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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 2,902,763,690

**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

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 13 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 9 |
| **5** | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | **5** | 1,416 |
| **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) | 1,499,179,004 | 1,687,916,904 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 23,030,659 | 50,905,185 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,282,120 | 6,199,995 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,527,491,783 | 1,745,022,084 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 312,454 | 384,600 |
| **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) | 87,401,244 | 96,805,689 |
| **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) | 1,389,004,850 | 1,855,263,674 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,476,718,548 | 1,952,453,963 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 50,773,235 | -207,431,879 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 787,460,278 | 786,574,634 |
| **21** | Total liabilities (Part X, line 26) | 298,046,290 | 545,287,156 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 489,413,988 | 241,287,478 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2015-11-10

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 | 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 $ 1,942,568,215 including grants of $ 384,600 ) (Revenue $ 1,694,116,899 )

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 (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** ▶ 1,942,568,215

## 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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | 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 "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | 9,428 | | |
| 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 | 1,416 | | |
| 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | 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** | 13 | | |
| | 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** | 9 | | |
| **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, address, and telephone number of the person who possesses the organization's books and records ▶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) DOUGLAS C BLACK<br>TRUSTEE / CHAIR | 3 00<br>5 00 | X | | X | | | | 483 | 1,272 | 0 |
| (2) MARY K BRAINERD<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 1,577 | 0 | 0 |
| (3) MARK R BRIESACHER MD<br>TRUSTEE | 1 00<br>51 00 | X | | | | | | 0 | 392,305 | 231,120 |
| (4) DANIEL G GOMEZ<br>TRUSTEE / VICE CHAIR | 3 00<br>4 00 | X | | X | | | | 515 | 1,215 | 0 |
| (5) KEVEN J JENSEN<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 325 | 0 |
| (6) EDWARD G KLEYN<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 1,304 | 0 |
| (7) BARBARA J RAY<br>TRUSTEE / SECRETARY | 3 00<br>3 00 | X | | X | | | | 1,039 | 320 | 0 |
| (8) PATRICIA R RICHARDS<br>TRUSTEE / PRES / CEO | 50 00<br>3 00 | X | | X | | | | 747,408 | 0 | 419,730 |
| (9) MICHAEL M SMITH<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 0 | 0 |
| (10) CHARLES W SORENSON JR MD<br>TRUSTEE | 1 00<br>60 00 | X | | | | | | 0 | 1,897,042 | 804,081 |
| (11) SCOTT D SPERRY<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 0 | 0 |
| (12) ANDREA P WOLCOTT<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 325 | 0 | 0 |
| (13) ALBERT R ZIMMERLI<br>TRUSTEE | 1 00<br>63 00 | X | | | | | | 0 | 4,435,146 | 678,962 |
| (14) SPENCER P ECCLES<br>TRUSTEE | 1 00<br>1 00 | X | | | | | | 0 | 0 | 0 |

**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 | | | |
| (15) STEPHEN L BARLOW<br>VICE PRES / CHIEF MED OFF | 47 00<br>3 00 | | | X | | | | 365,864 | 0 | 382,048 |
| (16) MARK A BROWN<br>VP / CFO / TREAS | 47 00<br>3 00 | | | X | | | | 337,194 | 0 | 140,273 |
| (17) JERRY R EDGINGTON<br>VICE PRESIDENT | 47 00<br>3 00 | | | X | | | | 368,155 | 0 | 226,365 |
| (18) GREG MATIS<br>SECRETARY | 47 00<br>3 00 | | | X | | | | 0 | 429,968 | 141,994 |
| (19) ROBERT WHITE<br>VICE PRES / COO | 47 00<br>3 00 | | | X | | | | 314,816 | 0 | 151,943 |
| (20) J MURPHY WINFIELD<br>VICE PRES / CMO | 47 00<br>3 00 | | | X | | | | 357,617 | 0 | 186,435 |
| (21) H ERIC CANNON<br>CHIEF PHARM SVCS | 50 00<br>0 00 | | | | | X | | 252,473 | 0 | 96,763 |
| (22) BRENT HESS<br>MEDICARE SALES MGR | 50 00<br>0 00 | | | | | X | | 267,110 | 0 | 23,353 |
| (23) KENNETH SCHAECHER<br>MEDICAL DIRECTOR | 50 00<br>0 00 | | | | | X | | 278,959 | 0 | 119,009 |
| (24) SCOTT SCHNEIDER<br>COMM SALES VP | 50 00<br>0 00 | | | | | X | | 257,062 | 0 | 89,827 |
| (25) DOROTHY VERBRUGGE<br>MEDICAL DIRECTOR | 50 00<br>0 00 | | | | | X | | 263,618 | 0 | 81,156 |
| **1b Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 3,814,215 | 7,158,897 | 3,773,059 |

**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 ▶99

| | | | 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 |
|---|---|---|
| ST LUKES REGIONAL MEDICAL CENTER<br>190 E BANNOCK ST<br>BOISE, ID 83712 | MEDICAL SERVICES | 81,492,264 |
| UNIVERSITY OF UTAH HOSPITAL<br>201 S PRESIDENTS CIRCLE STE 145<br>SLC, UT 84112 | MEDICAL SERVICES | 57,655,498 |
| MOUNTAIN WEST ANESTHESIA LLC<br>PO BOX 3570<br>SALT LAKE CITY, UT 84110 | MEDICAL SERVICES | 33,032,219 |
| CENTRAL UTAH CLINIC<br>1055 N 500 W<br>PROVO, UT 84604 | MEDICAL SERVICES | 30,202,886 |
| ST LUKES JEROME<br>PO BOX 587<br>TWIN FALLS, ID 83303 | MEDICAL SERVICES | 29,040,283 |

