

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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) Room/suite: 8170 33RD AVE SOUTH PO BOX 1309  
 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 \$ 1,850,950,330

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

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.HEALTHPARTNERS.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**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:  
 TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	8,545
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	110
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	1,021,011
<b>9</b> Program service revenue (Part VIII, line 2g)	1,566,572,866	1,183,765,564
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	459,552	11,289,263
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	360,911,586	535,879,404
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,927,944,004	1,731,955,242
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,046,811	786,282
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	921,830,533	967,525,424
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,033,050,776	882,593,810
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,955,928,120	1,850,905,516
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-27,984,116	-118,950,274

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	930,373,807	954,704,702
<b>21</b> Total liabilities (Part X, line 26)	731,901,062	629,937,202
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	198,472,745	324,767,500

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2020-11-15  
 SHARILYN CAMPBELL HEALTH PLAN CFO, COA  
 Type or print name and title

**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

**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 \$ 1,420,340,448 including grants of \$ 786,282 ) (Revenue \$ 1,719,644,968 )  
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 ▶ 1,420,340,448

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (16,882), 1b (0), and 1c (Yes).

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<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 . . . . .		<b>2a</b>	8,545			
<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)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .				<b>3a</b>		No
<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> . . .				<b>3b</b>		
<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)? . . .				<b>4a</b>		No
<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).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<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? . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<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>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:						
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>				
<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.) . . . . .		<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?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<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.				<b>13a</b>		
<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 . . . . .		<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<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> . . .				<b>14b</b>		
<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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . <b>If "Yes," complete Form 4720, Schedule O.</b>				<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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	Yes	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	MN
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	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.	
<b>20</b>	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.

See instructions for the order in which to list the persons above.

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 (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c) with values 40,569,569, 0, and 6,160,079.

Section A questions: 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization; 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a?; 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation and other compensation from the organization and related organizations greater than \$150,000?; 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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 for independent contractors with columns (A) Name and business address, (B) Description of services, (C) Compensation. Rows include BCS 8170 BUILDING LLC, UNIVERSITY OF MN PHYSICIANS, UNIVERSITY OF MN MED CTR-WEST, BEST BUY BUSINESS ADVANTAGE AC, and Q CONSULTING INC.

