,783	1,504,461,124	0	23,030,659

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	312,454	312,454		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,019,064		4,019,064	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	63,542,427	62,947,226	595,201	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,514,846	2,364,333	150,513	
9 Other employee benefits	12,668,027	12,160,759	507,268	
10 Payroll taxes	4,656,880	4,533,444	123,436	
11 Fees for services (non-employees)				
a Management	8,862,616	6,601,824	2,260,792	
b Legal	22,147	22,147		
c Accounting	373,359	373,359		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	781,419	781,419		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,970,221	14,909,204	61,017	
12 Advertising and promotion	7,007,345	6,942,345	65,000	
13 Office expenses	11,102,612	11,066,395	36,217	
14 Information technology	1,642,796	1,642,796		
15 Royalties . .				
16 Occupancy	4,876,541	4,876,541		
17 Travel	117,040	116,784	256	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,013,661	870,579	143,082	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,917,732	4,917,732		
23 Insurance	506,375	178,100	328,275	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL EXPENSES	1,287,267,660	1,287,267,660		
b COMMISSIONS	40,112,711	40,112,711		
c TAXES & LICENSES	2,548,276	2,546,146	2,130	
d MEMBERSHIPS	433,197	189,364	243,833	
e All other expenses	2,449,142	2,396,089	53,053	
25 **Total functional expenses.** Add lines 1 through 24e	1,476,718,548	1,468,129,411	8,589,137	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		6,040	1	8,300
	2	Savings and temporary cash investments		31,975,294	2	53,619,192
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		24,503,198	4	24,145,643
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,443,898	9	4,170,316
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 71,015,968			
	b	Less accumulated depreciation	10b 36,428,353	36,564,707	10c	34,587,615
	11	Investments—publicly traded securities		509,037,254	11	656,574,613
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,000,000	13	2,250,125
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,396,474	15	12,104,474
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		608,926,865	16	787,460,278
Liabilities	17	Accounts payable and accrued expenses		19,199,426	17	20,487,802
	18	Grants payable			18	
	19	Deferred revenue		11,417,736	19	32,875,376
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		166,593,147	25	244,683,112
	26	**Total liabilities.** Add lines 17 through 25		197,210,309	26	298,046,290
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		411,716,556	27	489,413,988
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		411,716,556	33	489,413,988
	34	Total liabilities and net assets/fund balances		608,926,865	34	787,460,278

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,527,491,783
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,476,718,548
3	Revenue less expenses Subtract line 2 from line 1	3	50,773,235
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	411,716,556
5	Net unrealized gains (losses) on investments	5	29,924,197
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	489,413,988

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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, Part V, 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 in Part IV