**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 ▶948

**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 | 1,643,155,714 | 1,643,155,714 | | |
| | b | ADMINISTRATION FEES 524292 | 44,761,190 | 44,761,190 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | 1,687,916,904 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | 11,182,814 | | | 11,182,814 |
| | 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: 1,197,463,977 | | | | |
| | b | Less cost or other basis and sales expenses: 1,157,738,426 / 3,180 | | | | |
| | c | Gain or (loss): 39,725,551 / -3,180 | | | | |
| | d | Net gain or (loss) . . . . . ▶ | 39,722,371 | | | 39,722,371 |
| 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 | 6,199,995 | 6,199,995 | | |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue . . . . | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | 6,199,995 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | 1,745,022,084 | 1,694,116,899 | 0 | 50,905,185 |

## Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 384,600 | 384,600 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,997,846 | | 3,997,846 | |
| 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 | 71,744,955 | 70,381,851 | 1,363,104 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,017,659 | 965,373 | 52,286 | |
| 9 Other employee benefits | 14,694,520 | 14,050,979 | 643,541 | |
| 10 Payroll taxes | 5,350,709 | 5,205,110 | 145,599 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 10,477,083 | 7,528,330 | 2,948,753 | |
| b Legal | 20,842 | 20,842 | | |
| c Accounting | 429,603 | 429,603 | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 1,008,189 | 1,002,823 | 5,366 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 14,359,387 | 14,347,513 | 11,874 | |
| 12 Advertising and promotion | 5,466,390 | 5,403,095 | 63,295 | |
| 13 Office expenses | 16,986,309 | 16,917,979 | 68,330 | |
| 14 Information technology | 613,664 | 613,642 | 22 | |
| 15 Royalties | | | | |
| 16 Occupancy | 9,335,725 | 9,335,663 | 62 | |
| 17 Travel | 144,804 | 144,007 | 797 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 994,239 | 882,591 | 111,648 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,273,659 | 6,273,659 | | |
| 23 Insurance | 406,276 | 195,831 | 210,445 | |
| 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 | 1,692,528,947 | 1,692,528,917 | 30 | |
| b COMMISSIONS | 53,148,020 | 53,148,020 | | |
| c FEDERAL PROGRAM FEES | 38,236,167 | 38,236,167 | | |
| d BAD DEBTS | 1,058,094 | 1,058,094 | | |
| e All other expenses | 3,776,276 | 3,513,526 | 262,750 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,952,453,963 | 1,942,568,215 | 9,885,748 | 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 | | 8,300 | 1 | 42,722 |
| | 2 | Savings and temporary cash investments | | 53,619,192 | 2 | 67,338,452 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 24,145,643 | 4 | 112,413,154 |
| | 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 | | 4,170,316 | 9 | 4,338,348 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 75,836,239 | | | |
| | b | Less accumulated depreciation | 10b 42,762,924 | 34,587,615 | 10c | 33,073,315 |
| | 11 | Investments—publicly traded securities | | 656,574,613 | 11 | 559,616,034 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 2,250,125 | 13 | 2,250,125 |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 12,104,474 | 15 | 7,502,484 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 787,460,278 | 16 | 786,574,634 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 20,487,802 | 17 | 59,644,075 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 32,875,376 | 19 | 39,249,888 |
| | 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 | | 244,683,112 | 25 | 446,393,193 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 298,046,290 | 26 | 545,287,156 |
| 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 | | 489,413,988 | 27 | 241,287,478 |
| | 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 | | 489,413,988 | 33 | 241,287,478 |
| | 34 | Total liabilities and net assets/fund balances | | 787,460,278 | 34 | 786,574,634 |

## 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 | 1,745,022,084 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,952,453,963 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -207,431,879 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 489,413,988 |
| 5 | Net unrealized gains (losses) on investments | 5 | -34,094,631 |
| 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 | -6,600,000 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 241,287,478 |

