

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: GROUP HEALTH PLAN INC
Doing business as
Number and street (or P O box if mail is not delivered to street address): 8170 33RD AVE SOUTH PO BOX 1309
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: MINNEAPOLIS, MN 554401309

D Employer identification number: 41-0797853
E Telephone number: (952) 883-6584
G Gross receipts \$ 2,106,887,785

F Name and address of principal officer: TODD HOFHEINS, 8170 33RD AVE SOUTH PO BOX 1309, MINNEAPOLIS, MN 554401309

H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.HEALTHPARTNERS.COM

K Form of organization: Corporation

L Year of formation: 1955
M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (5), 4 Number of independent voting members (4), 5 Total number of individuals employed (9,139), 6 Total number of volunteers (135), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (2,615,123)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances

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 (TODD HOFHEINS EVP & CHEIF FINANCIAL OFFICER) dated 2019-11-12

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01413237, Firm's name KPMG LLP, Firm's EIN 13-5565207, Firm's address 4200 WELLS FARGO CTR 90 S 7TH STREET MINNEAPOLIS, MN 55402, Phone no (612) 305-5000

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

OUR MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,489,883,012 including grants of \$ 1,046,811 ) (Revenue \$ 1,927,484,452 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 1,489,883,012

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b> 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		No
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> 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		No
<b>10</b> 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		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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	Yes	
<b>c</b> 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		No
<b>d</b> 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		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> 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	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</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	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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		No
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> 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)		No
<b>18</b> 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		No
<b>19</b> 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		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	Yes	
<b>22</b> 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		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	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	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	16,798
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<p><b>2a</b> 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 . . . . .</p>	<b>2a</b>	9,139			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes	
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes	
<p><b>4a</b> 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)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><b>6a</b> 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? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><b>a</b> 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? . . . . .</p>			<b>7a</b>		No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .					
			<b>8</b>		
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>		
<p><b>b</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 . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	Yes	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>		No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (5); 1b Enter the number of voting members included in line 1a, above, who are independent (4); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 (checked), 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: KEVIN J BRANDT DIRECTOR OF FINANCIAL REPORTING 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309 (952) 883-6584

**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)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

Table with 3 rows for questions 2, 3, 4, and 5 regarding compensation reporting and individual details.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like BCS 8170 BUILDING LLC and UNIVERSITY OF MN PHYSICIANS.

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 114



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .					

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> FEE FOR SERVICE HEALTH		621400	564,688,562	564,688,562		
<b>b</b> MEDICARE & MEDICAID PA		621400	482,200,004	482,200,004			
<b>c</b> MEDICAL PREMIUMS		524114	289,254,766	289,254,766			
<b>d</b> OTHER MEDICAL SERVICE		621400	169,317,226	169,317,226			
<b>e</b> DENTAL PATIENT SERVICE		524114	43,054,611	43,054,611			
<b>f</b> All other program service revenue			18,057,697	18,057,697			
<b>g Total.</b> Add lines 2a-2f . . . . .			1,566,572,866				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			11,063,566			11,063,566
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . .			-10,604,014			-10,604,014
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b> TAXABLE AFFIL A&G		561000	203,276,630	203,276,630			
<b>b</b> NON-TAXABLE AFFIL A&G		561000	157,634,956	157,634,956			
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			360,911,586				
<b>12 Total revenue.</b> See Instructions . . . . .			1,927,944,004	1,927,484,452	0		459,552

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,046,811	1,046,811		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	31,677,027		31,677,027	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	666,408,723	503,348,401	163,060,322	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	55,936,196	34,787,289	21,148,907	
<b>9</b> Other employee benefits.	109,634,943	68,183,085	41,451,858	
<b>10</b> Payroll taxes.	58,173,644	36,178,780	21,994,864	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	2,314,763		2,314,763	
<b>d</b> Lobbying.	545,583		545,583	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	57,689,145	24,415,228	33,273,917	
<b>12</b> Advertising and promotion.	11,492,460	1,123,178	10,369,282	
<b>13</b> Office expenses.	27,499,577	12,545,345	14,954,232	
<b>14</b> Information technology.	62,992,807	1,768,135	61,224,672	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	41,167,565	25,902,306	15,265,259	
<b>17</b> Travel.	3,818,192	2,270,415	1,547,777	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	951,759	367,289	584,470	
<b>20</b> Interest.	544,231	544,231		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	45,591,552	24,124,977	21,466,575	
<b>23</b> Insurance.	8,524,379	8,524,379		
<b>24</b> 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):				
<b>a</b> HOSPITAL & MEDICAL SERV	512,958,287	512,800,741	157,546	
<b>b</b> SUPPLIES - MEDICAL & PH	196,025,920	195,789,023	236,897	
<b>c</b> OTHER EXPENSE	36,401,806	11,871,432	24,530,374	
<b>d</b> TAXES & ASSESSMENTS	21,655,109	21,414,326	240,783	
<b>e</b> All other expenses	2,877,641	2,877,641		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,955,928,120	1,489,883,012	466,045,108	0
<b>26</b> 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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	103,582,349	<b>1</b>	37,635,121
	<b>2</b> Savings and temporary cash investments . . . . .	137,526,198	<b>2</b>	139,633,200
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	181,852,661	<b>4</b>	260,315,736
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	14,655,788	<b>8</b>	16,085,724
	<b>9</b> Prepaid expenses and deferred charges . . . . .	57,829,462	<b>9</b>	25,822,550
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	838,733,430		
	<b>b</b> Less accumulated depreciation	536,028,615		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	149,026,432	<b>12</b>	144,303,228
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,360,623	<b>15</b>	3,873,433
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	936,559,484	<b>16</b>	930,373,807	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	468,007,142	<b>17</b>	514,574,528
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	6,483,590	<b>19</b>	4,583,979
	<b>20</b> Tax-exempt bond liabilities . . . . .	33,332,911	<b>20</b>	36,476,626
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	159,797,003	<b>25</b>	176,265,929
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	667,620,646	<b>26</b>	731,901,062
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	268,938,838	<b>27</b>	198,472,745
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	268,938,838	<b>33</b>	198,472,745
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	936,559,484	<b>34</b>	930,373,807

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,927,944,004
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,955,928,120
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-27,984,116
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	268,938,838
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-42,481,977
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	198,472,745

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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?  
 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-0797853

**Name:** GROUP HEALTH PLAN INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS FOR A DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS

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**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			
JULIE BUNDE ..... VP PRODUCT AND MARKET INNOVATIONS	37 20 ..... 7 80			X				207,476	0	80,108
STEVEN D BUNDE ..... VP INTERNAL AUDIT, INTEGRI	40 90 ..... 9 10			X				279,490	0	58,588
DAVID BUSCH ..... VP PHARMACY SERVICES	42 20 ..... 17 80			X				299,300	0	81,584
ANAHITA CAMERON ..... SR VP HUMAN RESOURCES	49 50 ..... 0 50			X				415,706	0	63,084
KATHLEEN M COONEY ..... EXECUTIVE VP & CAO	42 80 ..... 12 70			X				690,077	0	35,497
ROBERT B CUMMING ..... SR VP ACTUARIAL/UNDERWRITING	25 10 ..... 8 90			X				540,988	0	101,968
TRICIA L DEGE ..... VP FINANCE & PLANNING	39 50 ..... 0 50			X				432,420	0	79,524
AMY L DEWANE ..... VP - CARE SYSTEMS GROWTH	54 50 ..... 0 50			X				378,147	0	53,505
LESLIE DOCKAN ..... VP, PRIMARY CARE & CLINIC	49 50 ..... 0 50			X				375,556	0	53,467
DAVID A DZIUK ..... SR VP & CHIEF FINANCIAL OFFICER	42 10 ..... 12 90			X				678,446	0	237,019

**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			
JAMES EPEL ..... EXECUTIVE VP & CAO	54 50 ..... 0 50			X				958,908	0	199,463
CHARLES J FAZIO MD ..... HEALTH PLAN MEDICAL DIRECT	41 80 ..... 11 20			X				662,008	0	122,786
JASON GALLAGHER ..... VP,HEALTH INFORMATICS	37 80 ..... 12 20			X				347,842	0	76,664
YOUNG FRIED ..... VP PHARMACY SERVICES	0 50 ..... 39 50			X				289,648	0	52,296
DAVID S GESKO ..... SR VP - DENTAL DIRECTOR	54 50 ..... 0 50			X				668,868	0	109,514
TIM M HALEY ..... VP BROKER SALES	36 20 ..... 7 80			X				322,660	0	100,314
MARK HANSBERRY ..... VP, BUSINESS DEVELOPMENT I	49 50 ..... 0 50			X				517,570	0	110,371
CHAD HEIM ..... VP - HEALTH INFORMATICS	0 50 ..... 59 50			X				344,038	0	84,660
TODD HOFHEINS ..... EVP & CFO	42 10 ..... 12 90			X				871,800	0	141,354
STEVEN C HOUSH ..... VP ORTHOPEDIC SERVICES	54 50 ..... 0 50			X				414,425	0	54,031



**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			
CARA HULL ..... CHIEF QUALTY OFFICER	0 50 ..... 39 50			X				465,615	0	38,568
GEORGE J ISHAM MD MS ..... SENIOR ADVISOR	37 60 ..... 2 40			X				63,460	0	5,155
SUSAN KNUTSON ..... SR VP HEALTH CARE ENGAGEMENT & HEALTH INFORMATICS	49 50 ..... 0 50			X				519,303	0	154,115
KIM R LAREAU ..... VP IS&T CARE DELIVERY	41 40 ..... 8 60			X				260,006	0	35,417
VINI T MANCHANDA ..... VP - SUPPLY CHAIN SERVICES	48 30 ..... 1 70			X				296,225	0	73,389
NANCY A MCCLURE ..... CHIEF OPERATING OFFICER	49 50 ..... 0 50			X				958,471	0	267,467
FRANK P MCQUILLAN ..... VP - TREASURY & REAL ESTAT	42 40 ..... 7 60			X				335,414	0	113,144
FRANK MULLER ..... VP - TECHNOLOGY & INFRASTR	38 70 ..... 8 30			X				274,732	0	84,284
JENNIFER MYSTER ..... VP - HOME CARE, HOSPICE AND COMMUNITY SENIOR CARE	39 50 ..... 0 50			X				55,682	0	8,578
PEGGY S NEALE ..... VP - NATIONAL ACCOUNT HEAL	44 70 ..... 5 30			X				356,311	0	82,783

**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			
ANDREW F NELSON ..... VP - INST EXECUTIVE DIREC	53 50 ..... 0 50			X				155,574	0	35,931
JEFFREY OGDEN ..... VP - HP DENTAL PLAN	49 50 ..... 0 50			X				287,494	0	52,190
KEVIN J PALATTAO ..... VP CLINIC PATIENT CARE SYS	54 50 ..... 0 50			X				449,268	0	137,757
NICO PRONK PHD ..... VP & HEALTH SCIENCE OFFICE	44 80 ..... 12 20			X				428,815	0	101,922
VINCE RIVARD ..... VP - COMMUNICATIONS	64 50 ..... 0 50			X				235,732	0	66,456
KEVIN R RONNEBERG ..... VP - ASSOCIATE MEDICAL DIR	0 50 ..... 39 50			X				396,184	0	52,756
KATIE B SAYRE ..... SR VP HLTH PLAN OPS & GOV	36 70 ..... 13 30			X				543,571	0	187,919
SCOTT A SCHNUCKLE ..... SR VP PHARMACY & BUSINESS	41 90 ..... 8 10			X				487,374	0	130,867
DOUG N SMITH ..... SR VP SALES	50 20 ..... 9 80			X				547,602	0	168,494
ELIZABETH L SWANSON ..... VP HUMAN RESOURCES	36 10 ..... 3 90			X				330,380	0	96,186

**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			
TOBI TANZER ..... VP CORPORATE INTEGRITY	39 30 ..... 10 70			X				369,573	0	92,442
KARI TOFT ..... VP , IS&T CARE DELIVERY SYSTEM	44 50 ..... 0 50			X				106,920	0	20,113
BARBARA E TRETHERWAY ..... SR VP GENERAL COUNSEL	41 90 ..... 13 10			X				1,850,381	0	219,600
ANDREA M WALSH ..... EXEC VP & CHIEF MARKETING	40 30 ..... 14 70			X				1,633,158	0	457,722
BETH A WATERMAN ..... CHIEF IMPROVEMENT OFFICER	37 80 ..... 12 20			X				81,407	0	7,703
BECKY WOODY ..... VP - HEALTH SOLUTIONS SALES, HPUPH	39 50 ..... 0 50			X				72,277	0	14,129
DONNA J ZIMMERMAN ..... SR VP GOVT & COMMUNITY REL	34 60 ..... 15 40			X				407,818	0	146,885
PAMELA S ZOELLER ..... VP - SPECIALTY CARE & CLIN	44 50 ..... 0 50			X				388,730	0	54,466
DENNIS M ZUZEK ..... VP - HEALTH PLAN & ENTERPR	37 20 ..... 7 80			X				327,279	0	51,757
TIMOTHY KROSHUS MD ..... PHYSICIAN	60 00 .....					X		1,710,568	0	72,825

**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			
DENNIS ZHU MD ..... PHYSICIAN	72 00 .....					X		1,416,633	0	111,501
MATTHEW KANG MD ..... PHYSICIAN	60 00 .....					X		1,316,230	0	66,097
JON MCLVER MD ..... PHYSICIAN	60 00 .....					X		1,317,185	0	67,121
ALEJANDRO MENDEZ ..... PHYSICIAN	60 00 .....					X		1,098,637	0	63,952
CALVIN U ALLEN ..... FORMER SR VP STRAT PLANNING/HR	0 00 ..... 0 00						X	731,538	0	49,992
BABETTE A APLAND ..... FORMER SR VP, MELROSE INSTITUTE	0 00 ..... 0 00						X	634,363	0	47,205
MARY K BRAINERD ..... FORMER PRESIDENT & CEO	0 00 ..... 0 00						X	264,192	0	43,748

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I, LN 3	GROUP HEALTH PLAN, INC HAS OBTAINED TAX-EXEMPT STATUS AS AN ORGANIZATION WHOSE MAIN PURPOSE IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HOWEVER, GROUP HEALTH PLAN, INC IS NOT REQUIRED TO BE LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED BY THE STATE OF MINNESOTA AS A HOSPITAL AND IS NOT REQUIRED TO FILE SCHEDULE H

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**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 GROUP HEALTH PLAN INC	<b>Employer identification number</b> 41-0797853
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**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	561,095	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	561,095	
<b>d</b> Other exempt purpose expenditures	1,955,367,025	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	1,955,928,120	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

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

	250,000
	0
	0

- 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	583,391	561,095	546,513	561,095	2,252,094
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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
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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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
GROUP HEALTH PLAN INC