2 Political expenditures ▶ $ 119,150

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ 119,150

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 119,150

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
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?			
j	Total Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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-
COMM TO ELECT JOAN E WOOD	111 W 5600 S OGDEN,UT 84405		2500	
COMM TO ELECT JANIE ENGELKING	3578 S CROSSPNTAVE BOISE,ID 83706		300	
COMM TO ELECT HOLLI WOODINGS	1302 ROSE PARK CIR BOISE,ID 83702		300	
COMM FOR A DEMOCRATIC MAJORITY	PO BOX 155 SLC,UT 84110	870659402	1000	
COMM TO ELECT ANGELA ROMERO	PO BOX 26301 SLC,UT 84126		500	
COMM TO ELECT BART DAVIS	2638 BELLINCR IDAHOFALLS,ID 86402		750	
COMM TO ELECT BERT BRACKETT	48331 THREE CR HWY ROGERSON,ID 83302		300	
COMM TO ELECT BRANDON HIXTON	910 N PLATEAU AVE CALDWELL,ID 83605		500	
COMM TO ELECT BRENT HILL	1010 S 2ND E REXBURG,ID 83440		750	
COMM TO ELECT BRENT J CRANE	1217 W HAWAII AVE NAMPA,ID 83686		500	
COMM TO ELECT BRIAN SCHIOZAWA	3177 FORT UNION BLVD SLC,UT 84121		500	
COMM TO ELECT CAROLYN MELINE	655 S 10TH POCATELLO,ID 83201		300	
COMM TO ELECT CHERIE BUCKNER-WEBB	2304 W BELLA ST BOISE,ID 83702		300	
COMM TO ELECT CHRISTY PERRY	8791 ELKHORN LN NAMPA,ID 83686		300	
COMM TO ELECT CHUCK WINDER	5528 N EBBETTS AVE BOISE,ID 83713		750	
COMM TO ELECT CLARK KAUFFMAN	3791 N 2100 E FILER,ID 83328		300	
COMM TO ELECT CLIFFORD R BAYER	8020 W AMITY RD BOISE,ID 83709		500	
COMM TO ELECT CRAIG HALL	3428 HARRISON DR W VALLEY,UT 84119		1500	
COMM TO ELECT CURT MCKENZIE	1911 S CANDLEWOOD DR NAMPA,ID 83686		750	
COMM TO ELECT DAN J SCHMIDT	267 CIRCLE DR MOSCOW,ID 83843		500	
COMM TO ELECT DAN JOHNSON	513 MAIN ST 201 LEWISTON,ID 83501		300	
COMM TO ELECT DEAN L CAMERON	1101 RUBY DR RUPERT,ID 83350		1000	
COMM TO ELECT DEAN M MORTIMER	7403 S 1ST E IDAHO FALLS,ID 83404		300	
COMM TO ELECT DELL REYBOULD	3215 N 2000 W REXBURG,ID 83440		300	
COMM TO ELECT DEREK BROWN	8161 S FARM BROOK WAY COTTONWOOD HEIGHTS,UT 84093		1000	
COMM TO ELECT DONNA PENCE	1960 US HWY 26 GOODING,ID 83330		300	
COMM TO ELECT DOUGLAS A HANCEY	378 YALE AVE REXBURG,ID 83440		300	
COMM TO ELECT ED MORSE	PO BOX 3294 HAYDEN,ID 83835		300	
COMM TO ELECT EIRC ANDERSON	33 MATCH BAY RD PRIEST LAKE,ID 83856		750	
COMM TO ELECT ELAINE SMITH	3759 HERON AVE POCATELLO,ID 83201		300	

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-
COMM TO ELECT FRANK HENDERSON	362 S PONDEROSA DR POST FALLS,ID 83854		300	
COMM TO ELECT FRED S MARTIN	3672 N TUBLEWEED PL BOISE,ID 83713		300	
COMM TO ELECT GARY E COLLINS	2019 E MASSACHUSETTS NAMPA,ID 83686		500	
COMM TO ELECT GAYLE L BATT	PO BOX 14 HUSTON,ID 83630		300	
COMM TO ELECT GENE DAVIS	865 PARKWAY AVE SLC,UT 84106		750	
COMM TO ELECT GRANT BURGOYNE	2203 MOUNTAIN VIEW DR BOISE,ID 83706		300	
COMM TO ELECT GREG HUGHES	472 MIDLAKE DR DRAPER,UT 84020		1500	
COMM TO ELECT HY KLOC	3932 OAK PARK PL BOISE,ID 83703		250	
COMM TO ELECT JAMES HOLTZCLAW	3720 N HERITAGE VIEW AVE MERIDIAN,ID 83646		300	
COMM TO ELECT JEFF C SIDDOWAY	1764 E 1200 N TERRETON,ID 83450		750	
COMM TO ELECT JEFF D THOMPSON	1739 PEGGYS LN IDAHO FALLS,ID 83402		300	
COMM TO ELECT JIM DUNNIGAN	3105 W 5400 S 6 TAYLORSVILLE,UT 84118		1000	
COMM TO ELECT JIM GUTHRIE	425 W GOODENOUGH MCCAMMON,ID 83250		750	
COMM TO ELECT JIM PATRICK	3321 E 2300 N TWIN FALLS,ID 83301		500	
COMM TO ELECT JIM RICE	2319 PLOK STREET CALDWELL,ID 83605		1250	
COMM TO ELECT JO AN E WOOD	3778 E 500 N RIGBY,ID 83442		300	
COMM TO ELECT JOHN H TIPPETS	610 RED CANYON RD BENNINGTON,ID 83254		750	
COMM TO ELECT JOHN L GANNON	1104 JJOHNSON ST BOISE,ID 83705		300	
COMM TO ELECT JOHN RUSCHE	1405 27TH AVE LEWISTON,ID 83501		500	
COMM TO ELECT JOHN VANDER WOUDE	5311 RIDGEWOOD RD NAMPA,ID 83687		300	
COMM TO ELECT JOHN W GOEDDE	1010 E MULLEN AVE 203 COEUR D ALENE,ID 83814		500	
COMM TO ELECT JULIE VAN ORDEN	425 S 1100 W PINGREE,ID 83262		300	
COMM TO ELECT KAREN MAYNE	5044 W BANNOCK CIR W VALLEY,UT 84120		500	
COMM TO ELECT KATHLEEN SIMS	PO BOX 399 COEUR DALENE,ID 83816		300	
COMM TO ELECT KELLEY PACKER	104 MOUNTAIN VIEW DR MCCAMMON,ID 83250		500	
COMM TO ELECT LANCE W CLOW	2170 BITTERROOT DR TWIN FALLS,ID 83301		300	
COMM TO ELECT LEE HEIDER	1631 RICHMOND DR TWIN FALLS,ID 83301		500	
COMM TO ELECT LENORE HARDY BARRETT	PO BOX 347 CHALLIS,ID 83226		300	
COMM TO ELECT LUKE MALEK	721 N 8TH ST COEUR DALENE,ID 83814		300	
COMM TO ELECT MARC GIBBS	632 HWY 34 GRACE,ID 83241		300	