## 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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*.**

OMB No 1545-0047

**2014**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

| Name of 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 ▶ | $ 137,500 |
| 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 ▶ | $ 137,500 |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ | $ 137,500 |
| 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 separate instructions for lines 2a through 2f.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (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, lines 1 and 2 (see instructions), 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 |
| | |
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**Part IV Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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## 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- |
|---|---|---|---|---|
| BECKER FOR MAYOR | PO BOX 658<br>SLC,UT 84110 | | 1000 | |
| BRAD DEE CAMPAIGN COMM | 111 W 5600 S<br>WASHINGTON<br>TERRACE,UT 84405 | | 5000 | |
| CAMPAIGN TO ELECT BRAD WILSON | 1423 WHISPERING<br>MEADOWS LN<br>KAYSVILLE,UT 84037 | | 500 | |
| CAMPAIGN TO ELECT STUART ADAMS | 3271 W 1875 N<br>LAYTON,UT 84040 | | 500 | |
| COMM FOR A DEMOCRATIC MAJORITY | PO BOX 155<br>SLC,UT 84110 | 870659402 | 2000 | |
| COMM TO ELECT BART M DAVIS | PO BOX 50660<br>IDAHO FALLS,ID<br>83405 | | 1000 | |
| COMM TO ELECT BERT BRACKETT | 48331 THREE CR HWY<br>ROGERSON,ID 83302 | | 1000 | |
| COMM TO ELECT BRAD LITTLE | PO BOX 205<br>EMMETT,ID 83617 | | 2500 | |
| COMM TO ELECT BRENT HILL | 1010 S 2ND E<br>REXBURG,ID 83440 | | 1000 | |
| COMM TO ELECT BRENT J CRANE | PO BOX 86<br>NAMPA,ID 83653 | | 500 | |
| COMM TO ELECT BRIAN SCHIOZAWA | 3177 FORT UNION BLVD<br>SLC,UT 84121 | | 500 | |
| COMM TO ELECT CL BUTCH OTTER | 1009 STAR RD<br>STAR,ID 83669 | | 2500 | |
| COMM TO ELECT CHERIE BUCKNER-WEBB | 2304 W BELLA ST<br>BOISE,ID 83702 | | 1000 | |
| COMM TO ELECT CHET LOFTIS | 2946 S 50 W<br>BOUNTIFUL,UT 84010 | | 500 | |
| COMM TO ELECT CHRISTY PERRY | 8791 ELKHORN LN<br>NAMPA,ID 83636 | | 500 | |
| COMM TO ELECT CHUCK WINDER | 5528 N EBBETTS AVE<br>BOISE,ID 83713 | | 1000 | |
| COMM TO ELECT CINDY AGIDIUS | 1155 CRUMARINE LP RD<br>MOSCOW,ID 83843 | | 250 | |
| COMM TO ELECT CLARK KAUFFMAN | 3791 N 2100E<br>FILER,ID 83328 | | 500 | |
| COMM TO ELECT CLIFFORD BAYER | 592 E ST KITTS DR<br>MERIDIAN,ID 83642 | | 500 | |
| COMM TO ELECT CRAIG HALL | 3428 HARRISONWOOD<br>DR<br>WEST VALLEY,UT<br>84119 | | 1000 | |
| COMM TO ELECT CURT BRAMBLE | 3663 N 870 E<br>PROVO,UT 84604 | | 1000 | |
| COMM TO ELECT CURT MCKENZIE | 1911 S CANDLEWOOD<br>DR<br>NAMPA,ID 83686 | | 500 | |
| COMM TO ELECT DAN J SCHMIDT | 267 CIR DR<br>MOSCOW,ID 83843 | | 500 | |
| COMM TO ELECT DAN JOHNSON | 1006 RICHARDSON AVE<br>LEWISTON,ID 83501 | | 500 | |
| COMM TO ELECT DEAN L CAMERON | 1101 RUBY DR<br>RUPERT,ID 83350 | | 1000 | |
| COMM TO ELECT DEAN M MORTIMER | 7403 S 1ST E<br>IDAHO FALLS,ID<br>83404 | | 500 | |
| COMM TO ELECT DON CHEATHAM | PO BOX 2011<br>POST FALLS,ID 83877 | | 250 | |
| COMM TO ELECT DONNA PENCE | 1960 US HWY 26<br>GOODING,ID 83330 | | 500 | |
| COMM TO ELECT ELAINE SMITH | 3759 HERON AVE<br>POCATELLO,ID 83201 | | 500 | |
| COMM TO ELECT FRANCIS GIBSON | 208 S 680 W<br>MAPLETON,UT 84664 | | 1000 | |

**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 FRED MARTIN | 3672 N TUMBLEWEED PL<br>BOISE,ID 83713 | | 800 | |
| COMM TO ELECT FRED WOOD | PO BOX 1207<br>BURLEY,ID 83318 | | 1000 | |
| COMM TO ELECT GAGE FROERER | 2641 WASHINGTON BLVD<br>OGDEN,UT 84401 | | 1000 | |
| COMM TO ELECT GARY E COLLINS | 2019 E MASSACHUSETTS<br>NAMPA,ID 83686 | | 500 | |
| COMM TO ELECT GARY OSBORN | 1636 LITTLE BEAR RIDGE RD<br>TROY,ID 83871 | | 500 | |
| COMM TO ELECT GAYLE L BATT | PO BOX 14<br>HUSTON,ID 83630 | | 500 | |
| COMM TO ELECT GRANT BURGOYNE | 2203N MOUNTAIN VIEW DRIVE<br>BOISE,ID 83706 | | 1000 | |
| COMM TO ELECT GREG HUGHES | 472 MIDLAKE DR<br>DRAPER,UT 84020 | | 5000 | |
| COMM TO ELECT HY KLOC | 3932 OAK PARK PL<br>BOISE,ID 83703 | | 500 | |
| COMM TO ELECT ILANA RUBEL | 2750 E MIGRATORY DR<br>BOISE,ID 83706 | | 500 | |
| COMM TO ELECT JAMES EBERT | 1754 N 1350 W<br>FARR WEST,UT 84404 | | 300 | |
| COMM TO ELECT JANET TRUJILLO | 3144 DISNEY DR<br>IDAHO FALLS,ID 83404 | | 500 | |
| COMM TO ELECT JANIE WARD-ENGELKING | 3578 S CROSSPOINT AVE<br>BOISE,ID 83706 | | 1000 | |
| COMM TO ELECT JASON MONKS | 1002 W WASHINGTON DR<br>MERIDIAN,ID 83302 | | 1000 | |
| COMM TO ELECT JIM GUTHRIE | 425 W GOODENOUGH<br>MCCAMMON,ID 83250 | | 1000 | |
| COMM TO ELECT JIM PATRICK | 2231 E 3200 N<br>TWIN FALLS,ID 83301 | | 500 | |
| COMM TO ELECT JIM RICE | 2319 POLK ST<br>CALDWELL,ID 83605 | | 1000 | |
| COMM TO ELECT JOHN H TIPPETS | 610 RED CANYON RD<br>BENNINGTON,ID 83254 | | 1000 | |
| COMM TO ELECT JOHN L GANNON | 2104 S POND ST<br>BOISE,ID 83705 | | 500 | |
| COMM TO ELECT JOHN MCCROSTIE | 7820 W RIVERSIDE DR<br>GARDEN CITY,ID 83714 | | 500 | |
| COMM TO ELECT JOHN RUSCHE | 1405 27TH AVE<br>LEWISTON,ID 83501 | | 1500 | |
| COMM TO ELECT JOHN VANDER WOUDE | 5311 RIDGEWOOD RD<br>NAMPA,ID 83687 | | 500 | |
| COMM TO ELECT JULIE VAN ORDEN | 425 S 1100 W<br>PINGREE,ID 83262 | | 500 | |
| COMM TO ELECT JUSTIN MILLER | 3741 LORETTA DR<br>SLC,UT 84106 | | 1000 | |
| COMM TO ELECT KAREN MAYNE | 5044 DANNOCK CIR<br>WEST VALLEY CITY,UT 84120 | | 1000 | |
| COMM TO ELECT KATHLEEN SIMS | PO BOX 399<br>COEUR DALENE,ID 83816 | | 250 | |
| COMM TO ELECT KELLEY PACKER | PO BOX 147<br>MCCAMMON,ID 83250 | | 800 | |
| COMM TO ELECT KERRY GIBSON | 5454 W 1150 S<br>OGDEN,UT 84404 | | 300 | |
| COMM TO ELECT LANCE W CLOW | 2170 BITTERROOT DR<br>TWIN FALLS,ID 83301 | | 500 | |
| COMM TO ELECT LAWRENCE WASDEN | 811 HEARTLAND DR<br>NAMPA,ID 83686 | | 1000 | |

