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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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) 442-5000

G Gross receipts $ 2,998,739,028

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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,654
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)	1,687,916,904	2,188,552,064
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,905,185	26,271,910
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,199,995	4,294,970
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,745,022,084	2,219,118,944
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	384,600	551,458
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)	96,805,689	110,709,246
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)	1,855,263,674	2,247,492,421
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,952,453,963	2,358,753,125
19	Revenue less expenses Subtract line 18 from line 12	-207,431,879	-139,634,181

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	786,574,634	945,086,428
21	Total liabilities (Part X, line 26)	545,287,156	624,769,936
22	Net assets or fund balances Subtract line 21 from line 20	241,287,478	320,316,492

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: 2016-11-07

VICE PRESIDENT CFO TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EVA NITTA	EVA NITTA			P01286320

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

Firm's address ▶ 560 MISSION ST 1600
SAN FRANCISCO, CA 94105

Phone no (415) 894-8000

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 $ 2,347,838,708 including grants of $ 551,458) (Revenue $ 2,192,847,034)

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 ▶** 2,347,838,708

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	10,315		
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	1,654		
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	14		
	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	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								4,687,273	4,542,315	3,801,360

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 ▶ 106

			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 125 E IDAHO ST 300 BOISE, ID 83712	MEDICAL SERVICES	103,957,681
UNIVERSITY OF UTAH HOSPITAL 201 S PRESIDENTS CIRCLE STE 145 SLC, UT 84112	MEDICAL SERVICES	71,664,567
MOUNTAIN WEST ANESTHESIA LLC PO BOX 3570 SALT LAKE CITY, UT 84110	MEDICAL SERVICES	36,672,415
REVERE HEALTHCARE 250 N FAIRGROUNDS RD PRICE, UT 84501	MEDICAL SERVICES	35,947,830
ST LUKES JEROME PO BOX 587 TWIN FALLS, ID 83303	MEDICAL SERVICES	30,758,756
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 ▶ 975		

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	2,135,057,823	2,135,057,823		
	b	ADMINISTRATION FEES 524292	53,494,241	53,494,241		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a-2f . . . . . ▶	2,188,552,064			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	11,618,656			11,618,656
	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: 794,273,338				
	b	Less cost or other basis and sales expenses: 779,592,456 / 27,628				
	c	Gain or (loss): 14,680,882 / -27,628				
	d	Net gain or (loss) . . . . . ▶	14,653,254			14,653,254
	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	4,294,970	4,294,970		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a-11d . . . . . ▶	4,294,970			
	12	**Total revenue.** See Instructions . . . . . ▶	2,219,118,944	2,192,847,034	0	26,271,910

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	551,458	551,458		
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	4,753,271		4,753,271	
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	79,673,277	79,122,167	551,110	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,323,944	3,314,727	9,217	
9 Other employee benefits	17,016,652	16,370,612	646,040	
10 Payroll taxes	5,942,102	5,789,955	152,147	
11 Fees for services (non-employees)				
a Management	13,740,989	9,856,983	3,884,006	
b Legal	8,629	8,629		
c Accounting	751,575	751,575		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,005,762	1,005,708	54	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,158,271	18,154,594	3,677	
12 Advertising and promotion	6,382,444	6,325,390	57,054	
13 Office expenses	16,332,467	16,314,796	17,671	
14 Information technology	1,913,029	1,912,678	351	
15 Royalties				
16 Occupancy	10,402,751	10,402,751		
17 Travel	164,012	163,485	527	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,196,744	1,106,465	90,279	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,523,349	6,523,349		
23 Insurance	476,458		476,458	
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	2,061,199,673	2,061,199,673	0	
b COMMISSIONS	63,795,169	63,795,169	0	
c FEDERAL PROGRAM FEES	41,798,617	41,798,617	0	
d BAD DEBTS	1,198,108	1,198,108	0	
e All other expenses	2,444,374	2,171,819	272,555	
25 **Total functional expenses.** Add lines 1 through 24e	2,358,753,125	2,347,838,708	10,914,417	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		42,722	1	26,415
	2	Savings and temporary cash investments		67,338,452	2	237,066,070
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		112,413,154	4	155,588,750
	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		4,338,348	9	5,106,099
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 79,885,636			
	b	Less accumulated depreciation	10b 49,257,350	33,073,315	10c	30,628,286
	11	Investments—publicly traded securities		559,616,034	11	494,605,058
	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		7,502,484	15	19,815,625
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		786,574,634	16	945,086,428
Liabilities	17	Accounts payable and accrued expenses		59,644,075	17	60,511,623
	18	Grants payable			18	
	19	Deferred revenue		39,249,888	19	47,641,791
	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		446,393,193	25	516,616,522
	26	**Total liabilities.** Add lines 17 through 25		545,287,156	26	624,769,936
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		241,287,478	27	320,316,492
	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		241,287,478	33	320,316,492
	34	Total liabilities and net assets/fund balances		786,574,634	34	945,086,428