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-
COMM TO ELECT MARV HAGEDORN	5285 W RIDGESIDE ST MERIDIAN,ID 83646		500	
COMM TO ELECT MATHEW ERPELDING	2519 W IDAHO ST BOISE,ID 83702		300	
COMM TO ELECT MAXINE T BELL	194 S 300 E JEROME,ID 83338		750	
COMM TO ELECT MEL BROWN	PO BOX 697 COALVILLE,UT 84017		500	
COMM TO ELECT MICHELLE STENNET	220 SABALA ST KETCHUM,ID 83340		750	
COMM TO ELECT MIKE MOYLE	480 N PLUMMER RD STAR,ID 83669		750	
COMM TO ELECT NEIL A ANDERSON	71 S 700 W BLACKFOOT,ID 83221		300	
COMM TO ELECT PATTI ANNE LODGE	18500 SYMMS RD CALDWELL,ID 83607		1000	
COMM TO ELECT PAUL ROMRELL	512 PARK ST ST ANTHONY,ID 83445		500	
COMM TO ELECT PHYLIS K KING	2107 PALOUSE BOISE,ID 83705		300	
COMM TO ELECT RICH WILLS	PO BOX 602 GLENNS FERRY,ID 83623		300	
COMM TO ELECT RICK YOUNGBLOOD	12612 SMITH AVE NAMPA,ID 83651		500	
COMM TO ELECT ROBERT ANDERST	7401 E GREY LAG DR NAMPA,ID 83687		500	
COMM TO ELECT ROY LACEY	13774 W TRAIL CREEK RD POCATELLO,ID 83204		500	
COMM TO ELECT SCOTT BEDKE	PO BOX 89 OAKLEY,ID 83346		1000	
COMM TO ELECT SHAWN A KEOUGH	PO BOX 101 SANDPOINT,ID 83864		500	
COMM TO ELECT STEPHEN HALES	277 E 300 N PROVO,UT 84606		300	
COMM TO ELECT STERLING BECK	341 E 300 S PROVO,UT 84606		300	
COMM TO ELECT STEVE VICK	2140 E HANLEY DR DALTON GARDENS,ID 83815		300	
COMM TO ELECT SUE CHEW	1304 LINCOLN AVE BOISE,ID 83706		300	
COMM TO ELECT TODD LAKEY	34 BINGHAM ST NAMPA,ID 83651		500	
COMM TO ELECT TOM LOERTSCHER	1357 BONE RD IONA,ID 83427		500	
COMM TO ELECT WAYNE NIEDERHAUSER	3182 E GRANITE WOODS LANE SANDY,UT 84092		5000	
COMM TO ELECT WENDY HORMAN	1860 HEATHER CIR IDAHO FALLS,ID 83406		250	
COMM TO RE-ELECT FRED WOOD	PO BOX 1207 BURLEY,ID 83318		1000	
COMM TO RE-ELECT HOWARD STEPHENSON	1038 E 13590 S DRAPER,UT 84020		1000	
COMM TO RE-ELECT JOHNNY ANDERSON	4289 S EL CAMINO ST TAYLORSVILLE,UT 84119		500	
COMM TO RE-ELECT STUART ADAMS	3271 E 1875 N LAYTON,UT 84040		500	
FRIENDS OF DANIEL MCCAY	3364 KOLLMAN WY RIVERTON,UT 84065		1000	
GOVERNORS GALA CELEBRATION COMM	PO BOX 2158 BOISE,ID 83701	461530320	8000	