**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 LEE HEIDER | 1631 RICHMOND DR<br>TWIN FALLS,ID 83301 | | 1000 | |
| COMM TO ELECT LINDEN B BATEMAN | 170 E 23RD ST<br>IDAHO FALLS,ID 83404 | | 500 | |
| COMM TO ELECT LORI DENHARTOG | PO BOX 267<br>MERIDIAN,ID 83680 | | 500 | |
| COMM TO ELECT LUKE MALEK | 721 N 8TH ST<br>COEUR DALENE,ID 83814 | | 800 | |
| COMM TO ELECT MARC GIBBS | 632 HWY 34<br>GRACE,ID 83241 | | 500 | |
| COMM TO ELECT MARK NYE | 173 S 15TH AVE<br>POCATELLO,ID 83201 | | 500 | |
| COMM TO ELECT MARV HAGEDORN | 5285 W RIDGESIDE ST<br>MERIDAN,ID 83646 | | 500 | |
| COMM TO ELECT MATHEW ERPELDING | 2519 W IDAHO ST<br>BOISE,ID 83702 | | 500 | |
| COMM TO ELECT MAXINE T BELL | 194 SO 300 E<br>JEROME,ID 83338 | | 500 | |
| COMM TO ELECT MEL BROWN | PO BOX 697<br>COALVILLE,UT 84017 | | 1000 | |
| COMM TO ELECT MERRILL BEYELER | 4861 LEMHI RD BOX 62<br>LEADORE,ID 83464 | | 2500 | |
| COMM TO ELECT MIKE MOYLE | 480 N PLUMMER RD<br>STAR,ID 83669 | | 1000 | |
| COMM TO ELECT NEIL A ANDERSON | 71 S 700 W<br>BLACKFOOT,ID 83221 | | 500 | |
| COMM TO ELECT PATRICK MCDONALD | 13359 W ANNABROOK DR<br>BOISE,ID 83713 | | 500 | |
| COMM TO ELECT PATTI ANNE LODGE | 18500 SYMMS RD<br>CALDWELL,ID 83607 | | 1000 | |
| COMM TO ELECT PAUL E SHEPHERD | PO BOX 277<br>RIGGINS,ID 83549 | | 500 | |
| COMM TO ELECT PAUL ROMRELL | 512 PARK ST<br>SAINT ANTHONY,ID 83445 | | 500 | |
| COMM TO ELECT PAULETTE JORDAN | 945 Q ST<br>PLUMMER,ID 83851 | | 250 | |
| COMM TO ELECT PHYLIS K KING | 2107 PALOUSE<br>BOISE,ID 83705 | | 500 | |
| COMM TO ELECT REBECCA CHAVEZ-HOUCK | 643 E 16TH AVE<br>SLC,UT 84103 | | 1000 | |
| COMM TO ELECT REED DEMORDAUNT | 1017 S ARBOR ISLAND WAY<br>EAGLE,ID 83616 | | 500 | |
| COMM TO ELECT RICH WILLS | BOX 602<br>GLENNS FERRY,ID 83623 | | 500 | |
| COMM TO ELECT RICK D YOUNGBLOOD | 12612 SMITH AVE<br>NAMPA,ID 83651 | | 800 | |
| COMM TO ELECT ROBERT ANDERST | 7401 E GREY LAG DR<br>NAMPA,ID 83687 | | 800 | |
| COMM TO ELECT ROBERT SPENDLOVE | 8491 TREASURE MOUNTAIN DR<br>SANDY,UT 84093 | | 500 | |
| COMM TO ELECT RON CRANE | PO BOX 865<br>NAMPA,ID 83653 | | 500 | |
| COMM TO ELECT RONALD M NATE | 2139 FERRIS LN<br>REXBURG,ID 83440 | | 500 | |
| COMM TO ELECT ROY LACEY | 13774 W TRAIL CREEK RD<br>POCATELLO,ID 83204 | | 500 | |
| COMM TO ELECT RYAN KERBY | 5470 HIGHWY 52<br>NEW PLYMOUTH,ID 83655 | | 500 | |
| COMM TO ELECT SANDRA HOLLINS | 518 N 800 W<br>SLC,UT 84116 | | 500 | |

