			AMENDED	פוויים מ	N 4	2939317	791	00202 0
Form 990-T	i E	Exempt Organ				Tax Returi	n	OMB No 1545-0687
			nd proxy tax und			1010		0040
	For ca	lendar year 2018 or other tax yea	er beginning		, and ending	IXIZ	_	2018
Department of the Treasury Internal Revenue Service	•	► Go to www. • Do not enter SSN number	irs.gov/Form990T for it s on this form as it may)	Open to Public Inspection to 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	hanged and	see instructions.)		(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	GROUP HEALTH PLAN	INC.				4	1-0797853
x 501(c)(3)	_ or	Number, street, and room	or suite no. If a P.O. bo	x, see ınstrı	ictions.	·		lated business activity code instructions)
408(e)220(e)	Туре	8170 33RD AVE. SO	UTH, РО ВОХ 1309)			1,566	insudenons ;
408A530(a)		City or town, state or prov	ince, country, and ZIP o	r foreign po	stal code		1	
529(a)		MINNEAPOLIS, MN	55440-1309				<u> </u>	
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	>				
930,373	,807.	G Check organization type	x 501(c) corp	poration	501(c) trus	t 401(a) trust	Other trust
	•	ition's unrelated trades or b	usinesses. 🕨	1		be the only (or first) ur		
trade or business here						ne, complete Parts I-V.		
	•	ce at the end of the previous	s sentence, complete Pa	arts I and II,	complete a Sched	ule M for each additior	nal trad	e or
business, then complete								
		oration a subsidiary in an a		nt-subsidiar	y controlled group	? ▶ [Y	es X No
		tifying number of the parent			Tala		05016	202 6504
	•	EVIN J. BRANDT, DI		- 1	(A) Income	phone number (B) Expenses		(C) Net
		te of Busiliess ille			(A) illustrie	(B) Expense:		(C) NET
1a Gross receipts or sale b Less returns and allog			c Balance	10				1
2 Cost of goods sold (S			C balance	2		 		
3 Gross profit. Subtract			<i>(</i>	3				
4a Capital gain net incon				4a				
· •	•	art II, line 17) (attach Form	4797)	4b				
c Capital loss deduction				4c	 _			
,		thip or an S corporation (att	ach statement	5		1		
6 Rent income (Schedu	•		•	6				
7 Unrelated debt-financ	ed incor	ne (Schedule E)		7				
8 Interest, annuities, roy	/alties, a	nd rents from a controlled o	rganization (Schedule F)	8				
Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9				
Exploited exempt active	vity inco	me (Schedule I)		10				
Advertising income (S	Schedule	: J)		11				
Other income (See ins		•		12				ļ
Total. Combine lines				13		<u> </u>		L
		ot Taken Elsewhere utions, deductions must						
		rectors, and trustees (Sched		- With the		ess income)	14	Γ
5 Salaries and wages	10013, un	cetors, and a distees (center	iule (t)				15	
Repairs and mainten	ance		_				16	
₿7 Bad debts			PECEN	/ED			17	
Interest (attach sche	dule) (se	e instructions)	RECEI	VED	1		18	
19 Taxes and licenses	, ,		64	Total market	181		19	
	ons (See	e instructions for limitation r	APR 20	2020)SO-S		20	
21 Depreciation (attach	Form 45	62)		,	S 21			
22 Less depreciation cla	imed or	Schedule A and elsewhere	on retum CDENI	F	22a		22b	
23 Depletion		ţ	OODLN	<u>, U I</u>			23	

Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30



FUM 990-	1 (2016	GROUP HEALTH PLAN, INC.			_	41-0/9/6	553			raye
Part	Ш	Total Unrelated Business Taxa	ble income							
33	Tota	of unrelated business taxable income comput	ed from all unrelated trades or businesse	es (see instr	uctions)		33			0 .
34	Amo	unts paid for disallowed fringes					34			
35	Dedu	iction for net operating loss arising in tax years	s beginning before January 1, 2018 (see	instructions)		35			
36	Tota	of unrelated business taxable income before s	specific deduction. Subtract line 35 from	the sum of						
	lines	33 and 34					36			
37	Spec	ific deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)				37		1	,000
38	Unre	lated business taxable income. Subtract line	37 from line 36. If line 37 is greater than	line 36,						
	ente	the smaller of zero or line 36			_		38			0.
Part I	IV	Tax Computation				,				
39	Orga	nizations Taxable as Corporations. Multiply I	ine 38 by 21% (0.21)				39			0.
40	Trus	ts Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amo	ount on line	38 from:	:				_
		Tax rate schedule or Schedule D (For	rm 1041)			•	40			
41	Prox	y tax. See instructions				>	41	-		
42	Alter	native minimum tax (trusts only)					42			
43	Tax	on Noncompliant Facility Income. See instruc	tions				43			
44		L Add lines 41, 42, and 43 to line 39 or 40, wh					44			0.
Part \	V	Tax and Payments								
		gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		•				_
		r credits (see instructions)	ř	45b			7 1			
c		ral business credit. Attach Form 3800		45c		· -	7 I			
d		it for prior year minimum tax (attach Form 880	1 or 8827)	45d			┦			
		credits. Add lines 45a through 45d		1			45e			
46		ract line 45e from line 44					46			0.
47		r taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866	Other	(attach schedule)	47			
48		tax. Add lines 46 and 47 (see instructions)			00.	(attaon sonoaato)	48			0.
49		net 965 tax liability paid from Form 965-A or F	Form 965-B Part II column (k) line 2				49			0.
		nents: A 2017 overpayment credited to 2018	orm 303-b, r art ii, column (k), iiic 2	50a	l		175			
		estimated tax payments		50b	-		-			
				50c	-		-			
		leposited with Form 8868	on (can instructions)	50d	-		- I			
		gn organizations: Tax paid or withheld at source	e (see ilistructions)				-			
		up withholding (see instructions)	on (ottoch Form 9041)	50e	 		⊣ ,			
		t for small employer health insurance premium		50f	-		- •			
9	Other		rm 2439]	E40 176				
	<u> </u>		her 549,176. Total	► 50g	<u> </u>	549,176			540	176
51		payments. Add lines 50a through 50g	SEE STA	TEMENT I			51		549	,176.
52		nated tax penalty (see instructions). Check if Fo				_	52			
53		due. If line 51 is less than the total of lines 48,					53			
54		payment. If line 51 is larger than the total of lin		đ	1 -		54			,176.
55		the amount of line 54 you want. Credited to 2				funded >	55		549	,176.
Part \		Statements Regarding Certain								
56		y time during the 2018 calendar year, did the c	·			-			Yes	No
		a financial account (bank, securities, or other)	-							
	FinCE	N Form 114, Report of Foreign Bank and Finai	ncial Accounts. If "Yes," enter the name of	f the foreign	country					
	here				_					Х
57	Durin	g the tax year, did the organization receive a di	stribution from, or was it the grantor of,	or transfero	r to, a fo	reign trust?			\perp	Х
		s," see instructions for other forms the organiz	,							-
58		the amount of tax-exempt interest received or							لــــــــــــــــــــــــــــــــــــــ	
	Ur	nder penalties of periory, i declare that I have examined rrect, and complete Declaration of preparer (other than	this return, including accompanying schedules	and statemen	ts, and to	the best of my kno	owledge an	d belief, it	ıs true,	
Sign	"	11/1 1	EVP & CI	HEIF FIN	ÁNCIAI		May the IRS			with
Here			4.1.2020 OFFICER				he preparer			
		Siguature of officer	Date Title				nstructions))? Y	es 🗀	No
	-	Print/Type preparer's name	Preparer's signature	Date	T	Check	if PTIN			
Paid						self- employed	·			
_	re-	[[1			
Prepa		Firm's name				Firm's EIN	· ·			
Use C	illy									
		Firm's address			_	Phone no.				
					_					