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 88



**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>	1,021,011		
	<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>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,021,011		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> FEE FOR SERVICE HEALTH		621400	646,567,671	646,567,671		
	<b>b</b> MEDICAL PREMIUMS		524114	259,877,290	259,877,290		
	<b>c</b> OTHER MEDICAL SERVICE		621400	197,535,126	197,535,126		
	<b>d</b> DENTAL PATIENT SERVICE		524114	44,892,724	44,892,724		
	<b>e</b> MEDICARE & MEDICAID PA		621400	34,892,753	34,892,753		
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .			1,183,765,564			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,909,022			3,909,022	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
			<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	126,375,329	118,995,088		
			<b>c</b> Gain or (loss)	<b>7c</b>	7,380,241			
			<b>d</b> Net gain or (loss) . . . . .			7,380,241		7,380,241
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>8b</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>9a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
			<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
			<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
			<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code						
<b>11a</b> NON-TAXABLE AFFIL. A&G		561000	313,626,682	313,626,682				
<b>b</b> TAXABLE AFFIL. A&G		561000	222,252,722	222,252,722				
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			535,879,404					
<b>12 Total revenue.</b> See instructions . . . . .			1,731,955,242	1,719,644,968	0	11,289,263		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	786,282	786,282		
<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, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	39,572,951		39,572,951	
<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 . . . . .	673,974,235	513,413,491	160,560,744	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	65,040,934	61,121,832	3,919,102	
<b>9</b> Other employee benefits . . . . .	136,235,153	128,026,177	8,208,976	
<b>10</b> Payroll taxes . . . . .	52,702,151	49,526,534	3,175,617	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	3,767,061		3,767,061	
<b>d</b> Lobbying . . . . .	492,975		492,975	
<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)	62,589,961	26,216,889	36,373,072	
<b>12</b> Advertising and promotion . . . . .	9,301,026	1,119,641	8,181,385	
<b>13</b> Office expenses . . . . .	26,356,254	13,155,073	13,201,181	
<b>14</b> Information technology . . . . .	65,842,207	1,427,055	64,415,152	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	52,595,588	27,564,803	25,030,785	
<b>17</b> Travel . . . . .	3,567,674	2,236,839	1,330,835	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	993,410	354,815	638,595	
<b>20</b> Interest . . . . .	396,738	396,738		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	60,389,353	22,792,000	37,597,353	
<b>23</b> Insurance . . . . .	5,794,620	5,794,620		
<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> SUPPLIES - MEDICAL & PH	299,068,820	298,809,320	259,500	
<b>b</b> HOSPITAL & MEDICAL SERV	237,888,093	237,733,869	154,224	
<b>c</b> OTHER EXPENSE	34,125,473	14,023,378	20,102,095	
<b>d</b> TAXES & ASSESSMENTS	19,424,557	15,841,092	3,583,465	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,850,905,516	1,420,340,448	430,565,068	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 . . . . .	37,635,121	<b>1</b>	27,894,755
	<b>2</b> Savings and temporary cash investments . . . . .	139,633,200	<b>2</b>	52,159,460
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	260,315,736	<b>4</b>	251,734,620
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	16,085,724	<b>8</b>	19,906,262
	<b>9</b> Prepaid expenses and deferred charges . . . . .	25,822,550	<b>9</b>	83,638,570
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 853,121,345		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 552,670,558	302,704,815	<b>10c</b> 300,450,787
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	144,303,228	<b>12</b>	170,112,463
	<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 . . . . .	3,873,433	<b>15</b>	48,807,785
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	930,373,807	<b>16</b>	954,704,702	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	514,574,528	<b>17</b>	371,220,993
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,583,979	<b>19</b>	5,230,015
	<b>20</b> Tax-exempt bond liabilities . . . . .	36,476,626	<b>20</b>	43,283,825
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<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	176,265,929	<b>25</b>	210,202,369
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	731,901,062	<b>26</b>	629,937,202
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	198,472,745	<b>27</b>	324,767,500
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	198,472,745	<b>32</b>	324,767,500	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	930,373,807	<b>33</b>	954,704,702	

**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>	1,731,955,242
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,850,905,516
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-118,950,274
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	198,472,745
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,160,814
<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>	1,542,104
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	235,542,111
<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>	324,767,500

**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 (2019)

---

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

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

---

**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 MALECHA ..... DIRECTOR & CHAIR	5.10 ..... 0.00	X		X				50,000	0	0
THOMAS BRINSKO ..... DIRECTOR	3.50 ..... 0.00	X						33,000	0	0
SUSAN HOYT ..... DIRECTOR	3.10 ..... 0.00	X						33,000	0	0
PHILIP DONALDSON ..... DIRECTOR & TREASURER	2.90 ..... 0.00	X						33,000	0	0
BRIAN H RANK MD ..... DIRECTOR & MEDICAL DIRECTO	3.20 ..... 61.80	X		X				1,023,330	0	128,165
ANDREA M WALSH ..... CEO	14.70 ..... 40.30	X		X				1,912,669	0	531,759
CHARLES J ABRAHAMSON ..... VP-NETWORK MGMT & PROVIDER	9.80 ..... 30.20			X				332,504	0	43,115
ALAN V ABRAMSON ..... SRVP & CIO	7.90 ..... 39.10			X				711,619	0	115,183
SCOTT A AEBISCHER ..... SR VP CUSTOMER SERV/PROD	12.40 ..... 37.60			X				554,498	0	184,782
FELIX ANKEL MD ..... EXEC DIR - HEALTH PROFESSI	0.50 ..... 49.50			X				386,287	0	105,588