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-
HERBERT FOR GOVERNOR	5842 FONTAINE BLEU CIRCLE SLC,UT 84121	208147208	20000	
IDAHO HOUSE REPUBLICAN CAUCUS	12612 SMITH AVE NAMPA,ID 83651		250	
IDAHO SENATE MAJORITY CAUCUS	PO BOX 173 BOISE,ID 83701	820427363	1000	
JERRY STEVENSON CAMPAIGN ACCOUNT	466 S 1700 W LAYTON,UT 84041	900545060	500	
MADSEN FOR SENATE	PO BOS 572 LEHI,UT 84043		1000	
OTTER FOR IDAHO	PO BOX 1406 BOISE,ID 83701		6000	
SENATE REPUBLICAN CAMPAIGN COMM	1420 BLAINE AVENUE SLC,UT 84105	331003834	5500	
SENDEMPAC	865 PARKWAY AVE SLC,UT 84106	611575877	1000	
SPEAKERS VICTORY FUND	1413 S 1710 E PROVO,UT 84606	451499619	6000	
UHA UTAH HOSPITALS HEALTH SYSTEMS	2180 S 1300 E STE 440 SLC,UT 84106	876119772	750	
UTAH COUNTY PAC	12484 HOMELAND DR HERRIMAN,UT 84096	020730883	2500	
UTAH HOUSE REPUBLICAN ELECTION COMM	1420 BLAINE AVE SLC,UT 84105	870189040	5500	
UTAH STATE DEMOCRATIC COMM	825 N 300 W STE C400 SLC,UT 84103	870256343	6000	
WASATCH LEGISLATIVE PAC	642 KIRBY LN STE 105 SPANISH FORK,UT 84660	463185502	1000	
WASHINGTON COUNTY REPUBLICAN PARTY	PO BOX 1508 ST GEORGE,UT 84771	274068353	300	
WILSON BRAD	1423 WHISPERING MEADOWS LN KAYSVILLE,UT 84037		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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		26,018,276	5,174,091	20,844,185
c Leasehold improvements		1,789,950	183,011	1,606,939
d Equipment		43,072,714	31,071,251	12,001,463
e Other		135,028		135,028
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				34,587,615

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
PAYABLE TO AFFILIATES	10,514,976
RESERVES & INCENTIVES	25,907,676
INVESTMENT PURCHASES PAYABLE	28,035,399
HEALTH BENEFIT LIABILITY	180,225,061
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	244,683,112

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,518,548,581
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-8,161,783		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-781,419		
e	Add lines **2a** through **2d**			2e	-8,943,202
3	Subtract line **2e** from line **1**			3	1,527,491,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,527,491,783

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,475,923,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,475,923,479
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	795,069		
c	Add lines **4a** and **4b**			4c	795,069
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,476,718,548

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS (781,419)
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS 781,419 TRANSFERS TO AFFILIATES 13,650
FORM 990, SCHEDULE D, PART VI, LINE 1E	FIXED ASSET DETAIL AMOUNTS REFLECTED ON LINE 1E REPRESENT DEVELOPMENT OF INTERNAL USE SOFTWARE

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation
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 WILL NOT BE DIVERTED FROM THEIR INTENDED USE

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FITONE 300 W MAIN ST STE 100 BOISE,ID 83702	82-0161600	501(C)(3)	25,000				SUPPORT AT A HEALTH AND WELLNESS EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HOLY CROSS MINISTRIES 860 E 4500 S STE 204 SALT LAKE CITY,UT 84107	87-0359324	501(C)(3)	7,500				EDUCATION MATERIALS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
IDAHO GOVERNORS CUP PO BOX 982 BOISE,ID 83701	20-8277116	501(C)(3)	16,000				SUPPORT OF POST-SECONDARY EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
IHC HEALTH SERVICES 36 S STATE ST SUITE 2200 SALT LAKE CITY,UT 84111	94-2854057	501(C)(3)	31,150				DENTAL KITS TO KIDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST SUITE 2200 SALT LAKE CITY,UT 84111	80-0225150	501(C)(3)	15,000				ENCOURAGE HEALTHY LIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JUNIOR ACHIEVEMENT OF UTAH 515 E 100 S STE 200 SALT LAKE CITY, UT 84102	87-0225875	501(C)(3)	9,104				SUPPORT SCHOOL HEALTH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
JUNIOR LEAGUE OF SALT LAKE 526 E 300 S SALT LAKE CITY, UT 84102	87-0401142	501(C)(3)	10,000				CARE FAIR 2013 & 2014