**Employer identification number**  
41-0797853

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		14,872,004		14,872,004
<b>b</b> Buildings . . . . .		236,321,285	121,858,884	114,462,401
<b>c</b> Leasehold improvements		92,004,437	75,772,249	16,232,188
<b>d</b> Equipment . . . . .		492,960,872	338,397,482	154,563,390
<b>e</b> Other . . . . .		2,574,832		2,574,832
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				302,704,815

**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 _____ (A) PROFESSIONAL LIABILITY TRUST	46,833,568	C
(B) DEFERRED COMPENSATION INVESTMENTS	88,141,363	C
(C) INVESTMENT IN CRITICAL ACCESS HOSPITALS LOCATED IN WISCONSIN	4,735,611	C
(D) INVESTMENT IN SUBURBAN IMAGING, LLC	4,176,759	C
(E) INVESTMENT IN "PET" IMAGING EQUIPMENT	107,110	C
(F) INVESTMENT IN MYRTLE DIALYSIS	308,817	C
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	144,303,228	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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
(1) Federal income taxes	
CLAIMS PAYABLE	40,283,355
DEFERRED COMPENSATION AND BENEFITS	88,378,140
POST RETIREMENT BENEFIT OBLIGATION	6,089,212
PROFESSIONAL LIABILITY	41,515,222
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	176,265,929

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-0797853

**Name:** GROUP HEALTH PLAN INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	GROUP HEALTH PLAN, INC (GHI) IS INCLUDED IN THE HEALTHPARTNERS, INC (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 2018 OR 2017 FOR UNRECOGNIZED TAX BENEFITS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization GROUP HEALTH PLAN INC

Employer identification number 41-0797853

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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	GROUP HEALTH PLAN, INC (GHI) MANAGEMENT STAFF REVIEWS THE MISSION AND PURPOSE OF POTENTIAL GRANTEE ORGANIZATIONS TO ASSURE CONSISTENCY WITH GHI'S MISSION AND PURPOSE AMOUNTS SUBSEQUENTLY GRANTED ARE SUBJECT TO GHI'S FORMAL SPENDING APPROVAL AND DOCUMENTATION PROCESS BASED ON AMOUNT OF THE EXPENDITURE

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0797853  
**Name:** GROUP HEALTH PLAN INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TWIN CITIES HABITAT FOR HUMANITY 3001 FOURTH STREET SE MINNEAPOLIS, MN 55414	36-3363171	501(C)(3)	20,000				PROGRAM SUPPORT
ST CLOUD TECHNICAL AND COMMUNITY COLLEGE FOUNDATION 1540 NORTHWAY DRIVE ST CLOUD, MN 55303	41-1791598	501(C)(3)	5,000				PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RENEWING THE COUNTRYSIDE 2637 27TH AVENUE S MINNEAPOLIS, MN 55406	20-0189339	501(C)(3)	10,000				PROGRAM SUPPORT
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	7,500				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DR SUITE 100 ARLINGTON, VA 22203	43-1201653	501(C)(3)	10,000				PROGRAM SUPPORT
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	20,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005	41-1302487	501(C)(3)	40,000				PROGRAM SUPPORT
FRIENDS OF THE ST PAUL PUBLIC LIBRARY 325 CEDAR STREET SUITE 555 ST PAUL, MN 551011055	41-6029683	501(C)(3)	24,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOUNDATION FOR ART AND HEALING 77 STEARNS RD BROOKLINE, MA 02446	33-1125148	501(C)(3)	35,000				PROGRAM SUPPORT
NORTHERN DENTAL ACCESS CENTER 1405 ANNE ST NW BEMIDJI, MN 56601	84-1711812	501(C)(3)	5,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND INC 1805 7TH STREET WASHINGTON DC, DC 20001	13-1624241	501(C)(3)	5,000				PROGRAM SUPPORT
PORTICO HEALTHNET 1600 UNIVERSITY AVE W ST PAUL, MN 55104	41-1814659	501(C)(3)	75,000				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMHERST H WILDER FOUNDATION 451 LEXINTTON PARKWSY NORTH ST PAUL, MN 55104	41-0693889	501(C)(3)	10,000				PROGRAM SUPPORT
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1386635	501(C)(3)	42,382				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD SUITE 200 MINNEAPOLIS, MN 554134801	41-0418600	501(C)(3)	15,000				PROGRAM SUPPORT
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	23-7346465	501(C)(3)	118,836				PROGRAM SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERY REGIONAL MEDICAL CENTER FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	39-0908320	501(C)(3)	18,664				PROGRAM SUPPORT
HEALTHPARTNERS INSTITUTE 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1670163	501(C)(3)	101,341				PROGRAM SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUDSON HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	39-1279567	501(C)(3)	19,145				PROGRAM SUPPORT
WESTFIELDS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	39-1770913	501(C)(3)	22,338				SUPPORT PROGRAM

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number  
41-0797853

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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</p>	<b>1b</b>				
<p><b>2</b> 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?</p>	<b>2</b>				
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	Yes			
	<b>6b</b>	Yes			
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**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, LINES 4A-B	TOTAL COMPENSATION IN COLUMN E OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM SEVERANCE FOR THE FOLLOWING DIRECTORS AND OFFICERS CALVIN ALLEN \$ 455,573 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS CHARLES ABRAHAMSON \$ 20,402 SCOTT A AEBISCHER \$ 17,651 ANAHITA CAMERON \$ 10,955 ROBERT B CUMMING \$ 17,045 DAVID A DZIUK \$ 44,618 JAMES EPEL \$ 86,270 CHARLES J FAZIO \$ 37,619 DAVID S GESKO \$ 25,392 MARK HANSBERRY \$ 36,398 TODD HOFHEINS \$ 55,462 SUSAN M KNUTSON \$ 16,016 NANCY MCCLURE \$ 38,076 KEVIN PALATTAO \$ 12,086 BRIAN RANK, MD \$ 40,862 KATHERINE B SAYRE \$ 35,997 SCOTT A SCHNUCKLE \$ 13,799 DOUGLAS N SMITH \$ 18,044 BARBARA E TRETHERWAY \$ 31,694 ANDREA M WALSH \$ 139,884 DONNA J ZIMMERMAN \$ 26,732

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 6	OFFICERS AND HIGHEST COMPENSATED EMPLOYEES MAY RECEIVE COMPENSATION BASED ON THE MANAGEMENT INCENTIVE PROGRAM (PROGRAM) OF GROUP HEALTH PLAN INC THE PROGRAM INCENTS AND REWARDS BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR THE PROGRAM IS A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE THE PROGRAM REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E G SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, TRIPLE AIM, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (OPERATING INCOME), ETC , AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM A OPERATING INCOME THRESHOLD MUST BE MET FOR ANY PAYMENT TO BE MADE FROM THE PROGRAM AND THERE IS A CAP ON THE MAXIMUM INCENTIVE POTENTIALLY AVAILABLE TO EACH PARTICIPANT

Return Reference	Explanation
SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	<p>             COLUMN (F) INCLUDES AMOUNTS PAID TO PARTICIPANTS IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION, FOR THE FOLLOWING DIRECTORS, OFFICERS, AND FORMER OFFICERS ALAN V ABRAMSON \$ 107,742 SCOTT AEBISCHER \$ 36,797 CALVIN U ALLEN \$ 46,259 FELIX ANKEL \$ 29,411 BABETTE A APLAND \$ 554,862 KATHLEEN M COONEY \$ 319,601 ROBERT B CUMMING \$ 21,110 DAVID A DZIUK \$ 47,394 CHARLES FAZIO \$ 129,012 DAVID GESKO, DDS \$ 27,135 CARA HULL \$ 33,556 GEORGE ISHAM \$ 57,460 SUSAN KNUTSON \$ 14,580 NANCY A MCCLURE \$ 124,125 BRIAN H RANK, MD \$ 133,873 KATIE B SAYRE \$ 33,228 SCOTT A SCHNUCKLE \$ 13,645 DOUG A SMITH \$ 15,941 BARBARA E TRETHERWAY \$1,110,660 ANDREA M WALSH \$ 74,283 DONNA J ZIMMERMAN \$ 27,783 ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S           </p>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0797853  
**Name:** GROUP HEALTH PLAN 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				
BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTO	(i)	638,373	209,655	160,411	235,844	42,019	1,286,302	133,873
	(ii)	0	0	0	0	0	0	0
CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	(i)	266,042	68,269	6,979	91,560	31,598	464,448	0
	(ii)	0	0	0	0	0	0	0
ALAN V ABRAMSON SRVP & CIO	(i)	416,186	136,555	137,837	67,015	37,410	795,003	107,742
	(ii)	0	0	0	0	0	0	0
SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	(i)	388,769	127,680	61,339	136,615	35,375	749,778	36,797
	(ii)	0	0	0	0	0	0	0
FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	(i)	403,080	103,708	41,133	62,444	35,341	645,706	29,411
	(ii)	0	0	0	0	0	0	0
COURTNEY BIBEE VP CARE GROUP COMPLIANCE O	(i)	200,264	54,243	11,552	20,625	31,254	317,938	0
	(ii)	0	0	0	0	0	0	0
JULIE BUNDE VP PRODUCT AND MARKET INNOVATIONS	(i)	174,583	26,224	6,669	61,894	18,214	287,584	0
	(ii)	0	0	0	0	0	0	0
STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRI	(i)	222,420	54,786	2,284	39,128	19,460	338,078	0
	(ii)	0	0	0	0	0	0	0
DAVID BUSCH VP PHARMACY SERVICES	(i)	235,290	60,278	3,732	49,848	31,736	380,884	0
	(ii)	0	0	0	0	0	0	0
ANAHITA CAMERON SR VP HUMAN RESOURCES	(i)	313,453	100,000	2,253	35,639	27,445	478,790	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN M COONEY EXECUTIVE VP & CAO	(i)	88,912	266,006	335,159	13,750	21,747	725,574	319,601
	(ii)	0	0	0	0	0	0	0
ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITI	(i)	316,829	175,304	48,855	68,040	33,928	642,956	21,110
	(ii)	0	0	0	0	0	0	0
TRICIA L DEGE VP FINANCE & PLANNING	(i)	323,997	106,095	2,328	45,857	33,667	511,944	0
	(ii)	0	0	0	0	0	0	0
AMY L DEWANE VP - CARE SYSTEMS GROWTH	(i)	294,705	74,844	8,598	20,625	32,880	431,652	0
	(ii)	0	0	0	0	0	0	0
LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	(i)	298,528	75,272	1,756	20,625	32,842	429,023	0
	(ii)	0	0	0	0	0	0	0
DAVID A DZIUK SR VP & CHIEF FINANCIAL OF	(i)	461,334	157,584	59,528	199,785	37,234	915,465	47,394
	(ii)	0	0	0	0	0	0	0
JAMES EPEL EXECUTIVE VP & CAO	(i)	767,308	191,250	350	158,162	41,301	1,158,371	0
	(ii)	0	0	0	0	0	0	0
CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECT	(i)	370,968	132,826	158,214	86,800	35,986	784,794	129,012
	(ii)	0	0	0	0	0	0	0
JASON GALLAGHER VP,HEALTH INFORMATICS	(i)	254,446	88,918	4,478	44,150	32,514	424,506	0
	(ii)	0	0	0	0	0	0	0
YOUNG FRIED VP PHARMACY SERVICES	(i)	229,678	50,400	9,570	20,625	31,671	341,944	0
	(ii)	0	0	0	0	0	0	0



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				
DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	441,229	177,093	50,546	72,419	37,095	778,382	27,135
	(ii)	0	0	0	0	0	0	0
TIM M HALEY VP BROKER SALES	(i)	252,464	68,751	1,445	69,249	31,065	422,974	0
	(ii)	0	0	0	0	0	0	0
MARK HANSBERRY VP, BUSINESS DEVELOPMENT I	(i)	396,539	119,280	1,751	75,396	34,975	627,941	0
	(ii)	0	0	0	0	0	0	0
CHAD HEIM VP - HEALTH INFORMATICS	(i)	247,871	88,918	7,249	53,285	31,375	428,698	0
	(ii)	0	0	0	0	0	0	0
TODD HOFHEINS EVP & CFO	(i)	692,308	100,000	79,492	114,885	26,469	1,013,154	0
	(ii)	0	0	0	0	0	0	0
STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	326,469	82,217	5,739	20,625	33,406	468,456	0
	(ii)	0	0	0	0	0	0	0
CARA HULL CHIEF QUALTY OFFICER	(i)	325,878	83,589	56,148	20,625	17,943	504,183	33,556
	(ii)	0	0	0	0	0	0	0
SUSAN KNUTSON SR VP HEALTH CARE ENGAGEMENT & HEAL	(i)	347,939	142,144	29,220	119,189	34,926	673,418	14,580
	(ii)	0	0	0	0	0	0	0
KIM R LAREAU VP IS&T CARE DELIVERY	(i)	177,119	81,153	1,734	13,221	22,196	295,423	0
	(ii)	0	0	0	0	0	0	0
VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	230,860	58,212	7,153	41,697	31,692	369,614	0
	(ii)	0	0	0	0	0	0	0
NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	587,739	199,065	171,667	226,173	41,294	1,225,938	124,125
	(ii)	0	0	0	0	0	0	0
FRANK P MCQUILLAN VP - TREASURY & REAL ESTAT	(i)	266,820	65,970	2,624	80,884	32,260	448,558	0
	(ii)	0	0	0	0	0	0	0
FRANK MULLER VP - TECHNOLOGY & INFRASTR	(i)	212,995	54,801	6,936	53,914	30,370	359,016	0
	(ii)	0	0	0	0	0	0	0
PEGGY S NEALE VP - NATIONAL ACCOUNT HEAL	(i)	234,752	119,883	1,676	51,704	31,079	439,094	0
	(ii)	0	0	0	0	0	0	0
ANDREW F NELSON VP - INST EXECUTIVE DIREC	(i)	144,270	0	11,304	8,069	27,862	191,505	0
	(ii)	0	0	0	0	0	0	0
JEFFREY OGDEN VP - HP DENTAL PLAN	(i)	230,773	55,793	928	20,625	31,565	339,684	0
	(ii)	0	0	0	0	0	0	0
KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	(i)	316,245	108,018	25,005	103,846	33,911	587,025	0
	(ii)	0	0	0	0	0	0	0
NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	(i)	336,127	84,420	8,268	68,233	33,689	530,737	0
	(ii)	0	0	0	0	0	0	0
VINCE RIVARD VP - COMMUNICATIONS	(i)	185,002	50,384	346	35,641	30,815	302,188	0
	(ii)	0	0	0	0	0	0	0
KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	(i)	308,624	79,815	7,745	20,625	32,131	448,940	0
	(ii)	0	0	0	0	0	0	0