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			
COURTNEY BIBEE ..... VP CARE GROUP COMPLIANCE O	0.50 ..... 39.50			X				266,276	0	54,942
JULIE BUNDE ..... VP PRODUCT AND MARKET INNO	7.80 ..... 42.20			X				249,732	0	84,499
STEVEN D BUNDE ..... VP INTERNAL AUDIT, INTEGRI	9.10 ..... 37.90			X				279,027	0	67,198
DAVID BUSCH ..... VP PHARMACY SERVICES	17.80 ..... 39.20			X				326,734	0	85,962
ANAHITA CAMERON ..... SR. VP HUMAN RESOURCES	0.50 ..... 40.50			X				594,440	0	123,728
SHARILYN CAMPBELL ..... HEALTH PLAN CFO AND CAO	12.90 ..... 32.10			X				386,105	0	84,330
ROBERT B CUMMING ..... SR VP ACTUARIAL/UNDERWRITING (JAN)	8.90 ..... 25.10			X				129,682	0	12,120
TRICIA L DEGE ..... VP FINANCE & PLANNING	0.50 ..... 39.50			X				500,227	0	107,135
AMY L DEWANE ..... VP - CARE SYSTEMS GROWTH	0.50 ..... 55.50			X				382,273	0	55,660
LESLIE DOCKAN ..... VP, PRIMARY CARE & CLINIC	0.50 ..... 49.50			X				377,950	0	56,562

**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			
KIMBERLY EGAN ..... VP NATIONAL ACCOUNTS	0.50 ..... 49.50			X				333,692	0	62,011
JAMES EPPEL ..... EXECUTIVE VP & CAO	0.50 ..... 49.50			X				1,106,131	0	221,225
NANCY EVERT ..... SR VP GENERAL COUNSEL	13.10 ..... 41.90			X				401,500	0	108,606
CHARLES J FAZIO MD ..... HEALTH PLAN MEDICAL DIRECT	12.20 ..... 41.80			X				612,956	0	58,119
YOUNG FRIED ..... VP PHARMACY SERVICES	39.50 ..... 0.50			X				300,053	0	54,458
JASON GALLAGHER ..... VP, HEALTH INFORMATICS	12.20 ..... 37.80			X				355,771	0	85,063
DAVID S GESKO ..... SR VP - DENTAL DIRECTOR	0.50 ..... 54.50			X				656,983	0	110,598
TIM M HALEY ..... VP BROKER SALES	8.80 ..... 31.20			X				315,316	0	105,312
MARK HANSBERRY ..... VP, BUSINESS DEVELOPMENT I	0.50 ..... 55.50			X				531,778	0	113,230
CHAD HEIM ..... VP - HEALTH INFORMATICS	49.50 ..... 0.50			X				352,596	0	90,007



**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			
TODD HOFHEINS ..... EVP & CFO	15.00 ..... 40.00			X				1,093,011	0	225,830
STEVEN C HOUSH ..... VP ORTHOPEDIC SERVICES	0.50 ..... 49.50			X				413,934	0	56,119
CARA HULL ..... CHIEF QUALTY OFFICER	39.50 ..... 0.50			X				482,378	0	56,687
VIRGINIA KAKACEK MD ..... VP AND SR MEDICAL DIRECTOR(DECEMBER)	0.50 ..... 39.50			X				386,137	0	54,913
SUSAN KNUDSON ..... SR. VP HEALTH CARE ENGAGEM	0.50 ..... 54.50			X				543,700	0	164,331
JOE LACEYGOTZ ..... VP HEALTH SOLUTIONS	0.50 ..... 44.50			X				242,743	0	85,387
VINI T MANCHANDA ..... VP - SUPPLY CHAIN SERVICES	1.70 ..... 48.30			X				297,364	0	82,626
JENNY MARCHINIAK ..... VP HUMAN RESOURCES	0.50 ..... 39.50			X				202,493	0	24,975
NANCY A MCCLURE ..... CHIEF OPERATING OFFICER	0.50 ..... 49.50			X				977,612	0	128,626
FRANK P MCQUILLAN ..... VP - TREASURY & REAL ESTAT	7.60 ..... 45.40			X				334,719	0	119,675