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MURRAY CITY PARKS & RECREATION 296 E MURRAY PARK LANE MURRAY,UT 84107	87-6000254	GOV	7,500				ENCOURAGE HEALTHY LIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SALT LAKE COUNTY 2001 S STATE ST STE S1500 SALT LAKE CITY,UT 841902300	87-6000316	GOV	10,000				HEALTH FAIR SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ST LUKES REGIONAL MED CENTER 190 E BANNOCK ST BOISE,ID 83712	82-0161600	501(C)(3)	19,500				SUPPORT ST LUKES CHILDREN'S HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UTAH HEALTH POLICY PROJECT 508 E S TEMPLE STE 45 SALT LAKE CITY, UT 84102	87-0684606	501(C)(3)	20,000				HEALTH EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UTAH SPORTS COMMISSION FOUNDATION 201 S MAIN ST STE 2125 SALT LAKE CITY, UT 84111	87-0651075	501(C)(3)	15,000				ENCOURAGE HEALTHY LIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
VOICES FOR UTAH CHILDREN 747 E S TEMPLE STE 100 SALT LAKE CITY, UT 84102	87-0428873	501(C)(3)	7,500				SUPPORT FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
909 KRCL 1971 W NORTH TEMPLE SALT LAKE CITY, UT 84116	87-0322222	501(C)(3)	10,000				COMMUNITY SUPPORT

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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**	Yes	
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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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 ORGANIZATION'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
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM THE FILING ORGANIZATION - PRESCILLA MIYA $131,138 THE FOLLOWING INDIVIDUAL RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS (457(F)) FROM THE FILING ORGANIZATION - STEPHEN L BARLOW $168,109 IHC HEALTH SERVICES, INC , A RELATED ORGANIZATION, OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO MEMBERS OF ITS ADVISORY COUNCIL THE AMOUNTS IN THE PLAN ARE NOT VESTED, ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND MAY OR MAY NOT BE PAID IN THE FUTURE AMOUNTS DEFERRED DURING 2013 FOR THE INDIVIDUALS REPORTED ON PART VII OF THE FORM 990 HAVE BEEN INCLUDED IN THE SCHEDULE J, PART II, COLUMN (C) TOTAL THE FOLLOWING INDIVIDUAL RECEIVED A SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENT IN 2013 - CHARLES W SORENSON JR MD $4,738,970
FORM 990, SCHEDULE J, PART I, LINE 3	INTERMOUNTAIN HEALTH CARE, INC , THE SOLE MEMBER OF THE FILING ORGANIZATION, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE SELECTHEALTH CEO -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -FORM 990 OF OTHER ORGANIZATIONS -COMPENSATION SURVEY/STUDY -APPROVAL BY THE PARENT'S COMPENSATION COMMITTEE ADDITIONAL INFORMATION RELATED TO THE PROCESS OF DETERMINING THE CEO'S COMPENSATION CAN BE FOUND ON SCHEDULE O OF THIS RETURN SEE REFERENCE HEADING "FORM 990, PART VI, SECTION B, LINE 15B "