**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 SCOTT BEDKE | PO BOX 89<br>OAKLEY,ID 83346 | | 1000 | |
| COMM TO ELECT SHAWN A KEOUGH | PO BOX 101<br>SANDPOINT,ID 83864 | | 500 | |
| COMM TO ELECT STEPHEN HARTGEN | 1681 WILDFLOWER LN<br>TWIN FALLS,ID 83301 | | 500 | |
| COMM TO ELECT STEVE VICK | 2140 E HANLEY DR<br>DALTON GARDENS,ID 83815 | | 250 | |
| COMM TO ELECT SUE CHEW | 1304 LINCOLN AVE<br>BOISE,ID 83706 | | 500 | |
| COMM TO ELECT TERRY F GESTRIN | PO BOX 399<br>DONNELLY,ID 83615 | | 500 | |
| COMM TO ELECT THOMAS E DAYLEY | 4892 S WILLANDRA WY<br>BOISE,ID 83709 | | 500 | |
| COMM TO ELECT THYRA K STEVENSON | 308 N PROSPECT BLVD<br>LEWISTON,ID 83501 | | 250 | |
| COMM TO ELECT TODD LAKEY | 34 S BINGHAM ST<br>NAMPA,ID 83651 | | 800 | |
| COMM TO ELECT TOM LOERTSCHER | 1357 BONE RD<br>IONA,ID 83427 | | 500 | |
| COMM TO ELECT WAYNE NIEDERHAUSER | 3182 E GRANITE WOODS LN<br>SANDY,UT 84092 | | 5000 | |
| COMM TO ELECT WENDY HORMAN | 1860 HEATHER CIR<br>IDAHO FALLS,ID 83406 | | 500 | |
| CURT ODA CAMPAIGN ACCOUNT | PO BOX 824<br>CLEARFIELD,UT 84089 | | 1000 | |
| ELECT SABRINA PETERSON | 4646 HOLLY LN<br>HOLLADAY,UT 84117 | | 500 | |
| EVAN VICKERS CAMPAIGN | 2166 N COBBLE CREEK DR<br>CEDAR CITY,UT 84721 | | 1000 | |
| FRANCIS GIBSON CAMPAIGN | 208 S 680 W<br>MAPLETON,UT 84664 | | 1000 | |
| FRIENDS OF ANN MILLNER | 4287 HARRISON BLVD NO 313<br>OGDEN,UT 84403 | | 3000 | |
| FRIENDS OF DAN MCCAY | 3364 KOLLMAN WAY<br>RIVERTON,UT 84065 | | 1000 | |
| FRIENDS OF JOHN KNOTWELL | 5328 W SHOOTERS RIDGE CIR<br>HERRIMAN,UT 84096 | | 1000 | |
| GOVERNORS LEADERSHIP POLITICAL ACTION COMM | 5842 FONTAINE BLEU CIR<br>SLC,UT 84121 | | 10000 | |
| HOWARD STEPHENSON CAMPAIGN | 1038 E 13590 S<br>DRAPER,UT 84020 | | 1000 | |
| JAMES DUNNIGAN CAMPAIGN | 3105 W 5400 S 6<br>SLC,UT 84129 | | 4000 | |
| JERRY STEVENSON CAMPAIGN ACCOUNT | 466 S 1700 W<br>LAYTON,UT 84041 | | 500 | |
| JON STANARD FOR UTAH HOUSE | PO BOX 910772<br>ST GEORGE,UT 84799 | | 500 | |
| NEIGHBORS TO ELECT KEVIN STRATTON | 1313 E 800 N<br>OREM,UT 84097 | | 500 | |
| NORMAN THURSTON COMM TO ELECT | 965 E CENTER ST<br>PROVO,UT 84606 | | 500 | |
| PETER KNUDSON FOR STATE SENATE | 1209 MICHELLE DRIVE<br>BRIGHAM CITY,UT 84302 | | 1000 | |
| ROBERT SPENDLOVE | 8491 TREASURE MOUNTAIN DR<br>SANDY,UT 84093 | | 1000 | |
| SEAN REYES FOR ATTORNEY GENERAL | 10 W BRDWY STE 500<br>SLC,UT 84101 | | 1000 | |
| SENDEMPAC | 1150 S 1400 E<br>SLC,UT 84105 | | 1000 | |

**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- |
|---|---|---|---|---|
| SPEAKERS VICTORY FUND | 1413 S 1700 E<br>PROVO,UT 84607 | | 5000 | |
| THE COMM TO ELECT GENE DAVIS | 865 PARKWY AVE<br>SLC,UT 84106 | | 1000 | |
| UHA UTAH HOSPITALS HEALTH SYSTEMS | 2180 S 1300 E STE 440<br>SLC,UT 84106 | | 1000 | |
| UTAH HOUSE REPUBLICAN ELECTION COMM | 1420 BLAINE AVE<br>SLC,UT 84105 | | 1000 | |
| UTAH HOUSE REPUBLICAN PARTY | 117 E S TEMPLE<br>SLC,UT 84111 | | 2500 | |
| UTAH REPUBLICAN HOUSE ELECTION COMM | 1423 WHISPERING MEADOW LN<br>KAYSVILLE,UT 84037 | 870189040 | 1500 | |
| UTAH REPUBLICAN PARTY | 117 E S TEMPLE<br>SLC,UT 84111 | | 500 | |
| UTAH REPUBLICAN SENATE CAMPAIGN COMM | 1584 LOCUST LN<br>PROVO,UT 84604 | | 3000 | |
| UTAH STATE DEMOCRATIC PARTY | 825 N 300 W STE C400<br>SLC,UT 84103 | 870256343 | 1000 | |
| UTAH STATE DEMOCRATIC COMM | 825 N 300 W STE C400<br>SLC,UT 84103 | 870256343 | 2800 | |
| WASATCH LEGISLATIVE PAC | 3428 HARRISON WOOD DR<br>WEST VALLEY CITY,UT 84119 | | 2000 | |
| WASHINGTON COUNTY REPUBLICAN CENTRAL COMM | PO BOX 1508<br>ST GEORGE,UT 84771 | | 300 | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314028965