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	2,219,118,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,358,753,125
3	Revenue less expenses Subtract line 2 from line 1	3	-139,634,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	241,287,478
5	Net unrealized gains (losses) on investments	5	-31,336,805
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	250,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	320,316,492

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		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
DOUGLAS C BLACK TRUSTEE / CHAIR	3 00 7 00	X		X				106	1,200	0
MARY K BRAINERD TRUSTEE	1 00 1 00	X						0	0	0
MARK R BRIESACHER MD TRUSTEE	1 00 54 00	X						0	447,026	146,881
SPENCER P ECCLES TRUSTEE	1 00 1 00	X						0	0	0
DANIEL G GOMEZ TRUSTEE / VICE CHAIR	3 00 6 00	X		X				330	1,791	0
KEVEN J JENSEN TRUSTEE	1 00 1 00	X						0	330	0
LEEANNE LINDERMAN TRUSTEE	1 00 1 00	X						0	363	0
BARBARA J RAY TRUSTEE / SECRETARY	3 00 3 00	X		X				0	0	0
PATRICIA R RICHARDS TRUSTEE / PRES / CEO	50 00 3 00	X		X				1,101,315	0	328,447
MICHAEL M SMITH TRUSTEE	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
CHARLES W SORENSON JR MD TRUSTEE	1 00 60 00	X						0	1,955,437	804,26
SCOTT D SPERRY TRUSTEE	1 00 1 00	X						0	0	
ANDREA P WOLCOTT TRUSTEE	1 00 1 00	X						0	0	
ALBERT R ZIMMERLI TRUSTEE	1 00 60 00	X						0	1,618,383	674,80
STEPHEN L BARLOW VICE PRES / CHIEF MED OFF	50 00 3 00			X				462,331	72,473	349,58
MARK A BROWN VP / CFO / TREASURER	50 00 3 00			X				341,237	0	141,70
JERRY R EDGINGTON VICE PRESIDENT	50 00 3 00			X				381,748	0	226,94
GREG J MATIS SECRETARY	50 00 6 00			X				0	445,312	155,37
KRISTIN R MCCULLAGH SECRETARY	50 00 3 00			X				290,158	0	117,62
ROBERT L WHITE VICE PRES / COO	50 00 3 00			X				336,169	0	159,67

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

(A) Name and Title	(B) Average hours per week (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			
J MURPHY WINFIELD VICE PRES / CMO	50 00 3 00			X				371,547	0	146,57
H ERIC CANNON CHIEF PHARM SVCS	50 00 0 00					X		261,199	0	114,15
MARK RICHARDSON MEDICARE DIRECTOR	50 00 0 00					X		255,674	0	100,80
KENNETH SCHAECHER MEDICAL DIRECTOR	50 00 0 00					X		300,161	0	138,83
SCOTT SCHNEIDER COMM SALES VP	50 00 0 00					X		301,608	0	102,39
DOROTHY VERBRUGGE MEDICAL DIRECTOR	50 00 0 00					X		283,690	0	93,29

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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

2015

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

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

Name of 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 ▶	$ 76,285
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 ▶	$ 76,285
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶	$ 76,285
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-
1		See Additional Data Table			
2					
3					
4					
5					
6					

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		

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

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-		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
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