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARK R BRIESACHER MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	315,166	58,683	65,385	179,899	19,478	638,611	46,853
PATRICIA R RICHARDS TRUSTEE / PRES / CEO	(I)	464,788	263,018	24,337	338,824	20,780	1,111,747	205,406
	(II)	0	0	0	0	0	0	0
CHARLES W SORENSON JR TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	941,185	703,560	4,784,074	930,113	39,791	7,398,723	5,281,544
ALBERT R ZIMMERLI TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	802,579	569,617	33,372	1,025,850	31,688	2,463,106	441,156
STEPHEN L BARLOW VP / CHIEF MED OFF	(I)	155,514	89,027	198,851	304,407	19,377	767,176	241,990
	(II)	0	0	0	0	0	0	0
MARK A BROWN VP / CFO / TREAS	(I)	239,732	71,379	11,909	95,924	21,141	440,085	59,483
	(II)	0	0	0	0	0	0	0
JERRY EDGINGTON VICE PRESIDENT	(I)	261,519	87,117	14,161	169,645	22,852	555,294	67,501
	(II)	0	0	0	0	0	0	0
LISA K FALLERT VICE PRESIDENT	(I)	39,957	77,840	43,666	34,623	2,349	198,435	62,774
	(II)	0	0	0	0	0	0	0
GREG J MATIS SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	222,426	69,745	6,627	108,826	21,835	429,459	0
ROBERT L WHITE VP / CIO	(I)	223,727	69,258	11,174	105,228	22,191	431,578	55,853
	(II)	0	0	0	0	0	0	0
J MURPHY WINFIELD VP / CMO	(I)	255,716	77,127	13,029	149,617	19,259	514,748	63,742
	(II)	0	0	0	0	0	0	0
H ERIC CANNON CHIEF PHARM SERV	(I)	184,193	48,681	8,811	74,118	21,592	337,395	37,020
	(II)	0	0	0	0	0	0	0
DOROTHY VERBRUGGE MEDICAL DIRECTOR	(I)	187,879	31,604	18,995	54,337	18,051	310,866	0
	(II)	0	0	0	0	0	0	0
PRESCILLA MIYA SM EMPLOYER/PROG DIRECTOR	(I)	71,711	23,717	177,891	17,084	4,243	294,646	20,804
	(II)	0	0	0	0	0	0	0
MARK RICHARDSON MEDICARE /PROD DIR	(I)	190,323	44,160	2,199	64,277	19,754	320,713	37,744
	(II)	0	0	0	0	0	0	0
KENNETH SCHAECHER MEDICAL DIRECTOR	(I)	184,730	47,280	36,111	95,230	19,614	382,965	41,292
	(II)	0	0	0	0	0	0	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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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. THE COMPANY ALSO SPONSORED FITONE, A PROGRAM THAT BENEFITS ST. LUKE'S CHILDREN'S HOSPITAL AND INCLUDES AN EXPO EVENT AND RACE. 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, AFTER-SCHOOL EXERCISE ACTIVITIES, HOUSING FOR LOW-INCOME FAMILIES AND EDUCATIONAL RESOURCES FOR THOSE WITH SPECIAL NEEDS. SELECTHEALTH SPONSORED ATHLETIC EVENTS INCLUDING THE UTAH SUMMER GAMES AND THE ST. GEORGE MARATHON. SELECTHEALTH PARTICIPATED IN FUNDRAISING EVENTS, INCLUDING THE MULTIPLE SCLEROSIS WALK AND THE AMERICAN DIABETES ASSOCIATION'S TOUR DE CURE. 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. THE COMPANY ALSO SUPPORTED VARIOUS FEDERAL AND STATE-BASED PROGRAMS THAT PROVIDED HEALTH COVERAGE TO INDIVIDUALS AND FAMILIES, INCLUDING THE CHILDREN'S HEALTH INSURANCE PROGRAM, UTAH HEALTH INSURANCE POOLS, AND A PROGRAM FOR INDIVIDUALS WHO PARTICIPATED IN THE HEALTH COVERAGE TAX CREDIT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	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 2013, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALBERT R ZIMMERLI / ANDREA P WOLCOTT / BARBARA J RAY / BRADFORD R RICH / CHARLES W SORENSON JR, MD / DANIEL G GOMEZ / EDWARD G KLEYN / KEVEN J JENSEN / MICHAEL S BASSIS, PHD / MARK R BRIESACHER, MD / MICHAEL M SMITH / PATRICIA R RICHARDS / SCOTT D SPERRY / DOUGLAS C BLACK / STEPHEN W WADE / J MURPHY WINFIELD / ROBERT L WHITE / GREG J MATIS / MARK A BROWN / STEPHEN L BARLOW / JERRY EDINGTON / LISA K FALLERT- BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE ORGANIZATION THAT IS WHOLLY OWNED BY THE FILING ORGANIZATION) ALBERT R ZIMMERLI / CHARLES W SORENSON JR, MD / DOUGLAS C BLACK- BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF IHC AFFILIATED SERVICES, INC , A CORPORATION WITH MINIMAL ACTIVITY THAT IS WHOLLY OWNED BY THE FILING ORGANIZATION'S PARENT) CHARLES W SORENSON JR, MD / ALBERT R ZIMMERLI / MARK R BRIESACHER, MD / GREG J MATIS- BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIPS IN IHC HEALTH SERVICES, INC , A RELATED TAX EXEMPT ORGANIZATION) DOUGLAS C BLACK / ALBERT R ZIMMERLI- BUSINESS RELATIONSHIP (BOARD MEMBERS OF AMERINET, INC , A CORPORATE INVESTMENT THAT IS 50% OWNED BY A SUBSIDIARY OF THE FILING ORGANIZATION'S PARENT)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF SELECTHEALTH, INC IS INTERMOUNTAIN HEALTH CARE, INC , A UTAH NONPROFIT CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE APPROVED BY LAWS, THE FILING ORGANIZATION'S TRUSTEES ARE ELECTED BY THE SOLE MEMBER AT AN ANNUAL MEMBERSHIP MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	PURSUANT TO THE APPROVED BY LAWS, THE MEMBER EXERCISES ALL PROPERTY, VOTING, AND OTHER RIGHTS, INTERESTS AND POWERS CONFERRED UNDER LOCAL STATUTE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FILING ORGANIZATION'S BOARD OF TRUSTEES WAS INVITED TO REVIEW THE RETURN AS PART OF THE OCTOBER AUDIT AND COMPLIANCE COMMITTEE MEETING COPIES OF THE RETURN WERE PROVIDED TO EACH OF THE TRUSTEES IN ADVANCE OF THAT MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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 SELECTHEALTH'S AUDIT AND COMPLIANCE COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE EXECUTIVE COMPENSATION COMMITTEE (''COMMITTEE'') OF INTERMOUNTAIN HEALTH CARE, INC , THE FILING ORGANIZATION'S SOLE MEMBER, 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 THE COMMITTEE REVIEWS ALL OF THE COLLECTED INFORMATION AND THE ASSOCIATED PAY DECISIONS WITH THE ENTIRE INTERMOUNTAIN HEALTH CARE 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 THE INFORMATION PROVIDED BY THE EXTERNAL CONSULTANTS, CURRENT MARKET INFORMATION, AND CHANGES IN JOB RESPONSIBILITIES COMPENSATION DECISIONS AND DELIBERATIONS BY BOTH COMMITTEES ARE CONTEMPORANEOUSLY DOCUMENTED