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

OMB No 1545-0047

**2014**

**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 value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

## Part V Endowment Funds. Complete if the organization answered "Yes" 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 | 6,559,766 | 19,458,510 |
| c Leasehold improvements | | 2,936,451 | 503,999 | 2,432,452 |
| d Equipment | | 45,794,317 | 35,699,159 | 10,095,158 |
| e Other | | 1,087,195 | | 1,087,195 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 33,073,315 |

**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 |
|---|---|---|
| | | |
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| | | |
| | | |
| **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 |
|---|---|
| | |
| | |
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| | |
| **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 | 17,130,769 |
| RESERVES & INCENTIVES | 167,189,421 |
| INVESTMENT PURCHASES PAYABLE | 27,013,352 |
| HEALTH BENEFIT LIABILITY | 235,059,651 |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 446,393,193 |

**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 | 1,749,722,233 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,746,689 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | -1,049,720 | | |
| e | Add lines **2a** through **2d** | | | 2e | 4,696,969 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,745,025,264 |
| 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 | -3,180 | | |
| c | Add lines **4a** and **4b** | | | 4c | -3,180 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 1,745,022,084 |

**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 | 1,951,407,423 |
| 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 | 3,180 | | |
| e | Add lines **2a** through **2d** | | | 2e | 3,180 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,951,404,243 |
| 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 | 1,049,720 | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,049,720 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 1,952,453,963 |

**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 (1,049,720) |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | LOSS ON SALE OF A FIXED ASSET (3180) |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | LOSS ON SALE OF A FIXED ASSET 3180 |
| 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

**2014**

**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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 9

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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 Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| SLC BIKE SHARE175 EAST 400 SOUTH STE 600 SALT LAKE CITY,UT 84111 | 45-3547978 | 501(C)(3) | 150,000 | | | | COMMUNITY HEALTH IMPROVEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| FITONE300 W MAIN ST<br>STE 100<br>BOISE,ID 83702 | 82-0161600 | 501(C)(3) | 25,000 | | | | COMMUNITY HEALTH IMPROVEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 CHAMBER175 EAST 400 SOUTH STE 600 SALT LAKE CITY,UT 84111 | 87-0121901 | 501(C)(6) | 20,000 | | | | HEALTH PROMOTION AND WELLNESS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 COUNTY8030 SOUTH 1825 WEST WEST JORDAN,UT 84088 | 87-6000316 | GOV | 20,000 | | | | COMMUNITY HEALTH IMPROVEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 HEALTH SYSTEM<br>190 E BANNOCK ST<br>BOISE,ID 83712 | 81-0600973 | 501(C)(3) | 18,000 | | | | COMMUNITY HEALTH IMPROVEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 SUMMER GAMES351 W UNIVERSITY BLVD CEDAR CITY,UT 84720 | 87-0431148 | 501(C)(3) | 15,000 | | | | HEALTH PROMOTION AND WELLNESS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 INC36 SOUTH STATE ST STE 2200 SALT LAKE CITY,UT 84111 | 80-0225150 | 501(C)(3) | 15,000 | | | | COMMUNITY HEALTH IMPROVEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 GOVERNOR'S CUP<br>PO BOX 982<br>BOISE,ID 83701 | 20-8277116 | 501(C)(3) | 14,600 | | | | HEALTH PROMOTION AND WELLNESS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 |
|---|---|---|---|---|---|---|---|
| AMERICAN HEART ASSOCIATION1937 SOUTH 300 WEST SALT LAKE CITY,UT 84115 | 13-5613797 | 501(C)(3) | 12,500 | | | | HEALTH PROMOTION AND WELLNESS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(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 SENIOR GAMES<br>5240 FAIRVIEW AVENUE<br>BOISE,ID 83706 | 82-0452442 | 501(C)(3) | 7,000 | | | | HEALTH PROMOTION AND WELLNESS |

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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.**

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

OMB No 1545-0047

**2014**

**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** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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, 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 " |
| PART I, LINE 4B | THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS (457(F)) FROM EITHER THE FILING OR A RELATED ORGANIZATION - STEPHEN L BARLOW $85,032 - CHARLES W SORENSON JR MD $163,690 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 2014 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 INDIVIDUALS RECEIVED A SUPPLEMENTAL EMPLOYER RETIREMENT PAYMENT IN 2014 - CHARLES W SORENSON JR MD $84,408 - ALBERT R ZIMMERLI $3,089,640 THE 2014 SUPPLEMENTAL EMPLOYER RETIREMENT AND 457(F) PAYMENTS REPORTED ABOVE ARE INCLUDED IN THE PART II, COLUMN (B) TOTALS |