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 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-
UTAH REPUBLICAN PARTY	117 E SOUTH TEMPLE SLC,UT 84111		7600	
SENDEMPAC	865 PARKWAY AVE SLC,UT 84106		1500	
UTAH HOUSE REPUBLICAN ELECTION COMMITTEE	4267 S BIRKHILL BLVD SLC,UT 84107		3500	
IDAHO INAUGURATION CELEBRATION	PO BOX 1406 BOISE,ID 83701		5000	
UTAH STATE DEMOCRATIC PARTY	825 N 300 W STE C400 SLC,UT 84103		3825	
COMMITTEE TO ELECT BRAD DAW	842 E 280 S OREM,UT 84097		500	
DEIDRE HENDERSON FOR UTAH STATE SENATE	462 RIVERCROSS RD SPANISH FORK,UT 84660		500	
FRIENDS OF SOPHIA DICARO	7147 ANTELOPE RD WEST VALLEY CITY,UT 84128		500	
COMMITTEE TO ELECT BRIAN GREENE	1113 E MAHOGANY LN PLEASANT GROVE,UT 84062		500	
COMMITTEE TO ELECT JOHNNY ANDERSON	4289 S EL CAMINO ST TAYLORSVILLE,UT 84129		500	
COMMITTEE TO ELECT AL JACKSON	6108 NEW LONDON ST HIGHLAND,UT 84003		1000	
COMMITTEE TO ELECT CURT BRAMBLE	3663 N 870 E PROVO,UT 84604		1000	
JAMES DUNNIGAN CAMPAIGN	3105 W 5400 S 6 SLC,UT 84129		6000	
WASHINGTON COUNTY REPUBLICAN PARTY	PO BOX 1508 ST GEORGE,UT 84771		300	
COMMITTEE TO ELECT RICH CUNNINGHAM	2568 W HORSESHOE CIR SOUTH JORDAN,UT 84095		500	
JON STANARD FOR UTAH HOUSE	2236 E SLATE RIDGE DR ST GEORGE,UT 84790		500	
COMMITTEE FOR A DEMOCRATIC MAJORITY	1855 MICHIGAN AVE SLC,UT 84108		1000	
COMMITTEE TO ELECT GENE DAVIS	865 PARKWAY AVE SLC,UT 84106		1000	
THE COMMITTEE TO ELECT FRED WOOD	PO BOX 1207 BURLEY,ID 83318		1000	
COMMITTEE TO ELECT KAREN MAYNE	5044 BANNOCK CIR WEST VALLEY,UT 84120		1060	
UTAH REPUBLICAN SENATE CAMPAIGN COMMITTEE	1584 N LOCUST LN PROVO,UT 84604		4000	
UTAH REPUBLICAN HOUSE ELECTION COMMITTEE	1423 WHISPERING MEADOW LN KAYSVILLE,UT 84037		1500	
COMMITTEE TO ELECT STEVE FAIRBANKS	1205 EDENBROOK DR SANDY,UT 84094		300	
COMMITTEE TO ELECT GRANT BURGOYNE	2203 MOUNTAIN VIEW DR BOISE,ID 83706		500	
ESCAMILLA FOR SENATE	1004 N MORTON DR SLC,UT 84116		700	
HUGHES LEADERSHIP PAC	472 MIDLAKE DR DRAPER,UT 84020		5000	
UTAH ASSOCIATION OF COUNTIES	5397 S VINE ST SLC,UT 84107		5000	
COMMITTEE TO ELECT BRUCE CUTLER	6051 MOHICAN CIR MURRAY,UT 84123		250	
NORTHERN UTAH LEADERSHIP PAC	379 N 650 E BOUNTIFUL,UT 84010		500	
COMMITTEE TO ELECT STEVE ELIASON	8157 S GRAMBLING WY SANDY,UT 84094		500	