**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			
FRANK MULLER ..... VP - TECHNOLOGY & INFRASTR	8.30 ..... 36.70			X				274,769	0	95,136
JENNIFER MYSTER ..... VP - HOME CARE, HOSPICE AN	0.50 ..... 49.50			X				470,602	0	83,048
PEGGY S NEALE ..... VP - NATIONAL ACCOUNT HEAL	0.30 ..... 44.70			X				386,880	0	17,723
JEFFREY OGDEN ..... VP - HP DENTAL PLAN	0.50 ..... 39.50			X				291,599	0	54,345
BRIAN O'SHEILDS ..... VP - ACTUARIAL AND UNDERWRITING	39.50 ..... 0.50			X				549,540	0	95,518
KEVIN J PALATTAO ..... VP CLINIC PATIENT CARE SYS	0.50 ..... 54.50			X				645,904	0	189,284
NICO PRONK PHD ..... VP & HEALTH SCIENCE OFFICE	12.20 ..... 40.80			X				428,171	0	107,700
VINCE RIVARD ..... VP - COMMUNICATIONS	0.50 ..... 54.50			X				262,664	0	77,037
KEVIN R RONNEBERG ..... VP - ASSOCIATE MEDICAL DIR	39.50 ..... 0.50			X				398,170	0	55,005
KATIE B SAYRE ..... SR VP HLTH PLAN OPS & GOV	13.30 ..... 36.70			X				561,707	0	115,245

**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			
SCOTT A SCHNUCKLE ..... SR VP PHARMACY & BUSINESS	8.10 ..... 44.90			X				478,544	0	153,993
JIM SCHOWALTER ..... SR. VP PROVIDER STRATEGY	0.50 ..... 44.50			X				246,831	0	80,640
DOUG N SMITH ..... SR VP SALES	9.80 ..... 50.20			X				472,061	0	152,889
ELIZABETH L SWANSON ..... VP HUMAN RESOURCES	3.90 ..... 36.10			X				253,368	0	27,720
TOBI TANZER ..... VP CORPORATE INTEGRITY	10.70 ..... 44.30			X				372,258	0	103,469
KARI TOFT ..... VP , IS&T CARE DELIVERY SY	0.50 ..... 44.50			X				245,336	0	51,005
BARBARA E TRETHERWAY ..... SR VP GENERAL COUNSEL	13.10 ..... 41.90			X				613,506	0	35,592
REBECCA WOODY ..... VP - HEALTH SOLUTIONS SALE	0.50 ..... 46.50			X				222,466	0	35,885
DONNA J ZIMMERMAN ..... SR VP GOVT & COMMUNITY REL	15.40 ..... 39.60			X				400,312	0	145,785
PAMELA S ZOELLER ..... VP - SPECIALTY CARE & CLIN	0.50 ..... 49.50			X				396,615	0	56,712

**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 M ZUZEK ..... VP - HEALTH PLAN & ENTERPR	7.80 ..... 37.20			X				326,153	0	54,925
TIMOTHY KROSHUS MD ..... PHYSICIAN	40.00 ..... 0.00					X		1,740,007	0	75,347
DENNIS ZHU MD ..... PHYSICIAN	72.00 ..... 0.00					X		1,369,473	0	115,513
MATTHEW KANG MD ..... PHYSICIAN	60.00 ..... 0.00					X		1,316,702	0	68,324
AHMAD ABDULKARIM MD ..... PHYSICIAN	55.00 ..... 0.00					X		1,191,943	0	95,630
DOUGLAS BALDWIN MD ..... PHYSICIAN	40.00 ..... 0.00					X		1,117,437	0	66,320
MARY K BRAINERD ..... FORMER PRESIDENT & CEO	0.00 ..... 0.00						X	6,372,683	0	100,644
DAVID A DZIUK ..... FORMER SR VP & CHIEF FINANCIAL OF	0.00 ..... 0.00						X	660,648	0	1,119

**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 instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<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? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<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? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<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)? <i>If "Yes," explain in Part VI 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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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))? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<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>	Yes	No
<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**

- 1**  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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**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>
-------------------------------------

**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  
  
**2019**  
**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	Employer identification number 41-0797853
---	--

**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) .....	492,975	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	492,975	
<b>d</b> Other exempt purpose expenditures .....	1,850,412,541	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	1,850,905,516	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	561,095	546,513	561,095	492,975	2,161,678
<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
------------------	-------------

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for reporting requirements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting on revenue and assets for public service and financial gain.