(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				
KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(i)	372,308	127,008	44,255	152,641	35,278	731,490	33,228
	(ii)	0	0	0	0	0	0	0
SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	344,010	113,377	29,987	96,403	34,464	618,241	13,645
	(ii)	0	0	0	0	0	0	0
DOUG N SMITH SR VP SALES	(i)	327,230	181,716	38,656	134,167	34,327	716,096	15,941
	(ii)	0	0	0	0	0	0	0
ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	254,098	61,035	15,247	63,999	32,187	426,566	0
	(ii)	0	0	0	0	0	0	0
TOBI TANZER VP CORPORATE INTEGRITY	(i)	293,969	73,977	1,627	59,687	32,755	462,015	0
	(ii)	0	0	0	0	0	0	0
BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	537,528	176,535	1,136,318	177,613	41,987	2,069,981	1,110,660
	(ii)	0	0	0	0	0	0	0
ANDREA M WALSH EXEC VP & CHIEF MARKETING	(i)	1,137,914	413,350	81,894	407,655	50,067	2,090,880	74,283
	(ii)	0	0	0	0	0	0	0
DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY REL	(i)	278,656	94,194	34,968	113,575	33,310	554,703	27,783
	(ii)	0	0	0	0	0	0	0
PAMELA S ZOELLER VP - SPECIALTY CARE & CLIN	(i)	302,986	75,600	10,144	21,433	33,033	443,196	0
	(ii)	0	0	0	0	0	0	0
DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPR	(i)	256,503	66,512	4,264	20,625	31,132	379,036	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY KROSHUS MD PHYSICIAN	(i)	1,468,596	0	241,972	20,625	52,200	1,783,393	0
	(ii)	0	0	0	0	0	0	0
DENNIS ZHU MD PHYSICIAN	(i)	1,342,979	0	73,654	63,563	47,938	1,528,134	0
	(ii)	0	0	0	0	0	0	0
MATTHEW KANG MD PHYSICIAN	(i)	1,252,500	0	63,730	20,625	45,472	1,382,327	0
	(ii)	0	0	0	0	0	0	0
JON MCLVER MD PHYSICIAN	(i)	1,303,925	0	13,260	20,625	46,496	1,384,306	0
	(ii)	0	0	0	0	0	0	0
ALEJANDRO MENDEZ PHYSICIAN	(i)	1,062,509	0	36,128	20,625	43,327	1,162,589	0
	(ii)	0	0	0	0	0	0	0
CALVIN U ALLEN FORMER SR VP STRAT PLANNING/HR	(i)	11,885	216,300	503,353	12,759	37,233	781,530	46,259
	(ii)	0	0	0	0	0	0	0
BABETTE A APLAND FORMER SR VP, MELROSE INSTITUTE	(i)	9,286	70,215	554,862	29,472	17,733	681,568	554,862
	(ii)	0	0	0	0	0	0	0
MARY K BRAINERD FORMER PRESIDENT & CEO	(i)	0	264,192	0	31,956	11,792	307,940	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number

41-0797853

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	HRA OF CITY OF ST PAUL MN - HEALTH CARE REV BONDS - SERIES 2014B	52-1440935	NONE99999	03-18-2014	37,365,000	REFUND SERIES 2003 BONDS		X		X		X
<b>B</b>	HRA OF CITY OF ST PAUL MN - HEALTH CARE REV BONDS - SERIES 2015A	52-1440935	792905DJ7	06-11-2015	331,886,593	REFUND SERIES 2006, 2008C & 2009 BONDS		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	21,860,000		5,505,000					
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	37,365,000		331,886,593					
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	312,231		2,528,203					
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .								
<b>11</b>	Other spent proceeds . . . . .								
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2007		2009					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X					
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X					

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 030 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 030 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 030 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X					
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X			X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME HRA OF CITY OF ST PAUL, MN - HEALTH CARE REV BONDS - SERIES DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2012 ISSUER NAME HRA OF CITY OF ST PAUL, MN - HEALTH CARE REV BONDS - SERIES DATE THE REBATE COMPUTATION WAS PERFORMED 07/29/2015

Return Reference	Explanation
PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	A REFUND BONDS ISSUED 10/30/2003 FUND VARIOUS PROJECTS & EQUIPMENT B REFUND REGIONS HOSPITAL 2006 BONDS ISSUED 11/30/2006 REFUND PARK NICOLLET HEALTH SERVICES 2008C AND 2009 BONDS ISSUED 08/14/2008 AND 12/31/2009, RESPECTIVELY THE NEW OBLIGATED GROUP FOR THE 2015A SERIES INCLUDES GROUP HEALTH PLAN, INC , HEALTHPARTNERS, INC , HEALTHPARTNERS ADMINISTRATORS, INC , REGIONS HOSPITAL, HEALTHPARTNERS INSURANCE COMPANY, PARK NICOLLET HEALTH SERVICES, PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PARK NICOLLET HEALTH CARE PRODUCTS AND PNMC HOLDINGS

<b>Return Reference</b>	<b>Explanation</b>
PART III, LINE 3B	GROUP HEALTH PLAN, INC (GHI) USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO FINANCED PROPERTY IF GHI ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL

<b>Return Reference</b>	<b>Explanation</b>
PART V	SINCE 12/31/11 GHI HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-0797853  
**Name:** GROUP HEALTH PLAN INC

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME HRA OF CITY OF ST PAUL, MN - HEALTH CARE REV BONDS - SERIES DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2012 ISSUER NAME HRA OF CITY OF ST PAUL, MN - HEALTH CARE REV BONDS - SERIES DATE THE REBATE COMPUTATION WAS PERFORMED 07/29/2015
PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	A REFUND BONDS ISSUED 10/30/2003 FUND VARIOUS PROJECTS & EQUIPMENT B REFUND REGIONS HOSPITAL 2006 BONDS ISSUED 11/30/2006 REFUND PARK NICOLLET HEALTH SERVICES 2008C AND 2009 BONDS ISSUED 08/14/2008 AND 12/31/2009, RESPECTIVELY THE NEW OBLIGATED GROUP FOR THE 2015A SERIES INCLUDES GROUP HEALTH PLAN, INC , HEALTHPARTNERS, INC , HEALTHPARTNERS ADMINISTRATORS, INC , REGIONS HOSPITAL, HEALTHPARTNERS INSURANCE COMPANY, PARK NICOLLET HEALTH SERVICES, PARK NICOLLET METHODIST HOSPITAL, PARK NICOLLET CLINIC, PARK NICOLLET HEALTH CARE PRODUCTS AND PNMC HOLDINGS
PART III, LINE 3B	GROUP HEALTH PLAN, INC (GHI) USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO FINANCED PROPERTY IF GHI ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL
PART V	SINCE 12/31/11 GHI HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GROUP HEALTH PLAN INC

Employer identification number 41-0797853

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NANCY HOYT TAFF	DAUGHTER OF BOARD MEMBER SUSAN HOYT	89,713	EMPLOYMENT		No
(2) DAVID GALLAGHER	BROTHER OF JASON GALLAGHER	149,739	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
GROUP HEALTH PLAN INC