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

(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-
COMMITTEE TO ELECT ROBERT SPENDLOVE	8491 TREASURE MOUNTAIN DR SANDY,UT 84094		500	
MAT ERPELDING	PO BOX 1697 BOISE,ID 83702		500	
KEITH GROVER CAMPAIGN	1374 W 1940 N PROVO,UT 84604		500	
LUKE MALEK	PO BOX 1379 COEUR DALENE,ID 83814		500	
LAKEY FOR SENATE	34 S BINGHAM ST NAMPA,ID 83651		500	
YOUNGBLOOD FOR REP	12612 SMITH AVE NAMPA,ID 83651		500	
ANDERST FOR IDAHO	7401 E GREY LAG DR NAMPA,ID 83687		500	
KELLY ANTHON FOR SENATE	725 E 300 S BOISE,ID 83318		500	
COMMITTEE TO ELECT SOPHIA DICARO	7147 ANTELOPE RD WEST VALLEY CITY,UT 84128		500	
FRIENDS OF JOHN KNOTWELL	5328 W SHOOTERS RIDGE CIR HERRIMAN,UT 84096		750	
COMMITTEE TO ELECT CRAIG HALL	3428 HARRISONWOOD DR WEST VALLEY,UT 84119		1500	
JERRY STEVENSON CAMPAIGN ACCOUNT	466 S 1700 W LAYTON,UT 84041		1000	
HOUSE REPUBLICAN CAMPAIGN COMMITTEE	4267 S BIRKHILL BLVD SLC,UT 84107		1000	
COMMITTEE TO ELECT BRAD WILSON	1423 W WHISPERING MEADOW KAYSVILLE,UT 84037		1000	
COMMITTEE TO ELECT STUART ADAMS	3271 E 1875 N LAYTON,UT 84040		1000	
GOVERNOR'S LEADERSHIP POLITICAL ACTION COMMITTEE	5842 FONTAINE BLEU CIR SLC,UT 84121		10000	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a)Current year	(b)Prior year	b (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 on lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		26,018,276	7,829,537	18,188,739
c Leasehold improvements		3,138,461	949,174	2,189,287
d Equipment		46,676,285	40,478,639	6,197,646
e Other		4,052,614		4,052,614
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				30,628,286

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
PAYABLE TO AFFILIATES	14,329,663
RESERVES & INCENTIVES	164,854,441
INVESTMENT PURCHASES PAYABLE	37,954,452
HEALTH BENEFIT LIABILITY	299,477,966
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	516,616,522

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,213,981,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-4,164,139		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-1,001,182		
e	Add lines **2a** through **2d**			2e	-5,165,321
3	Subtract line **2e** from line **1**			3	2,219,146,572
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	-27,628		
c	Add lines **4a** and **4b**			4c	-27,628
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	2,219,118,944

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

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

1	Total expenses and losses per audited financial statements			1	2,357,779,571
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	27,628		
e	Add lines **2a** through **2d**			2e	27,628
3	Subtract line **2e** from line **1**			3	2,357,751,943
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	1,001,182		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	1,001,182
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,358,753,125

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 (1,001,182)

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON SALE OF A FIXED ASSET 27,628
FORM 990, SCHEDULE D, PART VI, LINE 1E	FIXED ASSET DETAIL AMOUNTS REFLECTED ON LINE 1E REPRESENT DEVELOPMENT OF INTERNAL USE SOFTWARE

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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," on 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

2015

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 . . . . . ▶ 10

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" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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 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 SHARE 175 E 400 S STE 600 SALT LAKE CITY,UT 84111	45-3547978	501(C)(3)	210,000				COMMUNITY HEALTH IMPROVEMENT
UTAH HEALTH POLICY PROJECT 1832 W RESEARCH WAY 60 SALT LAKE CITY,UT 84119	87-0684606	501(C)(3)	35,000				COMMUNITY HEALTH IMPROVEMENT
ST LUKE'S REGIONAL MEDICAL CENTER 190 E BANNOCK BOISE,ID 83712	82-0161600	501(C)(3)	34,000				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 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 INC 36 S STATE ST NO 2200 SALT LAKE CITY,UT 84111	80-0225150	501(C)(3)	23,000				COMMUNITY HEALTH IMPROVEMENT
ST LUKE'S HEALTH FOUNDATION LTD 190 E BANNOCK BOISE,ID 83712	81-0600973	501(C)(3)	16,500				COMMUNITY HEALTH IMPROVEMENT
DOWNTOWN ALLLIANCE INC 175 E 400 S STE 600 SALT LAKE CITY,UT 84111	87-0488670	501(C)(6)	15,300				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IDAHO GOVERNORS CUP PO BOX 7807 BOISE,ID 83707	20-8277116	501(C)(3)	15,000				HEALTH PROMOTION AND WELLNESS
UTAH COMMUNITY ACTION PARTNERSHIP ASSOC 230 S 500 W NO 260 SALT LAKE CITY,UT 84101	87-0509521	501(C)(3)	7,500				COMMUNITY HEALTH IMPROVEMENT
JANNUS INC 1607 W JEFFERSON ST BOISE,ID 83702	81-6035382	501(C)(3)	7,500				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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF UTAH INC 515 E 100 S NO 200 SALT LAKE CITY,UT 84102	87-0225875	501(C)(3)	6,128				COMMUNITY HEALTH IMPROVEMENT
IHC HEALTH SERVICES INC 36 S STATE ST NO 2200 SALT LAKE CITY,UT 84111	94-2854057	501(C)(3)	5,030				COMMUNITY HEALTH IMPROVEMENT