## 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 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 in column (B) reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **1** MARK R BRIESACHER MD, TRUSTEE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 286,211 | 57,245 | 48,849 | 207,128 | 23,992 | 623,425 | 48,410 |
| **1** PATRICIA R RICHARDS, TRUSTEE / PRES / CEO | (I) | 483,228 | 237,852 | 26,328 | 400,342 | 19,388 | 1,167,138 | 212,382 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **2** CHARLES W SORENSON JR MD, TRUSTEE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 972,622 | 591,342 | 333,078 | 764,127 | 39,954 | 2,701,123 | 644,137 |
| **3** ALBERT R ZIMMERLI, TRUSTEE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 829,136 | 482,178 | 3,123,832 | 647,103 | 31,859 | 5,114,108 | 3,544,742 |
| **4** STEPHEN L BARLOW, VICE PRES / CHIEF MED OFF | (I) | 171,787 | 94,912 | 99,165 | 361,440 | 20,608 | 747,912 | 161,129 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **5** MARK A BROWN, VP / CFO / TREAS | (I) | 247,718 | 76,721 | 12,755 | 119,061 | 21,212 | 477,467 | 61,266 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **6** JERRY R EDGINGTON, VICE PRESIDENT | (I) | 268,248 | 84,866 | 15,041 | 203,445 | 22,920 | 594,520 | 67,501 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **7** GREG MATIS, SECRETARY | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 320,978 | 100,623 | 8,367 | 135,694 | 6,300 | 571,962 | 80,210 |
| **8** ROBERT WHITE, VICE PRES / COO | (I) | 231,962 | 72,039 | 10,815 | 129,581 | 22,362 | 466,759 | 57,528 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **9** J MURPHY WINFIELD, VICE PRES / CMO | (I) | 262,754 | 80,247 | 14,616 | 167,024 | 19,411 | 544,052 | 65,655 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **10** H ERIC CANNON, CHIEF PHARM SVCS | (I) | 193,257 | 49,842 | 9,374 | 90,709 | 6,054 | 349,236 | 38,871 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **11** BRENT HESS, MEDICARE SALES MGR | (I) | 107,499 | 157,328 | 2,283 | 17,912 | 5,441 | 290,463 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **12** KENNETH SCHAECHER, MEDICAL DIRECTOR | (I) | 188,481 | 52,789 | 37,689 | 115,348 | 3,661 | 397,968 | 42,840 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **13** SCOTT SCHNEIDER, COMM SALES VP | (I) | 198,004 | 49,292 | 9,766 | 86,951 | 2,876 | 346,889 | 37,440 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **14** DOROTHY VERBRUGGE, MEDICAL DIRECTOR | (I) | 191,442 | 53,272 | 18,904 | 76,881 | 4,275 | 344,774 | 41,546 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314028965 |
|---|---|---|

**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 990-EZ 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

**2014**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| SELECTHEALTH INC | 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 CUSTOMERS, AND TO PROVIDE SUPERIOR SERVICE. |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART III, LINE 4A | THE COMPANY'S COMMITMENT TO UNDERSERVED COMMUNITIES IS SUPPORTED BY THE OFFERING OF MEDICARE ADVANTAGE PLANS IN UTAH AND IDAHO AS WELL AS A MANAGED MEDICAID PLAN IN UTAH BEGINNING IN 2014, THE COMPANY OFFERED PLANS IN THE NEWLY ESTABLISHED ACA MARKETPLACES IN UTAH AND IDAHO THE COMMUNITIES SELECTHEALTH SERVES ALSO BENEFIT FROM A VARIETY OF SPONSORED HEALTH AND WELLNESS ACTIVITIES, INCLUDING ONLINE AND WORK-SITE HEALTH PROGRAMS, HEALTH FAIRS AND FLU SHOT CLINICS IN 2014, SELECTHEALTH RECOGNIZED A NEED TO OFFER HEALTHCARE REFORM EDUCATION BY CONDUCTING COMMUNITY FORUMS IN LOCATIONS THROUGHOUT UTAH AND IDAHO ADDITIONALLY, IN RESPONSE TO AN INCREASE IN THE PERCENTAGE OF OVERWEIGHT OR OBESE CHILDREN, SELECTHEALTH DEVELOPED STEP EXPRESS, A COMMUNITY OUTREACH PROGRAM TO HELP CHILDREN WORK TOWARD A HEALTHIER LIFESTYLE THROUGH CLASSROOM LESSON PLANS, PHYSICAL ACTIVITY AND A FITNESS CHALLENGE SELECTHEALTH ALSO SPONSORED FITONE, A PROGRAM THAT BENEFITS ST LUKE'S CHILDREN'S HOSPITAL IN BOISE, IDAHO AND INCLUDES AN EXPO EVENT AND RACE SELECTHEALTH RECOGNIZED 25 UTAH ORGANIZATIONS THAT SUPPORT HEALTH IMPROVEMENT OR SERVE SPECIAL POPULATIONS THROUGH ITS SELECT 25 PROGRAM EACH SELECT 25 RECIPIENT RECEIVED AN AWARD TO USE TOWARD MAKING A HEALTHY DIFFERENCE IN THEIR COMMUNITIES AWARD WINNERS REPRESENTED A WIDE VARIETY OF CAUSES, INCLUDING 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 ALSO PARTICIPATED IN WELLNESS AND TRANSPORTATION INITIATIVES SUCH AS SALT LAKE CITY'S DOWNTOWN FARMERS MARKET AND THE BIKE SHARE PROGRAM KNOWN AS GREENBIKE PARTICIPATION IN THESE COMMUNITY OUTREACH EVENTS IS GUIDED BY SELECTHEALTH'S COMMUNITY BENEFIT AND CONTRIBUTIONS POLICY CONSISTENT WITH SELECTHEALTH'S MISSION OF HEALTH AND SERVICE, THIS POLICY AIMS TO SUPPORT ORGANIZATIONS AND INITIATIVES THAT FURTHER HEALTH IMPROVEMENT, EDUCATION AND ECONOMIC DEVELOPMENT |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, SECTION A, LINE 2 | ALBERT R ZIMMERLI / ANDREA P WOLCOTT / BARBARA J RAY / CHARLES W SORENSON JR, MD / DANIEL G GOMEZ / EDWARD G KLEYN / KEVEN J JENSEN / MARK R BRIESACHER, MD / MICHAEL M SMITH / PATRICIA R RICHARDS / SCOTT D SPERRY / DOUGLAS C BLACK / J MURPHY WINFIELD / ROBERT L WHITE / GREG J MATIS / MARK A BROWN / MARY BRAINERD / STEPHEN L BARLOW / SPENCER P ECCLES / JERRY EDGINGTON- BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, A TAXABLE ORGANIZATION THAT IS WHOLLY OWNED BY THE FILING ORGANIZATION ) 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 BOARD OF TRUSTEES DELEGATED THE INITIAL DETAILED REVIEW OF THE FORM 990 TO THE AUDIT AND COMPLIANCE COMMITTEE. DRAFT COPIES OF THE RETURN WERE PROVIDED TO THE COMMITTEE IN ADVANCE OF ITS OCTOBER MEETING. THE RETURN WAS DISCUSSED AND QUESTIONS WERE ANSWERED DURING THAT MEETING. PRIOR TO FILING WITH THE IRS, A COPY OF THE FINAL RETURN WAS PROVIDED TO EACH BOARD MEMBER |