Employer identification number

41-0797853

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE GROUP HEALTH PLAN, INC (GHI) IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS PART OF THE HEALTHPARTNERS ORGANIZATION ("HEALTHPARTNERS") FOUNDED IN 1957, HEALTHPARTNERS IS A N INTEGRATED HEALTH CARE ORGANIZATION, PROVIDING HEALTH CARE SERVICES AND HEALTH PLAN FINANCING AND ADMINISTRATION, AND IS THE LARGEST CONSUMER-GOVERNED NONPROFIT HEALTH CARE ORGANIZATION IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTH CARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS PROVIDES A FULL RANGE OF HEALTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATION AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLANS SERVE MORE THAN 18 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,800 PHYSICIANS AND DENTISTS, SEVEN OWNED HOSPITALS WITH OVER 1,000 ACUTE CARE BEDS, OVER 100 OWNED AND LEASED PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND 25 DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS ALSO CONTRACTS WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTH CARE PROVIDERS LOCATED PRIMARILY IN MINNESOTA, WESTERN WISCONSIN AND EXPANDING INTO OTHER MIDWESTERN STATES HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN HEALTHPARTNERS, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITHIN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMPLISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN FOR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABORATES WITH OTHER PLANS, CARE PROVIDERS AND OTHER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHPARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2018 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) HPI IS THE SOLE CORPORATE MEMBER OF HPI-RAMSEY, A MINNESOTA NON-PROFIT CORPORATION RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) IN TURN, HPI-RAMSEY IS THE SOLE CORPORATE MEMBER OF RIHS AND ITS SISTER ORGANIZATIONS, REGIONS HOSPITAL (REGIONS), REGIONS HOSPITAL FOUNDATION, RH-WISCONSIN, INC, STILLWATER HEALTH SYSTEM (LAKEVIEW HEALTH), AND CAPITOL VIEW TRANSITIONAL CARE CENTER, ALL OF WHICH ARE NON-PROFIT CORPORATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) GHI IS THE SOLE CORPORATE MEMBER OF PHYSICIANS NECK &amp; BACK CLINICS (PNBC), WHICH EMPLOYS PHYSICIANS AND SUPPORT STAFF TO PROVIDE TREATMENT OF CHRONIC NECK AND/OR BACK PAIN PNBC IS A MINNESOTA NOT-FOR-PROFIT CORPORATION THAT IS TAX-EXEMPT UNDER IRC SECTION 501(C)(3) GHI IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY BY PROVIDING PREPAID MEDICAL AND DENTAL CARE TO ITS ENROLLED MEMBERS AND MEDICAL AND DENTAL CARE TO FEE-FOR-SERVICE PATIENTS, INCREASING ACCESS TO AFFORDABLE MEDICAL AND DENTAL CARE IN THE COMMUNITY AND RAISING THE STANDARDS OF MEDICAL AND DENTAL CARE IN THE COMMUNITY THE GHI STAFF MODEL HMO COMBINES FINANCING AND HEALTH CARE SERVICES FOR THE PURPOSE OF IMPROVING THE HEALTH OF ITS MEMBERS AND PATIENTS GHI OFFERS COMMERCIAL, INDIVIDUAL, AND MEDICARE COST HMO PRODUCTS PEOPLE WHO ENROLL IN A GHI MANAGED CARE PRODUCT RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS, PHYSICIAN SERVICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION AND CERTAIN PRESCRIPTION DRUGS ADDITIONALLY, GHI'S EMPLOYED AND CONTRACTED PHYSICIANS PROVIDE A SUBSTANTIAL AMOUNT OF HEALTH CARE SERVICES TO A WIDE ARRAY OF PATIENTS WHO ARE NOT ENROLLED IN GHI'S MANAGED CARE PRODUCTS, SOME OF WHOM ARE UNINSURED OR UNDERINSURED GHI ALSO OPERATES A MEDICARE-CERTIFIED AND MINNESOTA-LICENSED HOSPICE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS OF SIX MONTHS OR LESS GHI THROUGH HEALTHPARTNERS OPERATES A PATIENT COUNCIL THAT GIVES MEMBERS AND PATIENTS A FORUM TO PROVIDE INPUT TO IMPROVE HEALTHPARTNERS PROGRAMS AND SERVICES THE PATIENT COUNCIL IS MADE UP OF A GROUP OF 15 HEALTH PLAN MEMBERS WHO MEET TEN TIMES ANNUALLY AND PROVIDE FEEDBACK ON A VARIETY OF HEALTH CARE TOPICS THIS FEEDBACK IS INCORPORATED IN THE D</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>ESIGN AND PLANNING OF PROGRAMS AND SERVICES HEALTHPARTNERS MEDICAL GROUP (HPMG) &amp; HEALTHPARTNERS DENTAL GROUP (HPDG) GHI PROVIDES COVERAGE TO MEMBERS AND SERVICES TO PATIENTS THROUGH A BROAD NETWORK OF HOSPITALS AND CLINICS, INCLUDING THOSE STAFFED BY GHI EMPLOYED PHYSICIANS GHI'S EMPLOYED "STAFF MODEL" PHYSICIANS AND DENTISTS ARE KNOWN AS HEALTHPARTNERS MEDICAL GROUP (HPMG) AND HEALTHPARTNERS DENTAL GROUP (HPDG) RESPECTIVELY HPMG IS ONE OF MINNESOTA'S LARGEST MEDICAL GROUPS HPMG EMPLOYS APPROXIMATELY 600 FULL TIME EQUIVALENT PHYSICIANS HPMG PHYSICIANS PRACTICE IN MORE THAN 36 MEDICAL AND SURGICAL SPECIALTIES FOR MORE THAN 30 YEARS, HPDG HAS BEEN RECOGNIZED AS A LEADER IN INNOVATIVE DENTISTRY HPDG OWNS A ND OPERATES 25 DENTAL CLINICS AND A DENTAL SPECIALTY CLINIC WITH APPROXIMATELY 75 DENTISTS AND CONTRACTS WITH AN ADDITIONAL 2,200 PLUS DENTISTS IN THE HEALTHPARTNERS DENTAL NETWORK TO PROVIDE DENTAL CARE HPDG DENTAL CLINICS OFFER A WIDE RANGE OF INDIVIDUALIZED, INNOVATIVE SERVICES FROM BASIC PREVENTIVE DENTISTRY TO HIGHLY SPECIALIZED CARE, INCLUDING SPECIALISTS IN ORTHODONTICS, ORAL SURGERY, PERIODONTICS, PROSTHODONTICS AND PEDIATRIC DENTISTRY HPDG IS A CRITICAL ACCESS PROVIDER OF DENTAL SERVICES, THAT MEANS THAT A SIGNIFICANT NUMBER OF ITS PATIENTS ARE ENROLLED IN A GOVERNMENT PROGRAM HPDG HAS THE LARGEST NUMBER OF GOVERNMENT PROGRAM DENTAL PATIENTS IN THE STATE HPDG REMAINS COMMITTED TO FINDING THE MOST EFFECTIVE WAYS TO IMPROVE OUR PATIENTS' DENTAL HEALTH AND IS ONE OF THE FEW DENTAL PRACTICES THAT CONDUCTS A RISK ASSESSMENT FOR PATIENTS, WHICH ALLOWS US TO CREATE AN INDIVIDUALIZED PROGRAM OF TRUE PREVENTIVE DENTAL CARE BASED ON PATIENT NEEDS AND DESIRES THE DIVERSITY OF THE PATIENTS WE SERVE ENCOURAGED THE HPDG TO OPEN A DENTAL CLINIC IN THE HEART OF ST PAUL IN 2005 THE HEALTHPARTNERS MIDWAY DENTAL CLINIC FOCUSES ON SERVING NEW AMERICANS AND PROVIDES ASSISTANCE TO PATIENTS ENROLLING IN MINNESOTA PUBLIC PROGRAMS THIS CLINIC PROVIDES INTERPRETER SERVICES AND SAME-DAY ACCESS TO URGENT CARE AND APPOINTMENTS THIS MODEL OF CARE HAS BEEN ADOPTED BY THE MINNESOTA LEGISLATURE'S "DENTAL ACCESS ADVISORY COMMITTEE A ND WAS IMPLEMENTED AT OTHER CLINICS IN THE STATE IN ADDITION TO PROVIDING CARE TO PERSONS ENROLLED IN GHI'S HMO PRODUCTS, HPMG AND HPDG WORK TOGETHER TO IMPROVE THE HEALTH OF THE COMMUNITY BY PROVIDING MEDICAL AND DENTAL CARE TO A GROWING NUMBER OF PATIENTS WHO ARE MEMBERS OF HPI, HEALTHPARTNERS INSURANCE COMPANY (HPIC), HEALTHPARTNERS ADMINISTRATORS, INC (HPAI), UNRELATED MANAGED CARE ORGANIZATIONS, INSURED BY COMMERCIAL PAYERS, SELF-PAY PATIENTS AND/OR CHARITY CARE PATIENTS HPMG AND HPDG FOCUS THEIR EFFORTS ON COMPASSIONATE, PATIENT-CENTERED CARE, RANGING FROM PREVENTIVE CARE TO MANAGEMENT OF PATIENTS WITH ACUTE AND/OR CHRONIC CONDITIONS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>IN 2018, HPDGM SUPPORTED COMMUNITY HEALTH IMPROVEMENTS THROUGH \$5,000 IN SUPPORT OF A NEW DENTAL CLINIC TO NORTHERN DENTAL ACCESS, A COMMUNITY ACCESS DENTAL CLINIC OPERATED BY MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER, A NONPROFIT ORGANIZATION IN BEMIDJI. 15 HOURS OF DENTAL HYGIENE EDUCATION TO ELEMENTARY AGE CHILDREN DURING CHILDREN'S DENTAL HEALTH MONTH (FEBRUARY) 35 HOURS AT NUMEROUS COMMUNITY HEALTH FAIRS THROUGHOUT THE YEAR PROMOTING DENTAL HEALTH AND DISTRIBUTING TOOTHBRUSHES AND TOOTHPASTE. HPDGM'S IN-KIND AND MONETARY DONATIONS TO COMMUNITY ORGANIZATIONS INCLUDE GIVE KIDS A SMILE, CONTRIBUTING \$15,000 IN FREE DENTAL CARE TO CHILDREN IN NEED. \$750 IN SUPPORT OF THE MINNESOTA ORAL HEALTH COALITION, WHICH SUPPORTS MINNESOTA'S ORAL HEALTH COMMUNITY THROUGH PARTNERSHIPS, RESOURCES AND OUTREACH. \$5,600 TO THE UNIVERSITY OF MINNESOTA (U OF M) SCHOOL OF DENTISTRY TO SUPPORT EDUCATION OF FUTURE DENTISTS. SAFETY NET COALITION IN 2018, HPMG CONTRIBUTED TO THE COMMUNITY IN MANY WAYS. HPMG CONTRIBUTED OVER 350 HOURS TO THE COMMUNITY THROUGH IN-KIND DONATIONS AND COMMUNITY HEALTH IMPROVEMENTS SUCH AS FAMILY FUN FEST (HPMG'S ARDEN HILLS CLINIC). THE EVENT HAD OVER 250 FAMILIES IN ATTENDANCE, WITH 300 BAGS OF VEGGIES HANDED OUT AT THE VEGGIE GIVEAWAY. ROSEVILLE PARADE (HPMG'S ARDEN HILLS CLINIC AND NORTH SUBURBAN CLINICS). HUGO DAY PARADE (HPMG'S HUGO CLINIC). MCPHAIL CENTER FOR MUSIC OFFERED FREE MUSIC CLASSES THAT INCLUDED SINGING, PLAYING AND LEARNING FOR FAMILIES AT HPMG'S WABASHA, INVER GROVE HEIGHTS, AND WOODBURY CLINICS. OVER 30 SUPPORT GROUPS AND WORKSHOPS SUPPORTING FAMILIES GOING THROUGH LOSS, GRIEF, HOSPICE CARE, DEMENTIA AND CANCER. PRESENTATIONS AT 1) THE MINNESOTA NETWORK OF HOSPICE AND PALLIATIVE (MNHPC) CONFERENCE ON CULTURALLY APPROPRIATE HOSPICE AND PALLIATIVE CARE, 2) SHARING THE JOURNEY CONFERENCE. MULTICULTURAL HUMILITY PRESENTATION. BENEFIT TO THE COMMUNITY. MEMBERSHIP. GHI MEMBERS RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS AND PHYSICIAN OFFICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION, AND CERTAIN PRESCRIPTION DRUGS. GHI PROVIDES THESE SERVICES TO ITS MEMBERS AND PATIENTS THROUGH A BROAD NETWORK OF PHYSICIANS AND HOSPITALS. THIS NETWORK INCLUDES CLINICS STAFFED BY GHI- AND PARK NICOLLET CLINIC (PNC)- EMPLOYED PHYSICIANS AND SEVEN HEALTHPARTNERS HOSPITALS: REGIONS HOSPITAL (REGIONS), A LEVEL I ADULT AND PEDIATRIC TRAUMA CENTER IN ST. PAUL, MINNESOTA, WESTFIELDS HOSPITAL, A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, A CRITICAL ACCESS HOSPITAL IN HUDSON, WISCONSIN, AMERY REGIONAL MEDICAL CENTER, A CRITICAL ACCESS HOSPITAL IN AMERY, WISCONSIN, LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION (LAKEVIEW HOSPITAL), A COMMUNITY HOSPITAL IN STILLWATER, MINNESOTA, PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST. LOUIS PARK, MINNESOTA AND HUTCHINSON HEALTH, A LEVEL III TRAUMA</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HOSPITAL IN HUTCHINSON, MINNESOTA HPI, GHI AND HPIC PROVIDE COMMERCIAL GROUP, COMMERCIAL INDIVIDUAL, MEDICARE AND MEDICAID MANAGED CARE PRODUCTS TO THEIR MEMBERS IN 2018, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 1,112,626 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS THESE MEMBERS FIT WITH THE FOLLOWING CATEGORIES 302,319 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 58,667 FULLY INSURED INDIVIDUAL MEMBERS, 65,298 MEDICARE (INCLUDES COST, SUPPLEMENTAL, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 160,953 PREPAID STATE HEALTHCARE PROGRAM MEMBERS, INCLUDING HMO PRODUCTS FOR MEDICARE/MEDICAID DUAL ELIGIBLE, LOW-INCOME ADULTS, AND 525,389 DENTAL MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HPAI, TO 504,136 SELF-INSURED COMMERCIAL MEMBERS IN ADDITION TO PROVIDING DIRECT CARE TO PERSONS ENROLLED IN GHI'S HMO PRODUCTS, HPMG PHYSICIANS SERVE PATIENTS WHO ARE UNINSURED AND UNABLE TO PAY FOR CARE GHI EMPLOYS FINANCIAL COUNSELORS WHO PROVIDE PATIENTS WITH OPTIONS WHEN THEY ARE UNINSURED OR UNDERINSURED FINANCIAL COUNSELOR'S LINK PATIENTS TO COMMUNITY RESOURCES, PROVIDE INFORMATION AND ASSISTANCE ON HPMG'S FINANCIAL ASSISTANCE PROGRAM AND ASSISTANCE WITH APPLYING FOR MINNESOTA HEALTH CARE PROGRAMS THROUGH THE MINNESOTA DEPARTMENT OF HUMAN SERVICES GHI ALSO HELPS PATIENTS WHO ARE UNABLE TO PAY FOR PRESCRIPTION DRUGS OR DO NOT HAVE PRESCRIPTION INSURANCE COVERAGE BY PROVIDING ASSISTANCE THROUGH THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MDHAP), WHICH PROVIDES MEDICATIONS TO MEDICAL ASSISTANCE PATIENTS VIRTUWELL VIRTUWELL IS A 24/7 ONLINE CLINIC THAT REINVENTS THE DIAGNOSIS AND TREATMENT EXPERIENCE FOR EVERYDAY ILLNESSES THROUGH A REFRESHINGLY SIMPLE ONLINE AND MOBILE PLATFORM, PAIRED WITH BEST-IN-CLASS CUSTOMER SERVICE, VIRTUWELL IS SAVING CONSUMERS, EMPLOYERS AND HEALTH PLANS TIME AND MONEY IT WAS CREATED TO BE SIMPLE, CONVENIENT AND AFFORDABLE AND LAUNCHED IN 2010 FOR MINNESOTA RESIDENTS SINCE THEN, IT HAS EXPERIENCED STEADY GROWTH AND IS AVAILABLE TO ANYONE WHO LIVES, WORKS OR TRAVELS WITHIN THE 13 STATES VIRTUWELL SERVES ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, IOWA, MICHIGAN, MINNESOTA, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, SOUTH DAKOTA, VIRGINIA, WISCONSIN, AND CAN BE ACCESSED ANYTIME FROM A SMART PHONE, TABLET OR COMPUTER MORE INFO AT WWW.VIRTUWELL.COM VIRTUWELL PROVIDES OUR MEMBERS WITH UNLIMITED FREE VISITS TO GET THEIR HEALTH QUESTIONS ANSWERED IT NOW INCLUDES 56 CONDITIONS, MORE THAN 300,000 TREATMENT PLANS AND HAS LED TO SAVINGS APPROACHING \$50 MILLION IN HEALTH CARE COSTS, AND THOUSANDS MORE REFERRED SAFELY TO IN-PERSON CARE VIRTUWELL MAINTAINS OUTSTANDING EFFECTIVENESS AND SATISFACTION RATES SINCE ITS LAUNCH, IT HAS RESULTED IN A REPORTED AVERAGE SAVINGS OF \$105 PER VISIT FOR MEMBERS, EMPLOYERS AND HEALTH PLANS MEMBERS CAN RECEIVE A DIAGNOSIS AND TREATMENT BY CERTIFIED NURSE PRACTITIONERS IN MINUTES IN ADDI</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	TION, NURSE PRACTITIONERS CAN SEND PATIENTS' PRESCRIPTIONS TO THEIR PHARMACY IF NEEDED THERE IS NO COST IF VIRTUWELL IS UNABLE TO TREAT THE PATIENT INDIVIDUALS WHO HAVE TRIED VIRTUWELL.COM HAVE FOUND THAT ONE VIRTUWELL VISIT CAN SAVE 2.5 HOURS OR MORE IT IS SIMPLE TO USE AND 98 PERCENT OF CUSTOMERS WOULD HIGHLY RECOMMEND VIRTUWELL TO FRIENDS AND FAMILY HEALTHPARTNERS CENTER FOR INTERNATIONAL HEALTH (CIH) HEALTHPARTNERS CENTER FOR INTERNATIONAL HEALTH CLINIC (CIH) WELCOMES PATIENTS COVERED BY MOST MAJOR INSURANCE PLANS AS WELL AS SELF-PAY PATIENTS CIH IS THE LARGEST MULTI-DISCIPLINARY HEALTH CARE PROGRAM IN MINNESOTA FOR REFUGEES, IMMIGRANTS AND NON-ENGLISH SPEAKING FAMILIES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CIH WAS ESTABLISHED IN 1980 IN RESPONSE TO THE INFLUX OF SOUTHEAST ASIANS TO MINNESOTA AFTER THE END OF THE VIETNAM WAR. INITIALLY CALLED THE HMONG CLINIC, OR THE SOUTHEAST ASIAN CLINIC, THE CLINIC NOW SEES MANY MORE RUSSIAN, AFRICAN AND BURMESE PATIENTS AS IMMIGRATION TRENDS CHANGE MINNESOTA'S DEMOGRAPHICS. SINCE 1980, THE PROGRAM HAS EXPANDED TO INCLUDE PATIENTS FROM MORE THAN 30 COUNTRIES, WITH A STAFF OF PROVIDERS COMBINING MORE THAN 100 YEARS OF EXPERIENCE IN INTERNATIONAL HEALTH WITH EXTENSIVE EXPERIENCE PRACTICING BOTH INTERNATIONALLY AND IN THE UNITED STATES. THE INTERNATIONAL MENTAL HEALTH PROGRAM WAS ESTABLISHED IN 1984, OFFERING PSYCHIATRY, PSYCHOLOGY, AND GROUP THERAPY. GHI ALSO EMPLOYS A FULL-TIME SOCIAL WORKER AND OFFERS ON-SITE INTERPRETERS FOR OVER 10 LANGUAGES OR LANGUAGE LINE INTERPRETERS VIA PHONE FOR VIRTUALLY ANY LANGUAGE. THE BILINGUAL STAFF IS DEDICATED TO PROVIDING CULTURALLY COMPETENT HEALTH CARE TO ALL PATIENTS. ADDITIONAL SERVICES AT CIH INCLUDE ADULT INTERNAL MEDICINE, PRIMARY CARE FOR NON-ENGLISH SPEAKING AND LIMITED ENGLISH SPEAKING PATIENTS, MEDICAL ISSUES/CHRONIC ILLNESS, REFUGEE AND IMMIGRANT HEALTH CARE, MEDICATION EVALUATION AND MANAGEMENT, CROSS-CULTURAL HEALTH CARE CONSULTS, WORKERS COMPENSATION EXAMS FOR FOREIGN BORN PATIENTS, AND INS ADJUSTMENT OF STATUS EXAMS FOR FAMILIES (CIVIL SURGEON ON STAFF). IN ADDITION, CIH OFFERS SAME-DAY APPOINTMENTS FOR PRIMARY CARE, REMOVING THE NEED FOR MOST REFERRALS TO SPECIALISTS WITHIN HPMG. FRUIT AND VEGGIE RX. GHI CONTINUED TO EXPAND THE FRUIT AND VEGGIE PRESCRIPTION PROGRAM (FRUITS AND VEGGIE RX). THE NUMBER OF FRUIT AND VEGETABLE "PRESCRIPTIONS" (VOUCHERS) DISTRIBUTED BY GHI INCREASED FROM 16,550 IN 2016 TO 29,758 IN 2018. THE PROGRAM IS POPULAR WITH FAMILIES AND GHI CLINICIANS, WITH THE MESSAGE TO TRY NEW FRUITS AND VEGETABLES. GHI PARTNERS WITH CUB FOODS IN THE TWIN CITIES METRO AREA FOR THE FRUIT AND VEGGIE VOUCHER REDEMPTION. THE DISTRIBUTION CONTINUES TO GROW EACH YEAR, AS DOES THE NUMBER OF LOCATIONS WHERE THE VOUCHERS ARE DISTRIBUTED. EXPANSION HAS INCLUDED SCHOOL-BASED CLINICS AND GHI'S WELL@WORK CLINICS. HEALTH PROFESSIONAL EDUCATION. HEALTHPARTNERS SEEKS TO BE THE BEST AND MOST TRUSTED PROVIDER OF HEALTH CARE, HEALTH PROMOTION, HEALTH CARE FINANCING AND HEALTH CARE ADMINISTRATION IN THE UNITED STATES. HEALTHPARTNERS' MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY. IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, THE HEALTHPARTNERS INSTITUTE (INSTITUTE), A RELATED ORGANIZATION OF HEALTHPARTNERS, TRAINS MORE THAN 500 RESIDENT PHYSICIANS (130 FTES) ANNUALLY IN 22 PROGRAMS AT REGIONS AND HPMG. FOR A FULL REPORT ON THE INSTITUTE'S 2018 RESEARCH, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN. HOSPICE AND PALLIATIVE CARE (HPC). GHI ALSO OPERATES HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE (HPC), A COMPREHENSIVE CARE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS OF SIX MONTHS OR LESS. HPC IS MEDICARE-CERTIFIED.