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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" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on 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
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 $243,502 - PATRICIA R RICHARDS $75,478 IHC HEALTH SERVICES, INC , A RELATED TAX-EXEMPT ORGANIZATION, OFFERS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION IN THE PLAN IS LIMITED TO EMPLOYEES DESIGNATED BY THE BOARD 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 2015 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 2015 - PATRICIA R RICHARDS $239,256 - CHARLES W SORENSON JR MD $241,675 - ALBERT R ZIMMERLI $124,856 THE 2015 SUPPLEMENTAL EMPLOYER RETIREMENT AND 457(F) PAYMENTS REPORTED ABOVE ARE INCLUDED IN THE PART II, COLUMN (B)(III) 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK R BRIESACHER MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	348,146	82,519	16,361	125,481	- 21,400	- 593,907	49,861
1PATRICIA R RICHARDS TRUSTEE / PRES / CEO	(I)	502,933	257,715	340,667	308,295	20,152	1,429,762	535,311
	(II)	0	0	0	0	- 0	- 0	0
CHARLES W SORENSON JR **2**MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	1,013,075	655,106	287,256	763,362	- 40,901	- 2,759,700	824,897
3ALBERT R ZIMMERLI TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	863,743	561,160	193,480	641,995	- 32,807	- 2,293,185	624,437
4STEPHEN L BARLOW VICE PRES / CHIEF MED OFF	(I)	95,218	106,982	260,131	328,029	19,761	810,121	81,806
	(II)	56,282	0	16,191	0	- 1,791	- 74,264	0
5MARK A BROWN VP / CFO / TREASURER	(I)	256,801	82,445	1,991	118,451	23,252	482,940	64,022
	(II)	0	0	0	0	- 0	- 0	0
6JERRY R EDGINGTON VICE PRESIDENT	(I)	278,931	90,186	12,631	206,609	20,338	608,695	70,034
	(II)	0	0	0	0	- 0	- 0	0
7GREG J MATISSECRETARY	(I)	0	0	0	0	0	0	0
	(II)	312,015	107,226	26,071	132,478	- 22,892	- 600,682	82,768
8KRISTIN R MCCULLAGH SECRETARY	(I)	212,514	67,989	9,655	98,100	19,525	407,783	41,592
	(II)	0	0	0	0	- 0	- 0	0
9ROBERT L WHITE VICE PRES / COO	(I)	246,201	78,992	10,976	135,422	24,254	495,845	60,403
	(II)	0	0	0	0	- 0	- 0	0
10J MURPHY WINFIELD VICE PRES / CMO	(I)	271,113	87,715	12,719	126,298	20,279	518,124	68,115
	(II)	0	0	0	0	- 0	- 0	0
11H ERIC CANNON CHIEF PHARM SVCS	(I)	199,601	52,205	9,393	91,509	22,646	375,354	40,227
	(II)	0	0	0	0	- 0	- 0	0
12MARK RICHARDSON MEDICARE DIRECTOR	(I)	201,413	52,613	1,648	80,116	20,687	356,477	40,231
	(II)	0	0	0	0	- 0	- 0	0
13KENNETH SCHAECHER MEDICAL DIRECTOR	(I)	207,193	53,609	39,359	121,349	17,487	438,997	44,387
	(II)	0	0	0	0	- 0	- 0	0
14SCOTT SCHNEIDER COMM SALES VP	(I)	225,525	66,036	10,047	92,983	9,414	404,005	51,480
	(II)	0	0	0	0	- 0	- 0	0
15DOROTHY VERBRUGGE MEDICAL DIRECTOR	(I)	211,285	53,390	19,015	79,613	13,684	376,987	43,048
	(II)	0	0	0	0	- 0	- 0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2015