**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</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 . . . . .		14,100,714		14,100,714
<b>b</b> Buildings . . . . .		242,188,120	132,928,646	109,259,474
<b>c</b> Leasehold improvements		91,364,427	76,976,922	14,387,505
<b>d</b> Equipment . . . . .		503,412,427	342,764,990	160,647,437
<b>e</b> Other . . . . .		2,055,657		2,055,657
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				300,450,787

**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	51,860,712	C
(B) DEFERRED COMPENSATION INVESTMENTS	108,857,762	C
(C) INVESTMENT IN CRITICAL ACCESS HOSPITALS LOCATED IN WISCONSIN	4,735,611	C
(D) INVESTMENT IN SUBURBAN IMAGING, LLC.	4,183,124	C
(E) INVESTMENT IN "PET" IMAGING EQUIPMENT	112,115	C
(F) INVESTMENT IN MYRTLE DIALYSIS	363,139	C
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	170,112,463	

**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) AFFILIATED NOTE RECEIVABLE	3,226,730
(2) RIGHT OF USE ASSET	44,857,263
(3) DEBT ISSUANCE COST	26,354
(4) DEFERRED COMPENSATION	697,438
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	48,807,785

**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	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	210,202,369

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 <b>1</b> :			
<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 <b>1</b> :			
<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, 2019 OR 2018 FOR UNRECOGNIZED TAX BENEFITS.

Note: To capture the full content of this document as Filed, 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

**2019**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for 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 General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 19

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 FOUTH STREET SE MINNEAPOLIS, MN 55414	36-3363171	501(C)(3)	10,000				PROGRAM SUPPORT
RENEWING THE COUNTRYSIDE 2637 27TH AVENUE S MINNEAPOLIS, MN 55406	20-0189339	501(C)(3)	10,000				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
GREATER TWIN CITIES UNITED WAY 404 S EIGHTH ST MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	29,072				PROGRAM SUPPORT
COMMUNITY SHARES OF MINNESOTA 570 ASBURY STREET SUITE 208 ST PAUL, MN 55104	41-1334642	501(C)(3)	6,179				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
COMMUNITY HEALTH CHARITIES 1199 N FAIRFAX STREET SUITE 600 ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	9,501				PROGRAM SUPPORT
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005	41-1302487	501(C)(3)	17,500				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
COMMUNITY HEALTH FUND 1 SE MAIN STREET SUITE 600 MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	5,811				PROGRAM SUPPORT
MINNESOTA ENVIROMENTAL FUND 450 NORTH SYNDICATE STREET SUITE 320 ST PAUL, MN 55104	41-1693030	501(C)(3)	9,437				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 COMMUNITY CARE 380 E LAFAYETTE FRONTAGE ROAD SUITE 200 ST PAUL, MN 55107	23-7156236	501(C)(3)	10,000				PROGRAM SUPPORT
PENUMBRA THEATRE 7270 NORTH KENT STREET ST PAUL, MN 55102	41-1563764	501(C)(3)	15,000				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 LEXINGTON PARKWAY N ST PAUL, MN 55104	41-0693889	501(C)(3)	15,000				PROGRAM SUPPORT
ST DAVID'S CENTER FOR CHILD AND FAMILY DEVELOPMENT 3395 PLYMOUTH RD MINNETONKA, MN 55305	41-1429208	501(C)(3)	25,000				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
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1386635	501(C)(3)	40,068				PROGRAM SUPPORT
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426	23-7346465	501(C)(3)	129,967				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)	22,107				PROGRAM SUPPORT
HEALTHPARTNERS INSTITUTE 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1670163	501(C)(3)	17,384				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)	22,699				PROGRAM SUPPORT
WESTFIELDS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	39-1770913	501(C)(3)	24,963				SUPPORT PROGRAM



**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
REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309	41-1888902	501(C)(3)	235,492				PROGRAM SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

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.