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>FIED AND LICENSED BY THE STATE OF MINNESOTA WITH AN EMPHASIS ON ENABLING PATIENTS TO REMA IN IN THEIR HOMES FOR AS LONG AS POSSIBLE, HOSPICE TEAMS INCLUDE SPECIALLY-TRAINED HPMG PH YSICIANS AND NURSES, SOCIAL WORKERS, HOME HEALTH AIDES, VOLUNTEERS, CHAPLAINS AND COUNSELO RS WHO TOGETHER PROVIDE, EMOTIONAL, SPIRITUAL, AND MEDICAL SUPPORT HEALTHPARTNERS SPECIAL TY CENTER THE HEALTHPARTNERS SPECIALTY CENTER IS COMPRISED OF TWO BUILDINGS - 401 PHALEN B OULEVARD AND 435 PHALEN BOULEVARD - AND CONTAINS HPMG CLINICS AND REGIONS HOSPITAL-BASED S PECIALTY DEPARTMENTS THAT ARE ALL CONNECTED WITH THE LATEST IN ELECTRONIC MEDICAL RECORDS AND EASILY ACCESSIBLE DIGITAL X-RAYS THE LOCATION FEATURES MORE THAN 25 SPECIALTIES ON ON E CAMPUS GHI CONTINUED TO PROVIDE FREE SHUTTLE SERVICES FROM REGIONS TO THE HEALTHPARTNER S SPECIALTY CENTER FOR PATIENTS COMMUNITY BUILDING ACTIVITIES TRIPLE AIM HEALTHPARTNERS IS WORKING TO TRANSFORM HEALTH CARE BY DELIVERING OUTSTANDING CARE AND SERVICE THAT IS CON SISTENT WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "TRIPLE AIM" INITIATIVE HEALTHPAR TNERS IS ONE OF 12 ORGANIZATIONS PARTICIPATING IN THE PROJECT, AN INTERNATIONAL INITIATIVE TO DEVELOP MODELS OF CARE THAT SIMULTANEOUSLY OPTIMIZE THE HEALTH OF THE POPULATION AND T HE EXPERIENCE OF EACH INDIVIDUAL, WHILE REDUCING PER CAPITA HEALTH CARE COSTS THE INSTITU TE FOR HEALTHCARE IMPROVEMENT (IHI) SELECTED HEALTHPARTNERS IN 2007 FOR THIS MULTI-YEAR PR OJECT BASED ON INITIATIVES HEALTHPARTNERS HAD IN PLACE THAT SUPPORT THE TRIPLE AIM BEING PART OF AN INTEGRATED ORGANIZATION ALLOWS ENTITIES TO ADOPT AND SHARE IMPROVEMENTS SUCH AS BEST PRACTICES AND PATIENT EDUCATION MATERIALS ACROSS THE SYSTEM HEALTHPARTNERS CONTINUE S TO WORK WITH THE TRIPLE AIM AS WE WORK TOWARDS EXCELLENCE IN HEALTH CARE HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS LIVE HEALTHIER LIVES AND LOWERS COSTS THROUGH O UR UNIQUE WELLNESS PROGRAMS, ADVOCACY EFFORTS AND INNOVATIVE PAYMENT APPROACHES WHICH INCE NT AND REWARD QUALITY, WE ARE ABLE TO PROVIDE BETTER VALUE FOR OUR CUSTOMERS WE COLLABORA TE WITH OTHER PLANS, CARE PROVIDERS AND NON-PROFIT ORGANIZATIONS IN THE REGION AND THROUGH OUT THE NATION TO INCREASE ACCESS, CREATE AND DISSEMINATE QUALITY MEASURES AND INITIATIVES , PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY AND COLLABORATE ON SYSTEM IMPROVEMENTS BY P ARTNERING WITH PROVIDERS, MEMBERS, PURCHASERS, AND THE COMMUNITY, WE ARE LEVERAGING OUR PL AN CAPABILITIES TO DEVELOP INITIATIVES, WHICH IMPROVE HEALTH, MEMBER EXPERIENCE AND AFFORD ABILITY TOTAL COST OF CARE TOTAL COST OF CARE (TCOC), IS A METHOD OF MEASURING HEALTH CAR E AFFORDABILITY TCOC MEASURES ARE POWERFUL ANALYTICAL TOOLS FOR HEALTH PLANS, PROVIDERS, MEDICAL GROUPS, GOVERNMENT AGENCIES, EMPLOYERS AND OTHERS WITH A STAKE IN REDUCING HEALTH CARE COST TRENDS THEY CAN HELP PINPOINT WAYS TO MAKE HEALTH CARE MORE AFFORDABLE WITHOUT SACRIFICING QUALITY OR EXPERIENCE MANY ORGANIZATIONS HAVE EXPERIMENTED WITH TCOC MODELS I N RECENT YEARS HEALTHPARTNERS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>' TOTAL COST OF CARE AND RESOURCE USE (TCOC) FRAMEWORK ADDRESSES ONE OF THE MOST FUNDAMENTAL PROBLEMS RELATED TO POPULATION HEALTH RISING HEALTH CARE COSTS HEALTHPARTNERS HAS DEVELOPED A TCOC MODEL THAT IS UNIQUE IN A SIGNIFICANT WAY IT IS A FULL-POPULATION, PERSON-CENTERED MEASUREMENT TOOL THAT ACCOUNTS FOR 100 PERCENT OF THE CARE PROVIDED TO A PATIENT ADDITIONALLY, IT SUPPLIES A REPORTING SUITE TO SUPPORT MULTIPLE LEVELS OF ANALYSIS, CONSIDERING THE COST OF CARE PROVIDED TO A PATIENT (OR "TOTAL COST INDEX"), AND INCORPORATES AN INNOVATIVE APPROACH TO MEASURING RESOURCES USED IN PROVIDING THAT CARE (OR "TOTAL RESOURCE USE INDEX") WHEN USED IN COMBINATION, THESE MEASURES YIELD MORE COMPREHENSIVE, REVEALING AND ACTIONABLE RESULTS THAN COST MEASURES ALONE USING THIS SYSTEM, WHICH HAS BEEN MORE THAN A DECADE IN DEVELOPMENT AND STAGED-IN USE, HEALTHPARTNERS HAS OUTPERFORMED MINNESOTA, REGIONAL AND NATIONAL RISK-ADJUSTED COST OF CARE BENCHMARKS FOR MANY YEARS HEALTHPARTNERS FINANCIALLY INCENTIVIZES PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTH CARE IMPROVEMENT'S TRIPLE AIM IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEALTH CARE MORE AFFORDABLE HEALTHPARTNERS HAS BEEN DEVELOPING HEALTH CARE COST OF CARE AND RESOURCE USE MEASURES SINCE 1995 AFFORDABLE CARE ACT GHI WORKED ALONGSIDE OUR MEMBERS, PATIENTS AND EMPLOYER GROUPS, TO NAVIGATE THE COMPLEXITIES OF REFORM HEALTH CARE REFORM TOUCHES EVERYONE, REGARDLESS OF HEALTH, AGE OR EMPLOYMENT STATUS WITH WEBINARS, TRAINING SESSIONS, INFORMATIONAL ALERTS AND A REFORM-SPECIFIC WEBSITE, HEALTHPARTNERS BROUGHT REFORM INTO SIMPLE, PRACTICAL CLARITY OVER THE PHONE, ONLINE AND FACE TO FACE IN OUR HOSPITALS AND CLINICS, WE CONTINUE TO HAVE HUNDREDS OF ONE-ON-ONE DISCUSSIONS TO HELP INDIVIDUALS UNDERSTAND THEIR OPTIONS AND MAKE THE CHOICES THAT ARE BEST FOR THEM HEALTH CARE REFORM IS A TEST OF ANY ORGANIZATION'S COMMITMENT TO PARTNERSHIP WE CONTINUE TO HELP COLLEAGUES UNDERSTAND HEALTH REFORM AND MEASURE, WHILE EQUIPPING THEM TO ADDRESS MEMBER AND PATIENT QUESTIONS HEALTH REFORM WILL CONTINUE TO EVOLVE, AND OUR MISSION TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH THOSE WE SERVE WILL BE AS IMPORTANT AS EVER WE HAVE BEEN A TRUSTED PARTNER FOR MORE THAN 55 YEARS AND OUR COMMITMENT WILL NEVER CHANGE HEALTHY EQUITY SPONSOR GROUP OUR HEALTH EQUITY SPONSOR GROUP PROVIDES STRATEGICAL LEADERSHIP IN PLANNING AND EXECUTING ACTIVITIES AIMED AT IMPROVING HEALTH EQUITY THROUGH REDUCING HEALTH CARE DISPARITIES, IMPROVING ACCESS, AND SUPPORTING AN INCLUSIVE CULTURE THE GROUP ALIGNS HEALTH EQUITY ACTIVITIES ACROSS THE ORGANIZATION THROUGH INCLUSION IN ANNUAL PLANS, AND SUPPORTS TRACKING AND MONITORING OF PROGRESS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>THE HEALTH EQUITY SPONSOR GROUP PROVIDES AN ORGANIZATION-WIDE APPROACH TO MEASURE AND REDUCE HEALTH CARE DISPARITIES SUPPORTS WORKFORCE DEVELOPMENT INITIATIVES AIMED AT REINFORCING CULTURAL HUMILITY AND RESPECT, AND INCREASING AWARENESS OF CULTURAL ISSUES IMPROVES CARE AND SERVICE FOR PERSONS WHO HAVE LIMITED ENGLISH PROFICIENCY AND PATIENTS WHO ARE HEARING IMPAIRED INVOLVES PATIENTS AND MEMBERS IN THE PLANNING AND IMPLEMENTATION OF HEALTH EQUITY APPROACHES ENGAGES COMMUNITIES IN STRATEGIES AND PARTNERSHIPS TO PROMOTE HEALTH EQUITY PROVIDES RECOMMENDATIONS AND DIRECTION FOR DATA COLLECTION, ANALYSIS AND REPORTING ACROSS THE ORGANIZATION COMMUNICATES PROGRESS ON INITIATIVES ACROSS THE ORGANIZATION, AND EXTERNALLY AS APPROPRIATE COMMUNITY COLLABORATION TO GAIN INSIGHTS AND ENGAGE COMMUNITY WE HAVE BUILT A CULTURE OF HEALTH EQUITY IN OUR ORGANIZATION THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS OUR 2018 COMMUNITY HEALTH NEEDS ASSESSMENTS AND PLANS, CONDUCTED BY EACH OF OUR HOSPITALS, FRAMED HEALTH EQUITY AS AN UNDERLYING DRIVER FOR ALL OF THE HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLANS DURING THAT PROCESS, WE ENGAGED COMMUNITY MEMBERS, PUBLIC HEALTH, AND OUR OWN CLINICIANS TO MORE DEEPLY UNDERSTAND HOW WE MIGHT IMPACT THE HEALTH OF OUR COMMUNITY COMMUNITY PARTNERSHIP DEVELOPMENT IS A CORE STRATEGY IN OUR WORK TO PROMOTE HEALTH EQUITY WE INVEST IN SIX GENERAL AREAS HEALTHY CHILDREN, MENTAL HEALTH, NUTRITION AND FITNESS, HEALTH EQUITY, WELLNESS AND PREVENTION AND RESEARCH AND EDUCATION WE ALSO HAVE LARGER, MULTI-YEAR PARTNERSHIPS AND CAMPAIGNS WITH COMMUNITY-BASED ORGANIZATIONS SUCH AS THE MAKEITOK CAMPAIGN, POWERUP AND LITTLE MOMENTS COUNT TO IMPACT HEALTH DETERMINANTS EXAMPLES OF OTHER PARTNERS INCLUDE ORGANIZATIONS SUCH AS THE WILDER FOUNDATION/ ST PAUL PROMISE NEIGHBORHOOD, THE YWCA, NORTHSIDE ACHIEVEMENT ZONE, NAMI, OVER 60 SCHOOLS THROUGHOUT THE REGION, HUNGER SOLUTIONS, AND MANY OTHERS DETAILS ON COMMUNITY BENEFIT ACTIVITIES CAN BE FOUND ON THE HEALTHPARTNERS, INC 990S EQUITABLE CARE CHAMPIONS IN 2016, THE EQUITABLE CARE CHAMPION WAS LAUNCHED (PREVIOUSLY KNOWN AS THE EQUITABLE CARE FELLOWS PROGRAM) " A CHAMPION IS A PERSON WHO VOLUNTARILY TAKES EXTRAORDINARY INTEREST IN THE ADOPTION, IMPLEMENTATION AND SUCCESS OF A CAUSE, POLICY OR PROGRAM THROUGHOUT AN ORGANIZATION ALSO CALLED CHANGE ADVOCATE, CHANGE AGENT OR IDEA CHAMPION " THIS IS HOW WE DEFINE OUR EQUITABLE CARE CHAMPIONS ACROSS THE HEALTHPARTNERS ORGANIZATION EQUITABLE CARE CHAMPIONS MEETS ANNUALLY COMMUNITY BENEFIT OPERATIONS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2015, A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") COLLABORATION WAS CONDUCTED FOR HEALTHPARTNERS AND ITS HOSPITALS (REGIONS, LAKEVIEW HOSPITAL, HUDSON HOSPITAL, WESTFIE LDS HOSPITAL, AMERY REGIONAL MEDICAL CENTER, AND PARK NICOLLET METHODIST HOSPITAL) BY COMMUNITY HOSPITAL CONSULTING TO DETERMINE THE GREATEST HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THESE HOSPITALS SERVE SI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>MILAR COMMUNITIES AND HAVE OVERLAPPING STUDY AREAS THE SYSTEM'S STUDY AREA IS DEFINED AS DAKOTA, HENNEPIN, RAMSEY, SCOTT, AND WASHINGTON COUNTIES IN MINNESOTA AND POLK AND ST CROIX COUNTIES IN WISCONSIN DATA ELEMENTS REGARDING ALL SEVEN COUNTIES IN THE SYSTEM'S STUDY AREA ARE INCLUDED IN THIS REPORT FOR COMPARISON, AND ARE ALSO PROVIDED AS AN OPPORTUNITY FOR THE HOSPITALS TO WORK TOGETHER TO MEET THE NEEDS IDENTIFIED IN THE OVERLAPPING COUNTIE S - DEMOGRAPHICS CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN R AMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING OVERALL POPULATION, POPULATION BY RACE A ND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND ED UCATIONAL ATTAINMENT - HEALTH DATA COLLECTION CHC CONSULTING ANALYZED THE MOST CURRENT H EALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES IN CLUDING MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABL E DISEASES, PREVENTION AND NATALITY - COMMUNITY INPUT AS A PART OF COUNTY-WIDE ASSESSMEN TS, SURVEYS AND LISTENING SESSIONS WERE CONDUCTED TO GATHER INPUT FROM COMMUNITY RESIDENTS IN ADDITION, REGIONS CONDUCTED COMMUNITY CONVERSATIONS ON JUNE 16, 2015 AND JULY 14, 201 5 TO GAIN INSIGHT SURROUNDING SIGNIFICANT HEALTH NEEDS FINAL PRIORITIZED NEEDS - MENTAL A ND BEHAVIORAL HEALTH - ACCESS AND AFFORDABILITY - CHRONIC DISEASE AND ILLNESS PREVENTION - EQUITABLE CARE IN 2018, WE WORKED ON OUR NEXT CYCLE OF CHNA FOR 2019-2021 CHNA PRIORITIZ ATION - FIVE PRIORITY AREAS WERE IDENTIFIED THROUGH THE CHNA ACCESS TO CARE ACCESS TO CAR E REFERS TO HAVING EQUITABLE ACCESS TO APPROPRIATE, CONVENIENT AND AFFORDABLE HEALTH CARE THIS INCLUDES FACTORS SUCH AS PROXIMITY TO CARE, ACCESS TO PROVIDERS, COST, INSURANCE COV ERAGE, MEDICAL TRANSPORTATION, CARE COORDINATION WITHIN THE HEALTH CARE SYSTEM AND CULTURA L SENSITIVITY AND RESPONSIVENESS ACCESS TO HEALTH ACCESS TO HEALTH REFERS TO THE SOCIAL A ND ENVIRONMENTAL CONDITIONS THAT DIRECTLY AND INDIRECTLY AFFECT PEOPLE'S HEALTH, SUCH AS H OUSING, INCOME, EMPLOYMENT, EDUCATION AND MORE THESE FACTORS, ALSO REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, DISPROPORTIONATELY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES O F COLOR MENTAL HEALTH AND WELL-BEING MENTAL HEALTH AND WELL-BEING REFERS TO THE INTERCONN ECTION BETWEEN MENTAL ILLNESS, MENTAL HEALTH, MENTAL WELL-BEING AND THE ASSOCIATED STIGMA POOR MENTAL HEALTH IS ASSOCIATED WITH POOR QUALITY OF LIFE, HIGHER RATES OF CHRONIC DISEA SE AND A SHORTER LIFESPAN NUTRITION AND PHYSICAL ACTIVITY NUTRITION AND PHYSICAL ACTIVITY REFERS TO EQUITABLE ACCESS TO NUTRITION, PHYSICAL ACTIVITY AND FOOD AND FEEDING CHOICES POOR NUTRITION AND PHYSICAL INACTIVITY ARE MAJOR CONTRIBUTORS TO OBESITY AND CHRONIC DISEA SES SUCH AS DIABETES, HEART DISEASE AND STROKE, WHICH DISPROPORTIONALLY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR SUBSTANCE ABUSE SUBSTANCE ABUSE AND ADDICTION ARE TH E EXCESSIVE USE OF SUBSTANCES</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>INCLUDING ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, OPIOIDS AND OTHER DRUGS IN A MANNER THAT IS HARMFUL TO HEALTH AND WELL-BEING HEALTHPARTNERS DISCUSSED AND CONSIDERED ADDITIONAL OR ALTERNATIVE PRIORITIES DURING THE PRIORITIZATION PROCESS, INCLUDING OLDER ADULT HEALTH/AGING, MATERNAL AND CHILD HEALTH, ENVIRONMENTAL HEALTH AND INJURY AND VIOLENCE THESE NEEDS WERE NOT SELECTED AS TOP FIVE PRIORITIES IN THE CONSENSUS BUILDING PROCESS HOWEVER, THE THEMES WILL BE CONSIDERED IN THE IMPLEMENTATION OF THE SELECTED PRIORITY AREAS HEALTHPARTNERS APPROACH TO EQUITY AT HEALTHPARTNERS, A TOP PRIORITY IS TO MAKE SURE EVERYONE HAS EQUAL ACCESS TO EXCELLENT AND RELIABLE HEALTH CARE AND SERVICES, TO WORK TOWARD A DAY WHERE EVERY PERSON, REGARDLESS OF THEIR SOCIAL CIRCUMSTANCES, HAS THE CHANCE TO REACH THEIR BEST HEALTH THIS REQUIRES US TO IDENTIFY AND WORK TOWARDS ELIMINATING HEALTH DISPARITIES, DEFINED BY THE CDC AS "PREVENTABLE DIFFERENCES IN THE BURDEN OF DISEASE, INJURY, VIOLENCE OR IN OPPORTUNITIES TO ACHIEVE OPTIMAL HEALTH EXPERIENCED BY SOCIALLY DISADVANTAGED RACIAL, ETHNIC, AND OTHER POPULATION GROUPS AND COMMUNITIES " OUR COMMITMENT TO HEALTH EQUITY SHAPED OUR APPROACH TO OUR CHNA AND WILL CONTINUE TO SHAPE OUR APPROACH AS WE DEVELOP AN IMPLEMENTATION PLAN TO ADDRESS COMMUNITY HEALTH NEEDS IN PARTNERSHIP WITH OUR COMMUNITY THIS INCLUDES CONSIDERING FACTORS SUCH AS RACE, ETHNICITY, AGE, GENDER IDENTITY, SOCIOECONOMIC STATUS AND EDUCATION LEVELS WHEN SETTING PRIORITIES AND DEVELOPING IMPLEMENTATION PLANS NEXT STEPS - IMPLEMENTATION PLAN REPORT OUR HOSPITALS AND HEALTHPARTNERS WILL CONTINUE TO WORK COLLABORATIVELY WITH THE COMMUNITY TO DEVELOP SHARED GOALS AND ACTIONS THAT ADDRESS THE TOP FIVE PRIORITY NEEDS IDENTIFIED IN THE 2018 CHNA THESE SHARED GOALS AND ACTIONS WILL BE PRESENTED IN OUR IMPLEMENTATION STRATEGY, WHICH IS A REQUIRED COMPANION REPORT TO THE CHNA EACH NEED ADDRESSED WILL BE TAILORED TO THE HOSPITAL'S PROGRAMS, RESOURCES, PRIORITIES, PLANS AND/OR COLLABORATION WITH GOVERNMENTAL, NON-PROFIT OR OTHER HEALTH CARE ORGANIZATIONS WHILE THE HEALTHPARTNERS HOSPITALS JOINTLY PRIORITIZED SYSTEMS-LEVEL NEEDS, THE U.S. DEPARTMENT OF THE TREASURY AND THE IRS REQUIRE A HOSPITAL ORGANIZATION TO SEPARATELY DOCUMENT THE IMPLEMENTATION STRATEGY FOR EACH OF ITS HOSPITAL FACILITIES THE BOARD OF EACH HOSPITAL MUST APPROVE THE IMPLEMENTATION STRATEGY BY MAY 2019</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CENTER FOR COMMUNITY HEALTH (CCH) CCH IS A COLLABORATIVE WITH HEALTH PLANS, HOSPITALS AND LOCAL PUBLIC HEALTH AGENCIES IN THE TWIN CITIES SEVEN-COUNTY METRO AREA IN MINNESOTA CCH WAS FORMED FOR TWO PURPOSES 1) TO ALIGN THE PROCESSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) THAT ARE REQUIRED OF LOCAL PUBLIC HEALTH AGENCIES AND HOSPITALS, AND 2) TO COLLECTIVELY ACT TO IMPACT A SHARED PUBLIC HEALTH PRIORITY CCH HAS TWO WORK GROUPS TO ACCOMPLISH THOSE OBJECTIVES THE COLLECTIVE ACTION WORKGROUP, WHOSE NAME WAS CHANGED TO COLLECTIVE ACTION MAKING A COLLECTIVE IMPACT (CACI), WAS TASKED WITH DEVELOPING AND IMPLEMENTING ACTIVITIES THAT ADDRESS A SHARED PUBLIC HEALTH PRIORITY AREA BASED ON CHNAS THEIR FOCUS HAS BEEN ON MENTAL HEALTH THE ASSESSMENT ALIGNMENT WORKGROUP WAS TASKED WITH ASSESSING AND DEVELOPING A FRAMEWORK WITH COMMON LANGUAGE AND PROCESSES TO GUIDE MEMBERS IN CONDUCTING FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALLOWS FOR AGGREGATE ANALYSIS OF COMMUNITY HEALTH NEEDS ACROSS THE TWIN CITIES SEVEN-COUNTY METRO AREA ADDITIONALLY, THE GROUP WILL DETERMINE MORE EFFECTIVE USE OF DATA BY IDENTIFYING OPPORTUNITIES