| 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 ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED 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 -6,600,000 |

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

OMB No 1545-0047

**2014**

**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<br>5381 GREEN STREET<br>MURRAY, UT 84123<br>87-0666736 | INSURANCE | UT | 0 | 7,043 | SELECTHEALTH INC |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| **(1)** INTERMOUNTAIN HEALTH CARE INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>87-0269232 | HOLDING CO | UT | 501(C)(3) | LINE 11B, II | N/A | | No |
| **(2)** IHC HEALTH SERVICES INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>94-2854057 | HOSPITAL | UT | 501(C)(3) | LINE 3 | INTERMOUNTAIN HEALTH CARE INC | | No |
| **(3)** INTERMOUNTAIN HEALTHCARE FOUNDATION INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>80-0225150 | COMMUNITY HEALTH | UT | 501(C)(3) | LINE 7 | IHC HEALTH SERVICES INC | | No |
| **(4)** INTERMOUNTAIN HEALTH CARE RETIREE VEBA<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>74-2675605 | RETIREMENT BENEFITS | UT | 501(C)(9) | | INTERMOUNTAIN HEALTH CARE INC | | No |
| **(5)** INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>94-2853320 | COMMUNITY HEALTH | UT | 501(C)(3) | LINE 11B, II | INTERMOUNTAIN HEALTH CARE INC | | No |
| **(6)** HEART & LUNG RESEARCH FOUNDATION<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>87-0617606 | COMMUNITY HEALTH | UT | 501(C)(3) | LINE 7 | INTERMOUNTAIN HEALTHCARE FOUNDATION INC | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** MCKAY-DEE SURGICAL CENTER LLC<br><br>4401 HARRISON BLVD<br>OGDEN, UT 84120<br>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) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** SELECTHEALTH BENEFIT ASSURANCE COMPANY INC<br><br>5381 GREEN STREET<br>MURRAY, UT 84123<br>87-0497549 | INSURANCE | UT | SELECTHEALTH | C | 1,603,276 | 21,868,666 | 100 000 % | Yes | |
| **(2)** HEALTHCARE CAPTIVE INSURANCE COMPANY<br><br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>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 | Yes | |
| **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 | 5,733,952 | CASH |
| **(2)** SELECTHEALTH BENEFIT ASSURANCE COMPANY | Q | 288,460 | CASH |
| **(3)** SELECTHEALTH BENEFIT ASSURANCE COMPANY | L | 1,515,960 | 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 | (g) No |
|---|---|---|---|---|---|---|---|
| (1) INTERMOUNTAIN HEALTH CARE INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>87-0269232 | HOLDING CO | UT | 501(C)(3) | LINE 11B, II | N/A | | No |
| (1) IHC HEALTH SERVICES INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>94-2854057 | HOSPITAL | UT | 501(C)(3) | LINE 3 | INTERMOUNTAIN HEALTH CARE INC | | No |
| (2) INTERMOUNTAIN HEALTHCARE FOUNDATION INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>80-0225150 | COMMUNITY HEALTH | UT | 501(C)(3) | LINE 7 | IHC HEALTH SERVICES INC | | No |
| (3) INTERMOUNTAIN HEALTH CARE RETIREE VEBA<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>74-2675605 | RETIREMENT BENEFITS | UT | 501(C)(9) | | INTERMOUNTAIN HEALTH CARE INC | | No |
| (4) INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>94-2853320 | COMMUNITY HEALTH | UT | 501(C)(3) | LINE 11B, II | INTERMOUNTAIN HEALTH CARE INC | | No |
| (5) HEART & LUNG RESEARCH FOUNDATION<br>36 SOUTH STATE SUITE 2200<br>SALT LAKE CITY, UT 84111<br>87-0617606 | COMMUNITY HEALTH | UT | 501(C)(3) | LINE 7 | INTERMOUNTAIN HEALTHCARE FOUNDATION INC | | No |