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A								
1 Inventory at beginning of year	Inventory at beginning of year 1 6 Inventor						ventory at end of year 6					
2 Purchases	2		7 7	Cost of goods sold. Se	d. Subtract line 6							
3 Cost of labor	3		1	from line 5. Enter here	and in f	Part I,						
4a Additional section 263A costs			1	line 2			7					
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No				
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to						
5 Total. Add lines 1 through 4b	5		1	the organization?	•	,,						
Schedule C - Rent Income	(From Real	Property and	d Per		Leas	ed With Real Pro	perty					
(see instructions)	•						•					
Description of property							•					
(1)						· · · · · · · · · · · · · · · · · · · 						
(2)												
(3)												
(4)												
		ed or accrued				3(a) Deductions directly	connecte	ad with the income in				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for p	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	columns 2(a) ar						
(1)												
(2)		1										
(3)				<u></u>								
(4)												
Total	0.	Total			0.			<u> </u>				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		· · · · · · · · · · · · · · · · · · ·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.				
Schedule E - Unrelated Del		Income (see	ınstruc	ctions)		<u></u>		<u>_</u>				
<u> </u>						3. Deductions directly con						
_				Gross income from or allocable to debt-	/25	to debt-financ		b) Other deductions				
1. Description of debt-fi	nanced property		İ	financed property	(=,	(attach schedule)	(attach schedule)					
(1)												
(2)						<u></u>						
(3)							<u> </u>					
(4)			<u> </u>				_					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions lumn 6 x total of columns 3(a) and 3(b))				
(1)				%								
(2)				%								
(3)				%								
(4)				%								
						iter here and on page 1,		er here and on page 1,				
					Р	art I, line 7, column (A)	Pa	rt I, line 7, column (B)				
Totals				>		0	<u></u>	0.				
Total dividends-received deductions in	cluded in column	18						0.				

Schedule F - Interest, /	Annuities, Roya		nts From Controlled C			zation	IS (see in:	struction	ns)
1. Name of controlled organizat	zon 2. Em identifi num	ployer 3. Net	3. Net unrelated income (loss) (see instructions)		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		trolling	6. Deductions directly connected with income in column 5
(1)						<u> </u>	 -		
(2)				-				$\neg \uparrow$	
_(3)		- ·		 				$\neg \uparrow$	
(4)									_
Nonexempt Controlled Organiz	zations							-	
7. Taxable Income	8. Net unrelated incor (see instruction		tal of specified pay made	ments	10. Part of colur in the controlli gross				eductions directly connected h income in column 10
(1)									
(2)									
_(3)		 							·
_(4)									
Totals					Add colum Enter here and line 8, c		1, Part I,		dd cofumns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Schedule G - Investme	nt Incomo of a	Section 501/a	1/7) /0) or	(17) 0	canization			L	0.
(see instr		Section 501(c	<i>J(1)</i> , (3), Oi	(17) 01	yanızatıon	•			
	iption of income		2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			1	1					
(2)	_				-				
(3)									
(4)	•					Ť			
			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	0.					0.
Schedule I - Exploited (see Instru		Income, Oth	er Than Ad	lvertisi	ng Income	· 			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incon from unrelated business (comminus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				Ť				_	
(2)				t					1
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		-	•			_	Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisir	0.l		0.				_		0.
	Periodicals Rep		nsolidated	Racie					
Part I Income From F	eriodicais Rep	- 							
1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	or (loss) (cots col 3) If a g	using gain of 2 minus ain, compute arough 7	5. Circulati income	ion	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	•	0.	0.]	0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)				-					
(2)									
(3)						<u></u>			
(4)									
Totals from Part I	•	0.	0.				0.		
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27		
Totals, Part II (lines 1-5	<u>5)</u>	0.	0.				0.		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)		%		
(2)		%		
(3)		%		
(4)		%		_
Total. Enter here and on page 1, Part II, line 14				0.

Form 990-T (2018)

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT
DESCRIPTION	AMOUNT
THE RETROACTIVE REPEAL OF SECTION 512(A)(7)	549,176
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	549,176

STATEMENT OF CHANGES - SECTION 512(a)(7) REPEAL

Return Line	Change Description	As Origina Change Description Filed		Change			As mended
Form 990T, Line 34	Repeal of Section 512(a)(7)	\$	2,616,123	\$	(2,616,123)	\$	-
Form 990T, Line 39	Repeal of Section 512(a)(7)	\$	549,176	\$	(549,176)	\$	-
Form 990T, Line 44	Repeal of Section 512(a)(7)	\$	549,176	\$	(549,176)	\$	-
Form 990T, Line 46	Repeal of Section 512(a)(7)	\$	549,176	\$	(549,176)	\$	-
Form 990T, Line 48	Repeal of Section 512(a)(7)	\$	549,176	\$	(549,176)	\$	-
Form 990T, Line 50b	Repeal of Section 512(a)(7)	\$	17,175	\$	(17,175)	\$	-
Form 990T, Line 50c	Repeal of Section 512(a)(7)	\$	630,000	\$	(630,000)	\$	-
Form 990T, Line 50g	Repeal of Section 512(a)(7)	\$	-	\$	549,176	\$	549,176
Form 990T, Line 51	Repeal of Section 512(a)(7)	\$	647,175	\$	(97,999)	\$	549,176