FOR COLLABORATIVE DATA COLLECTION AND ANALYSIS AND ELIMINATING BARRIERS TO DATA SHARING AMONG MEMBERS ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS THE WORKGROUPS MEET ONCE EACH MONTH AND ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS MORE ABOUT CCH AT WWW.MNMETROCCH.ORG WORKPLACE DIVERSITY HEALTHPARTNERS ACTIVELY SEEKS TO HIRE A DIVERSE STAFF AND OUR RECRUITMENT TEAM PARTICIPATED IN SEVERAL CAREER FAIRS THAT FOCUSED ON DIVERSITY THESE EVENTS PARTNER WITH LOCAL COMMUNITY ORGANIZATIONS TO PROMOTE THEIR EVENTS AND PROVIDE AN OPPORTUNITY FOR RECRUITERS TO MEET WITH COMMUNITY MEMBERS IN AN EFFORT TO INCREASE DIVERSE HIRING WE ARE A PREMIER SPONSOR OF THE UNIVERSITY OF ST THOMAS COLLEGE AND TWIN CITIES BLACK MBA 'THE FORUM ON WORKPLACE INCLUSION,' WHICH OFFERS WORKSHOPS ON CULTURAL COMPETENCE AND WORKPLACE DIVERSITY THIS YEAR, IN ADDITION TO SPONSORSHIP, WE SERVED ON THE HEALTHCARE COMMITTEE TRACK AND WILL BE PRESENTING FOR THE UPCOMING 2019 FORUM ON THE TOPIC OF PATIENT AND MEMBER BIAS CAREER FAIRS ANOKA COUNTY TECHNICAL COLLEGE MEDICAL ASSISTANTS CAREER FAIR BLOOMINGTON WORKFORCE CENTER HEALTH CAREER FAIR WEST SAINT PAUL WORKFORCE CENTER HIRING EVENT DEED VETERAN S CAREER FAIR DAKOTA COUNTY TECHNICAL COLLEGE HEALTH CAREER FAIR MEETINGS/TRAININGS/WEBINARS BITCON - BLACKS IN TECHNOLOGY CONFERENCE MN RECRUITERS CONFERENCE - DIVERSITY AND INCLUSION PANEL DISCUSSION MAKE IT MSP - PEOPLE OF COLOR COHORT, GETTING REAL ON WORKPLACE INCLUSION IT READY - KEEPING THE DIVERSITY IN IT CARING FOR TRANSGENDER PATIENTS AND MEMBERS WELCOMING DISABILITY AS DIVERSITY IN THE WORKPLACE HIRE MILITARY VETERANS AND GAIN MORE THAN JUST A NEW EMPLOYEE IT'S TIME TO TALK ABOUT DISABILITY VETERAN RECRUITING - CREATING LASTING IMPACT THROUGH INNOVATIVE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SOLUTIONS WE WORKED WITH MINNEAPOLIS PUBLIC SCHOOLS AND THEIR STEP-UP ACHIEVE INTERNSHIP PROGRAM TO PROVIDE SUMMER INTERNSHIPS, MENTORING AND CAREER COACHING FOR EIGHT DIVERSE STUDENTS IN 2018. IN ADDITION, WE OFFERED TRAINING ON MICROSOFT OUTLOOK AND RESUME BUILDING TO ADVANCE OUR WORK AROUND LGBTQ INCLUSION AND EQUITY. HEALTHPARTNERS WAS A SPONSOR OF THE OUTFRONT MINNESOTA GALA AND HAD A STRONG PRESENCE AT TWIN CITIES PRIDE FESTIVAL AND PARADE IN 2018. FOR OUR EFFORTS ON BEHALF OF LGBTQ PEOPLE AND ISSUES, HEALTHPARTNERS RECEIVED THE TWIN CITIES CHAMPION OF PRIDE AWARD. THE ORGANIZATION PROMOTED WOMEN'S HEALTH WITH MOBILE MAMMOGRAPHY SERVICES, AND TRANSGENDER AND GENDER SERVICES THROUGH SUPPORT AND PROMOTION OF HEALTHPARTNERS GENDER SERVICES CLINIC. HEALTHPARTNERS ALSO VOLUNTEERED AT THE MN AIDS WALK AND THE RED RIBBON RIDE. HEALTHPARTNERS CONTINUES TO BE A SPONSOR OF THE YWCA'S IT'S TIME TO TALK EVENT. THIS YEAR, HEALTHPARTNERS SPONSORED THE YWCA'S FIRST IT'S TIME TO ACT FORUM SERIES, SERVING AS A SPEAKER SPONSOR FOR ROBIN DI ANGELO'S TALK ON WHITE FRAGILITY TO AN AUDIENCE OF HUNDREDS AT WESTMINSTER PRESBYTERIAN CHURCH. IN 2018, THE DIVERSITY AND INCLUSION DEPARTMENT HOSTED AN IT'S TIME TO TALK EVENT ABOUT DISABILITY. THIS EVENT LEVERAGED EMPLOYEE AND MEMBER STORIES TO HELP COLLEAGUES TALK ABOUT THESE TOPICS AND BEING MORE INCLUSIVE IN THE WORKPLACE. IN ADDITION, THE CROSS CULTURAL LEADERSHIP NETWORK (AN EMPLOYEE RESOURCE GROUP) HOSTED A LEARNING EXPERIENCE FOR THE GIRL SCOUTS OF MINNESOTA. THE SESSION BROUGHT APPROXIMATELY 30 GIRLS SCOUTS FROM 5TH TO 8TH GRADE TO CAMPUS FOR A DAY TO LEARN ABOUT CAREERS IN HEALTH CARE AND NETWORK WITH WOMEN WHO WORK IN HEALTH CARE. ALL MEMBERS OF THE CROSS CULTURAL LEADERSHIP NETWORK WERE ALSO TRAINED AS MENTAL ILLNESS WE PARTNERED WITH AVIVO (PREVIOUSLY RESOURCE), A NONPROFIT ORGANIZATION THAT HELPS ALL JOB SEEKERS ACHIEVE THEIR GOALS THROUGH ITS SPECIALIZED JOB-SKILLS TRAINING AND EMPLOYMENT SERVICES FOR CANDIDATES, TO PROVIDE THEIR JOB SEEKERS WITH AN OVERVIEW OF ENTRY-LEVEL CORPORATE AND CLINIC POSITIONS. WE ALSO PRESENTED ON RESUME BUILDING, PROVIDED INTERVIEW TIPS AND WALKED THROUGH OUR ONLINE APPLICATION PROCESS. WE PARTNERED WITH THE KAREN ORGANIZATION OF MINNESOTA (KOM), A NONPROFIT ORGANIZATION SUPPORTING KAREN AND BURMESE REFUGEES WITH TOOLS AND RESOURCES TO HELP THEM SETTLE, INTEGRATE AND BECOME SELF-SUFFICIENT. IN ADDITION, KOM PROVIDES EDUCATION AND EMPLOYMENT CLASSES AND OPPORTUNITIES. WE PARTNER BY HELPING THEIR COMMUNITY UNDERSTAND OUR JOB POSTINGS AND WALKING THEM THROUGH OUR ONLINE APPLICATION PROCESS. WE PARTNERED WITH TWIN CITIES RISE - A NONPROFIT THAT TRANSFORMS LIVES, ESPECIALLY THOSE OF MEN OF COLOR, THROUGH MEANINGFUL EMPLOYMENT SO THEY CAN ACHIEVE LONG TERM JOB SUCCESS TO SUPPORT THEIR FAMILIES. HEALTHPARTNERS ASSISTS WITH MOCK INTERVIEWS. WE WORKED WITH MINNEAPOLIS PUBLIC SCHOOLS AND THEI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>R STEP-UP ACHIEVE INTERNSHIP PROGRAM TO PROVIDE SUMMER INTERNSHIPS, MENTORING AND CAREER COACHING FOR EIGHT RACIALLY DIVERSE STUDENTS IN 2018 IN ADDITION, WE OFFERED TRAINING ON MICROSOFT OUTLOOK AND RESUME BUILDING IN ADDITION, IN 2018, MORE THAN 40 DIVERSITY AND INCLUSION COURSES WERE TAUGHT ONE OF THE SESSIONS, RECOGNIZING AND MANAGING BIAS, WAS ATTENDED BY HUNDREDS OF LEADERS AND COLLEAGUES ACROSS THE ORGANIZATION THE SESSION EXPLORED HOW BIASES IMPACT OUR DECISIONS AND WHAT WE CAN DO TO RECOGNIZE AND TAKE STEPS TO MINIMIZE THE IMPACT OF BIAS ON OUR WORK WITH PATIENTS, MEMBERS, AND COLLEAGUES IN 2018, DIVERSITY AND INCLUSION ALSO ROLLED OUT A NEW COURSE - ADDRESSING PATIENT AND MEMBER BIAS THAT TO DATE OVER 800 EMPLOYEES HAVE PARTICIPATED IN, ALONG WITH A TOOLKIT TO HELP EMPLOYEES NAVIGATE THESE INSTANCES WHEN THEY OCCUR FINANCIAL CONTRIBUTIONS HEALTHPARTNERS GIVES PRIORITY TO FUNDING PARTNERSHIPS AND PROJECTS THAT ARE CONSISTENT WITH ITS STRATEGIC HEALTH PROMOTION INITIATIVES, FOCUS ON ACTIVITIES THAT PREVENT HEALTH PROBLEMS, ADDRESS THE NEEDS OF PEOPLE IN OUR SERVICE AREA, AND/OR DISPLAY UNDERSTANDING OF THE DIVERSE NEEDS OF OUR POPULATION AND INDICATE HOW THEY WILL REDUCE DISPARITIES IN HEALTH OUTCOMES HEALTHPARTNERS EMPLOYEES GAVE WITH THEIR MILLION-DOLLAR HEARTS TO THE COMMUNITY AND OUR FOUNDATION MISSIONS THROUGH THE COMMUNITY GIVING AND SHARING AT WORK CAMPAIGNS, AS WELL AS OUR WALK ENGAGEMENTS ADDITIONALLY, HEALTHPARTNERS PARTICIPATED IN COMMUNITY FESTIVALS AND EVENTS PROVIDING OUTREACH AND EDUCATION RESOURCES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS, INCLUDING BODY MASS INDEX, HEALTHY EATING, SMOKING CESSATION, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE A DETAILED LIST OF COMMUNITY BENEFIT ACTIVITIES CAN BE FOUND ON THE HEALTHPARTNERS, INC 990S DONATIONS &amp; VOLUNTEERISM ACTIVITIES DROP-IN VOLUNTEERING &amp; MARTIN LUTHER KING, JR DAY OF SERVICE DROP-IN VOLUNTEERING ARE VOLUNTEERING OPPORTUNITIES ORGANIZED BY HEALTHPARTNERS COMMUNITY RELATIONS TO CONTINUE OUR EMPLOYEE ENGAGEMENT WITH OUR COMMUNITY ORGANIZATIONS ONE HOUR DROP-IN VOLUNTEERING SESSIONS ARE ORGANIZED ON SITE AND EMPLOYEES DONATE THEIR TIME VOLUNTEER TIMES HAVE RANGED ANYWHERE FROM FIVE MINUTES UP TO 120 MINUTES DEPENDING ON THE EMPLOYEE VOLUNTEER AVAILABILITY IN 2018, OVER 40 COLLEAGUES PARTICIPATED IN THE 5TH ANNUAL DROP-IN VOLUNTEERING EVENT, IN HONOR OF MARTIN LUTHER KING, JR DAY OF SERVICE, SPONSORED BY HEALTHPARTNERS AND SEIU HEALTHCARE MINNESOTA PARTICIPANTS CONTRIBUTE D OVER 16 VOLUNTEER HOURS, REPACKAGED 589 BAGS OF 2-LOAD LAUNDRY DETERGENT (1,178 LOADS), UPCYCLED 45 T-SHIRTS INTO REUSABLE GROCERY BAGS AND HANDMADE OVER 30 THOUGHTFUL CARDS FOR FAMILIES THESE ITEMS WERE DONATED TO THE SHERIDAN STORY, THE FOOD GROUP, ONE HEARTLAND AND THE MINNESOTA BRAIN INJURY ALLIANCE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>HPMG ALSO HOSTED A FOOD DONATION DRIVE IN PARTNERSHIP WITH THE SHERIDAN STORY, WHOSE MISSION IS TO FIGHT CHILD HUNGER. MANY COLLEAGUES WHO WERE NOT ABLE TO STAY AT THE EVENT CONTRIBUTED BY DROPPING OFF BAGS OF FOOD. WE COLLECTED OVER 2,000 POUNDS OF FOOD, WHICH PROVIDES 435 CHILDREN WITH A WEEK'S WORTH OF FOOD! THE SHERIDAN STORY BEGAN BY PROVIDING ONE BAG OF NON-PERISHABLE FOOD TO 27 KINDERGARTENERS EACH WEEKEND IN 2010. TODAY THE SHERIDAN STORY HAS SEEN INCREDIBLE GROWTH IN ITS IMPACT AND NOW SERVES MORE THAN 5,400 STUDENTS IN 144 SCHOOLS. DONATIONS &amp; VOLUNTEERISM ACTIVITIES: THE FOOD GROUP HEALTHPARTNERS HAS HAD A WONDERFUL PARTNERSHIP WITH THE FOOD GROUP, A FULL-SERVICE FOOD BANK WITH OVER 200 HUNGER RELIEF PARTNERS STATEWIDE PROVIDING FREE FOOD, ACCESS TO BULK FOOD PURCHASING, AND FORMALIZED FOOD DRIVE PROGRAMS. THE FOOD GROUP ALSO OFFERS FOOD SHELVES, FREE DELIVERY, AND OUTREACH AND ADVOCACY OPPORTUNITIES. UNLIKE SOME FOOD BANKS, THE FOOD GROUP DOES NOT CHARGE MEMBERSHIP OR HANDLING FEES TO OUR NETWORK OF HUNGER-RELIEF PROGRAMS. IN 2018, HEALTHPARTNERS CONTRIBUTED 1,888 POUNDS OF DONATIONS AND \$911.98. THIRTY-THREE VOLUNTEERS FROM HEALTHPARTNERS CONTRIBUTED A TOTAL OF 67 HOURS AND PACKED 12,130 POUNDS OF FOOD. EMPLOYEE GIVING: HEALTHPARTNERS' COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTENDS BEYOND ITS DOORS. ADDRESSING DISPARITIES IS ONE OF THE REASONS HEALTHPARTNERS HAS A COMMITMENT TO WORKPLACE GIVING. A COMPREHENSIVE EMPLOYEE GIVING CAMPAIGN IS A KEY WAY TO PROVIDE A SAFETY NET OF SERVICES AND SUPPORT TO IMPROVE THE HEALTH OF THE COMMUNITY. TWICE A YEAR, HEALTHPARTNERS EMPLOYEES HAVE THE OPPORTUNITY TO MAKE DONATIONS THAT BENEFIT HEALTHPARTNERS PROGRAMS INTERNALLY AND THEIR OVERALL COMMUNITIES EXTERNALLY. THESE OPPORTUNITIES ARE THE ONE (FORMERLY SHARING AT WORK) CAMPAIGN, WHICH OCCURS DURING THE SPRING AND THE COMMUNITY GIVING CAMPAIGN, WHICH OCCURS DURING THE FALL. IN 2018, EMPLOYEES FROM HEALTHPARTNERS ORGANIZATIONS DONATED \$1,215,256 TO THE ONE CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION. THE TOTAL INCLUDED \$500,000 THAT HEALTHPARTNERS MATCHED. THE ONE CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTHPARTNERS, INCLUDING ITS SIX HOSPITAL FOUNDATIONS - REGIONS HOSPITAL FOUNDATION, LAKEVIEW MEMORIAL HOSPITAL FOUNDATION, AMERY REGIONAL HOSPITAL FOUNDATION, HUDSON HOSPITAL FOUNDATION, AND WESTFIELDS HOSPITAL FOUNDATION. THE FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN SUPPORTED EIGHT LOCAL FEDERATIONS: GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, ST. CROIX VALLEY UNITED WAY, AND UNITED WAY OF CENTRAL MINNESOTA, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA, COMMUNITY HEALTH FUND AND THE MINNESOTA ENVIRONMENTAL FUND. IN 2018, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$274,061, WHICH INCLUDED EMPLOYEE PLEDGES THROUGH AUTOMATIC PAYROLL DEDUCTIONS, \$60,000 FROM HEALTHPARTNERS THAT WAS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>DISTRIBUTED TO ALL FEDERATIONS, AND ADDITIONAL EMPLOYEE FUNDRAISING DOLLARS THROUGH SPECIAL EVENTS ACROSS THE ORGANIZATION IN-KIND DONATIONS HEALTHPARTNERS SUPPORTS AND CONTRIBUTES TO NUMEROUS NON-PROFIT ORGANIZATIONS THROUGHOUT THE YEAR BY PROVIDING MEETING SPACE AND DONATING USED EQUIPMENT IN 2018, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS INCLUDING FURNISH OFFICE AND HOME IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORK PLACE TOYS FOR TOTS RECEIVED BOXES OF TOYS FROM OUR ANNUAL TOY DRIVE OVER THE HOLIDAY SEASON ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2018, HEALTHPARTNERS RECEIVED NUMEROUS AWARDS THAT RECOGNIZE OUR COMMITMENT TO PROVIDING HIGH-QUALITY CARE, COVERAGE AND SERVICE FOR OUR MEMBERS AND PATIENTS AND FOR OUR EFFORTS TO IMPROVE ENERGY EFFICIENCY AND REDUCE WASTE THE RANGE OF AWARDS IS ASTOUNDING, FROM THOSE THAT RECOGNIZED TOP-NOTCH CUSTOMER SERVICE TO THOSE THAT HONOR INNOVATION, HEALTH OUTCOMES AND PATIENT SAFETY THROUGH SUCH RECOGNITION, WE ARE LEADING THE WAY AND MAKING PROGRESS TOWARD OUR MISSION - TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY SEVERAL AWARDS AND HONORS FROM THE LAST YEAR ARE OUTLINED BELOW TOP HEALTH SYSTEM FOR TWO YEARS IN A ROW, IBM WATSON HEALTH NAMED HEALTHPARTNERS A TOP 15 HEALTH SYSTEM FOR PREVENTING INFECTIONS AND COMPLICATIONS, SHORTER EMERGENCY WAIT TIMES, LOWER SPENDING AND HIGHER PATIENT SATISFACTION FOR 14 YEARS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE HAS RECOGNIZED HEALTHPARTNERS AS THE HIGHEST OR ONE OF THE HIGHEST PERFORMING COMMERCIAL HEALTH PLANS IN MINNESOTA FOR CARE AND CUSTOMER SATISFACTION HEALTHPARTNERS IS THE HIGHEST RANKED PLAN IN OVERALL MEMBER SATISFACTION IN THE MINNESOTA/WISCONSIN REGION, ACCORDING TO THE JD POWER 2018 U.S. COMMERCIAL MEMBER HEALTH PLAN STUDY HIGH-QUALITY CLINICAL CARE HEALTHGRADES NAMED REGIONS ONE OF AMERICA'S 50 BEST HOSPITALS (2016-2019), PUTTING IT IN THE TOP 1 PERCENT OF HOSPITALS FOR CLINICAL EXCELLENCE METHODIST IS AMONG AMERICA'S 100 BEST HOSPITALS (2017-2018), PUTTING IT IN THE TOP 2 PERCENT OF HOSPITALS FOR CLINICAL EXCELLENCE HEALTHPARTNERS IS ONE OF THE TOP-RATED PRIVATE COMMERCIAL HEALTH PLANS IN THE STATE AND ONE OF THE HIGHEST-RATED HEALTH PLANS IN THE NATION WITH A RATING OF 4.5 OUT OF 5, ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) * THE AMERICAN HOSPITAL ASSOCIATION (AHA) NAMED METHODIST HOSPITAL A 2018 CITATION OF MERIT AWARD RECIPIENT AS PART OF THE ANNUAL QUEST FOR QUALITY LEADERSHIP MODERN HEALTHCARE 100 MOST INFLUENTIAL PEOPLE IN HEALTHCARE - ANDREA WALSH MINNEAPOLIS/ST PAUL BUSINESS JOURNAL WOMEN IN BUSINESS - ANDREA WALSH TWIN CITIES BUSINESS MAGAZINE OUTSTANDING DIRECTOR - DONALD LEWIS MINNEAPOLIS ST PAUL BUSINESS JOURNAL CFO OF THE YEAR - DAVE DZUIK MINNESOTA MONTHLY 500 MOST POWERFUL BUSINESS EXECUTIVES - ANDREA WALSH,</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>STEVE CONNELLY, MEGAN REMARK MODERN HEALTHCARE TOP 25 COOS IN HEALTHCARE - NANCE MCCLURE THOMAS KOTTKE, MD, A HEALTHPARTNERS CARDIOLOGIST AND EPIDEMIOLOGIST AND MEDICAL DIRECTOR FOR WELL-BEING, IS THE RECIPIENT OF THE 2018 PRESIDENT'S AWARD FROM THE MINNESOTA MEDICAL ASSOCIATION THE AWARD RECOGNIZES DR KOTTKE'S WORK TO IMPROVE HEALTH IN OUR COMMUNITY BY PROMOTING PUBLIC HEALTH MEASURES INCLUDING TOBACCO CESSATION, TEEN PREGNANCY PREVENTION, BIKE SAFETY AND GUN VIOLENCE PREVENTION SUSTAINABILITY HEALTHPARTNERS RECEIVED EIGHT CIRCLES OF EXCELLENCE AWARDS IN SEVEN DIFFERENT CATEGORIES FROM PRACTICE GREENHEALTH, THE NATION'S LEADING ORGANIZATION DEDICATED TO ENVIRONMENTAL SUSTAINABILITY IN HEALTH CARE BECKER'S GREENEST HOSPITALS- AMERY HOSPITAL &amp; CLINIC, METHODIST HOSPITAL, REGIONS HOSPITAL, HUDSON HOSPITAL &amp; CLINIC, LAKEVIEW HOSPITAL AND WESTFIELDS HOSPITAL &amp; CLINIC RECOGNIZED MEDICARE MODEL FOR TWO YEARS, BECKER'S HOSPITAL REVIEW, A HIGHLY RESPECTED HEALTH CARE PUBLICATION, HAS RECOGNIZED PARK NICOLLET AS ONE OF THE ACCOUNTABLE CARE ORGANIZATIONS TO KNOW THIS RECOGNITION IS BASED ON FACTORS THAT INCLUDE QUALITY AND COST HEALTHPARTNERS IS THE TOP-RATED MEDICARE PLAN IN MINNESOTA, ACCORDING TO THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) HEALTHPARTNERS FREEDOM (COST) PLAN RECEIVED A RATING OF 5 OUT OF 5 FROM NCQA PHARMACY THE PHARMACY QUALITY ALLIANCE (PQA) ANNOUNCED THAT HEALTHPARTNERS WAS AMONG TEN MEDICARE PLANS TO RECEIVE A PQA QUALITY AWARD FOR HIGH ACHIEVEMENT OR SIGNIFICANT IMPROVEMENT IN PQA MEASURES OF MEDICATION SAFETY AND APPROPRIATE USE HEALTHPARTNERS IS BEING RECOGNIZED FOR A PROGRAM THAT PROVIDES INFUSIONS FOR BIOLOGIC MEDICATIONS IN A PATIENT'S HOME, CLINICS OR OTHER LOWER COST SITES THE PROGRAM WAS ONE OF JUST EIGHT TO RECEIVE AN EXCELLENCE AWARD FROM THE PHARMACY BENEFIT MANAGEMENT INSTITUTE AT ITS ANNUAL CONFERENCE THE HEALTHPARTNERS PROGRAM WAS THE ONLY WINNER IN THE COST CONTAINMENT CATEGORY CANCER CARE THE MINNESOTA CHAPTER OF THE AMERICAN CANCER SOCIETY HAS NAMED HEALTHPARTNERS AS THE CRC ORGANIZATION OF THE YEAR FOR ITS EXCEPTIONAL EFFORTS SURROUNDING COLORECTAL CANCER SCREENINGS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	GHI HAS ASSOCIATED MEMBERS THESE ASSOCIATE MEMBERS ARE INDIVIDUAL CONTRACT HOLDERS OF GHI OR ITS RELATED ORGANIZATION THAT ADMINISTERS SELF-INSURED CONTRACTS HPI IS THE SOLE CORPORATE MEMBER OF GHI AND EXERCISES CERTAIN RESERVED POWERS EACH ASSOCIATE MEMBER HAS ONE VOTE BYLAWS, SECTION 1 1