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION FUNDING ASSESSMENT -3,000,000

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IHC INSURANCE AGENCY LLC 5381 GREEN STREET MURRAY, UT 84123 87-0666736	INSURANCE	UT	0	7,043	FILING ENTITY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) MCKAY-DEE SURGICAL CENTER LLC 4401 HARRISON BLVD OGDEN, UT 84120 26-0286308	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) Section 512 (b)(13) controlled entity? No
(1) SELECTHEALTH BENEFIT ASSURANCE COMPANY INC 5381 GREEN STREET MURRAY, UT 84123 87-0497549	INSURANCE	UT	SELECTHEALTH	C	3,549,323	17,959,976	100 000 %		No
(2) IHC AFFILIATED SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0405669	HOSPITAL SERVICES	UT	N/A	C					No
(3) HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SELECTHEALTH BENEFIT ASSURANCE COMPANY	R	1,166,914	CASH
(2) SELECTHEALTH BENEFIT ASSURANCE COMPANY	Q	120,723	CASH
(3) SELECTHEALTH BENEFIT ASSURANCE COMPANY	L	234,019	CASH

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						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)	LINE 11A, I	N/A		No
(1) IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	HOSPITAL	UT	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH CARE INC		No
(2) INTERMOUNTAIN HEALTHCARE FOUNDATION 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	IHC HEALTH SERVICES INC		No
(3) IHC MANAGEMENT INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2860622	COMMUNITY HEALTH	UT	501(C)(3)	LINE 11B, II	INTERMOUNTAIN HEALTH CARE INC		No
(4) IHC PROFESSIONAL SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2886596	COMMUNITY HEALTH	UT	501(C)(3)	LINE 11A, I	INTERMOUNTAIN HEALTH CARE INC		No
(5) INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREMENT BENEFITS	UT	501(C)(9)		INTERMOUNTAIN HEALTH CARE INC		No
(6) INTERMOUNTAIN COMMUNITY CARE FOUNDATION 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)(3)	LINE 11A, I	INTERMOUNTAIN HEALTH CARE INC		No
(7) HEART & LUNG RESEARCH FOUNDATION 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0617606	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTHCARE FOUNDATION INC		No