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE AND BEING A MODEL HEALTH PLAN BY PROVIDING HIGH-VALUE HEALTH BENEFITS AND SUPERIOR SERVICE AT AN AFFORDABLE COST

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 2015, 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 / 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 K BRAINERD / STEPHEN L BARLOW / SPENCER P ECCLES / JERRY R EDGINGTON / LEEANNE LINDERMAN / KRISTIN R. MCCULLAGH- BUSINESS RELATIONSHIP (BOARD MEMBERS AND/OR OFFICERS OF SELECTHEALTH BENEFIT ASSURANCE COMPANY, INC , 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 TWO CORPORATE SUBSIDIARIES)

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 BYLAWS, 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, AND 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 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 OR CONFLICT OF INTEREST POLICY THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON THE NAIC WEBSITE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADDITIONAL PAID IN CAPITAL 250,000,000

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SELECTHEALTH INC

Employer identification number
87-0409820

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IHC INSURANCE AGENCY LLC 5381 GREEN STREET MURRAY, UT 84123 87-0666736	INSURANCE	UT	4,457	0	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 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0269232	HOLDING CO	UT	501(C)(3)	LINE 11B, II	N/A		No
(2) IHC HEALTH SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2854057	HOSPITAL	UT	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH CARE INC	Yes	
(3) INTERMOUNTAIN HEALTHCARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 80-0225150	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	IHC HEALTH SERVICES INC	Yes	
(4) INTERMOUNTAIN HEALTH CARE RETIREE VEBA 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 74-2675605	RETIREMENT BENEFITS	UT	501(C)(9)		INTERMOUNTAIN HEALTH CARE INC	Yes	
(5) INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 94-2853320	COMMUNITY HEALTH	UT	501(C)(3)	LINE 11B, II	INTERMOUNTAIN HEALTH CARE INC	Yes	
(6) HEART & LUNG RESEARCH FOUNDATION 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 87-0617606	COMMUNITY HEALTH	UT	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTHCARE FOUNDATION INC	Yes	

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 4401 HARRISON BLVD OGDEN, UT 84120 26-0286308	OUTPATIENT SURGERY	UT	N/A	N/A				No			No	
(2) HEART LUNG INSTITUTE LLC 5121 SOUTH COTTONWOOD STREET MURRAY, UT 84157	RESEARCH AND DEVELOPMENT	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 5381 GREEN STREET MURRAY, UT 84123 87-0497549	INSURANCE	UT	SELECTHEALTH	C	2,425,877	23,147,890	100 000 %	Yes	
(2) HEALTHCARE CAPTIVE INSURANCE COMPANY 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 20-1937561	INSURANCE	AZ	N/A	C				Yes	
(3) INTERMOUNTAIN SUPPLY SERVICES INC 36 SOUTH STATE SUITE 2200 SALT LAKE CITY, UT 84111 47-4576955	HOLDING COMPANY	DE	N/A	C				Yes	
(4) AMERINET INC TWO CITY PLACE DRIVE SUITE 400 ST LOUIS, MO 63141 43-1415071	GROUP PURCHASING	DE	N/A	C				Yes	

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

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

		Yes	No
1 During the tax year, did the 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	Yes	

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	2,588,744	COST
(2) SELECTHEALTH BENEFIT ASSURANCE COMPANY	Q	716,504	COST
(3) SELECTHEALTH BENEFIT ASSURANCE COMPANY	L	1,281,867	COST
(4) IHC HEALTH SERVICES INC	S	250,000,000	COST

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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