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE ASSOCIATE MEMBERS ELECT THE "MEMBER-ELECTED DIRECTORS " THREE OF THE FIVE DIRECTORS ARE MEMBER-ELECTED DIRECTORS THE CHAIR OF THE CORPORATE MEMBER SERVES AS A DIRECTOR EX OFFICIO AND AS THE CHAIR OF GHI



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ASSOCIATE MEMBERS HAVE APPROVAL RIGHTS REGARDING AMENDMENTS TO THE ARTICLES AND BYLAWS OF GHI AND ANY MERGER WHEREBY GHI IS MERGED INTO AND SURVIVED BY A DIFFERENT CORPORATION THE SOLE CORPORATE MEMBER MUST APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS AS FOLLOWS ANNUAL OPERATING AND CAPITAL BUDGETS AND LONG RANGE PLANS, INDEBTEDNESS IN EXCESS OF AMOUNTS DETERMINED FROM TIME TO TIME, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, DISPOSAL OF ASSETS IN EXCESS OF AMOUNTS DETERMINED FROM TIME TO TIME, APPOINTMENT OR REMOVAL OF THE CHIEF EXECUTIVE OFFICER, AMENDMENT OF ARTICLES OR BYLAWS, VOLUNTARY DISSOLUTION, VENDOR AGREEMENT INVOLVING 20% OR MORE OF OPERATING EXPENSES, ANY ACTION TAKEN BY THE VOTE OF THE FULL BOARD OF DIRECTORS BYLAWS, ARTS IV, XIII, XIV

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	GHI'S 990 RETURN HAS A COMPREHENSIVE REVIEW PROCESS THAT IS FOLLOWED BEFORE IT IS PRESENTED TO THE GOVERNING BODY OF GHI. THE REVIEW PROCESS INCLUDES A LAYERED REVIEW BY GHI'S TAX DEPARTMENT, MANAGEMENT TEAM, INTERNAL LEGAL DEPARTMENT AND OUTSIDE INDEPENDENT ACCOUNTANTS. EACH ONE OF THOSE AREAS HAS AN OPPORTUNITY TO REVIEW, ASK QUESTIONS AND MAKE COMMENTS BACK TO THE TAX DEPARTMENT OF GHI BEFORE THE FORM 990 IS PRESENTED TO THE GOVERNING BODY OF GHI. GHI MAKES AVAILABLE, TO THE AUDIT AND COMPLIANCE COMMITTEE OF GHI'S BOARD OF DIRECTORS AND TO THE FULL BOARD OF DIRECTORS, A COPY OF THE 990 FOR REVIEW AND COMMENT PRIOR TO THE FILING OF THE 990 RETURN. THIS COPY IS PROVIDED IN THE HEALTHPARTNERS BOARD EFFECT PORTAL FOR ALL BOARD MEMBERS TO REVIEW PRIOR TO THE FILING OF THE 990, AND IS AN AGENDA ITEM AT THE COMMITTEE MEETING. THIS PROCESS IS NOTED AND DOCUMENTED IN THE WRITTEN COMMITTEE MINUTES OF THE MEETING. THESE MINUTES ARE PRESENTED TO THE FULL BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE GHI BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF ITS BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, AND KEY EMPLOYEES ("COVERED PERSONS") BY MAINTAINING A CONFLICT OF INTEREST POLICY UNDER THE POLICY, COVERED PERSONS ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND ASKED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS THE LEGAL DEPARTMENT OF HEALTHPARTNERS REVIEWS THE QUESTIONNAIRE RESPONSES AND DEVELOPS A REPORT DETAILING ANY POTENTIALLY MATERIAL CONFLICTS FOR THE PRESIDENT AND CHAIR OF THE BOARD A VERBAL SUMMARY IS ALSO GIVEN TO THE FULL BOARD OR APPROPRIATE COMMITTEE ENDING WITH A REMINDER TO COVERED PERSONS OF THE POLICY'S MANDATE THAT EACH PERSON IS OBLIGATED TO DISCLOSE ANY NEW POTENTIAL CONFLICTS AS THEY MAY ARISE THROUGHOUT THE YEAR BOARD AGENDAS AND EXECUTIVE DECISIONS ARE MONITORED IN RELATION TO THIS POLICY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>GHI HAS AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF ITS CEO AND ITS OTHER OFFICERS EVERY THREE YEARS, UNDER THE DIRECTION OF THE GHI BOARD OF DIRECTORS' COMPENSATION AND LEADERSHIP DEVELOPMENT COMMITTEE (COMPENSATION COMMITTEE), A TOTAL COMPENSATION MARKET REVIEW IS COMPLETED BY AN EXTERNAL COMPENSATION CONSULTANT THE REVIEW INCLUDES ALL COMPONENTS OF COMPENSATION, BASE SALARY, ANNUAL INCENTIVES, BENEFITS AND PERQUISITES THE MARKET SURVEY RESULTS ARE PRESENTED TO, REVIEWED BY AND APPROVED BY THE INDEPENDENT COMPENSATION COMMITTEE BASED ON THIS MARKET DATA, THE COMPENSATION COMMITTEE DETERMINES MINIMUM AND MAXIMUM TOTAL COMPENSATION RANGES FOR EACH OFFICER IN INTERIM YEARS, GHI'S HUMAN RESOURCES STAFF, UNDER THE DIRECTION OF THE COMPENSATION COMMITTEE, UPDATES CHANGES IN THE SALARY STRUCTURE BASED ON THE SAME INDEPENDENT STUDIES PERFORMED BY THE COMPENSATION CONSULTANT FOR THE COMPENSATION COMMITTEE FOR THE CHIEF EXECUTIVE OFFICER AND CERTAIN OTHER POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED TO SET SALARY RANGES BASED ON THE COMPETITIVE MARKET DATA SPECIFIC TO THOSE POSITIONS THE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S COMPENSATION RESULTS IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE AND THIS IS UPDATED AT ANY MEETING AT WHICH DECISIONS ARE BEING MADE STAFF (OTHER THAN THE SECRETARY TO THE BOARD) IS NOT IN THE ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT THE BOARD OF DIRECTORS HAS DELEGATED TO THE EXECUTIVE COMMITTEE THE ACCOUNTABILITY TO CONDUCT AN ANNUAL PERFORMANCE EVALUATION AND TO DETERMINE THE COMPENSATION OF THE CEO BASED ON THE PERFORMANCE REVIEW AND THE MARKET COMPARABILITY DATA, APPROVED BY THE COMPENSATION COMMITTEE THE BOARD HAS DELEGATED TO THE HEALTHPARTNERS CEO AND PRESIDENT (WITH AUTHORITY TO FURTHER DELEGATE) THE ACCOUNTABILITY TO CONDUCT ANNUAL PERFORMANCE REVIEWS AND DETERMINE THE COMPENSATION OF ALL OTHER OFFICERS WITHIN THE COMPENSATION RANGES DETERMINED BY THE COMPENSATION COMMITTEE ANY EXCEPTIONS TO COMPENSATION IN EXCESS OF THE APPROVED RANGES ARE APPROVED BY THE COMPENSATION COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	GHI FINANCIAL STATEMENTS AND 990 RETURNS ARE MADE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION FROM GHI OR HPI GHI'S ARTICLES OF INCORPORATION ARE AVAILABLE TO ANY PERSON WHO REQUESTS THE INFORMATION THROUGH THE MINNESOTA SECRETARY OF STATE'S OFFICE GHI'S ARTICLES, BYLAWS, CONFLICT OF INTEREST POLICY, AND PRINCIPLES OF CORPORATE GOVERNANCE CAN BE VIEWED THROUGH THE HEALTHPARTNERS COM WEBSITE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	EQUITY TRANSFER TO AN AFFILIATED ORGANIZATION FASB 158 PENSION ADJUSTMENT -41,885,434 FASB 158 POST RETIREMENT ADJUSTMENT -765,458 FASB 124 FAIR MARKET VALUATION ADJUSTMENT 168,915

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GROUP HEALTH PLAN INC

**Employer identification number**

41-0797853

**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

**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.

See Additional Data Table

(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

**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?		(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	

**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	No
<b>(1)</b> HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
<b>(2)</b> HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPM, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(3)</b> HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(4)</b> HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(5)</b> DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(6)</b> HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
<b>(7)</b> PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No



**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HEALTHPARTNERS INC - MANAGEMENT AND HEALTHCARE SUPPORT SERVICES	L	189,019,637	CASH AMOUNT
(2)HEALTHPARTNERS INC - HEALTHCARE SERVICES	L	72,398,592	CASH AMOUNT
(3)PHYSICIANS NECK & BACK CLINICS - HEALTHCARE SERVICES	P	670,218	CASH AMOUNT

**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) Disproportionate 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)

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0797853  
**Name:** GROUP HEALTH PLAN 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
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8171 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	TRANSITIONAL CARE SERVICES, STEP DOWN FROM INPATIENT HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING AND INTENSE REHAB SERVICES	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	GROUP HEALTH PLAN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	MN	501(C)(3)	509(A)(3) TYPE II	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	CLINIC STAFF AND FACILITIES	MN	501(C)(3)	509(A)(3) TYPE I	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(VI)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	WESTFIELDS HOSPITAL INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	HOME CARE AND HOSPICE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2)	HEALTHPARTNERS INC		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	SUPPORT TO RELATED ENTITIES AND COMMUNITY HEALTH	MN	501(C)(3)	170(B)(1) (A)(VI)	PARK NICOLLET HEALTH SERVICES		No

**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
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 01-0638901	DURABLE MEDICAL EQUIPMENT , PHARMACY AND OTHER HEALTH CARE RETAIL SALES	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0834920	CLINIC SERVICES	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET HEALTH SERVICES		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE SUPPORT TO HOSPITAL AND COMMUNITY HEALTH	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 84-1715908	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	PARK NICOLLET HEALTH SERVICES		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 36-3317820	PROVIDE SUPPORT TO HOSPITAL	MN	501(C)(3)	509(A)(3) TYPE III	HUTCHINSON HEALTH		No

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(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	No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
(1) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPM, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(2) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(3) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(4) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(5) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
(6) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C					No