**2019**

**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 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on 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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<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: CHARLES ABRAHAMSON \$ 148,529 DAVID DZIUK \$ 452,991 PEGGY NEALE \$ 117,102 ELIZABETH SWANSON \$ 88,097 DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS: SCOTT A. AEBISCHER \$ 16,905 ANAHITA CAMERON \$ 41,901 SHARILYN CAMPBELL \$ 27,709 TRICIA DEGE \$ 7,633 JAMES EPEL \$ 96,038 NANCY EVERT \$ 14,244 DAVID S. GESKO \$ 24,443 MARK HANSBERRY \$ 36,889 TODD HOFHEINS \$ 99,136 SUSAN M. KNUTSON \$ 17,350 JENNIFER MYSTER \$ 12,918 BRIAN O'SHEILDS \$ 33,350 KEVIN PALATTAO \$ 25,335 KATHERINE B. SAYRE \$ 16,866 SCOTT A. SCHNUCKLE \$ 12,874 DOUGLAS N. SMITH \$ 12,422 ANDREA M. WALSH \$ 163,674 DONNA J. ZIMMERMAN \$ 26,601
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.
SCHEDULE J, PART II - PRIOR REPORTED COMPENSATION	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 \$ 132,275 SCOTT AEBISCHER \$ 16,902 JAMES EPPLE \$ 37,125 CHARLES FAZIO \$ 57,300 DAVID GESKO, DDS \$ 19,118 MARK HANSBERRY \$ 9,227 SUSAN KNUTSON \$ 11,176 NANCY A. MCCLURE \$ 144,722 BRIAN H. RANK, MD \$ 155,468 KATIE B. SAYRE \$ 34,033 SCOTT A. SCHNUCKLE \$ 10,963 DOUG A. SMITH \$ 14,321 BARBARA E. TRETHERWAY \$ 111,266 ANDREA M. WALSH \$ 89,690 DONNA J. ZIMMERMAN \$ 23,808 MARY BRAINERD \$6,372,683 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.

**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				
1BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTO	(i)	645,182	186,755	191,393	84,210	43,955	1,151,495	155,468
	(ii)	0	0	0	0	0	0	0
1ANDREA M WALSH CEO	(i)	1,229,401	568,848	114,420	475,794	55,965	2,444,428	89,690
	(ii)	0	0	0	0	0	0	0
2CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER	(i)	121,694	60,882	149,928	14,126	28,989	375,619	0
	(ii)	0	0	0	0	0	0	0
3ALAN V ABRAMSON SRVP & CIO	(i)	413,675	121,764	176,180	75,747	39,436	826,802	132,275
	(ii)	0	0	0	0	0	0	0
4SCOTT A AEBISCHER SR VP CUSTOMER SERV/PROD	(i)	391,400	113,734	49,364	148,108	36,674	739,280	16,902
	(ii)	0	0	0	0	0	0	0
5FELIX ANKEL MD EXEC DIR - HEALTH PROFESSI	(i)	242,336	91,479	52,472	70,870	34,718	491,875	0
	(ii)	0	0	0	0	0	0	0
6COURTNEY BIBEE VP CARE GROUP COMPLIANCE O	(i)	205,043	48,554	12,679	21,000	33,942	321,218	0
	(ii)	0	0	0	0	0	0	0
7JULIE BUNDE VP PRODUCT AND MARKET INNO	(i)	198,019	43,800	7,913	64,796	19,703	334,231	0
	(ii)	0	0	0	0	0	0	0
8STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRI	(i)	222,850	48,802	7,375	46,950	20,248	346,225	0
	(ii)	0	0	0	0	0	0	0
9DAVID BUSCH VP PHARMACY SERVICES	(i)	236,768	78,694	11,272	52,107	33,855	412,696	0
	(ii)	0	0	0	0	0	0	0
10ANAHITA CAMERON SR. VP HUMAN RESOURCES	(i)	454,120	137,600	2,720	86,795	36,933	718,168	0
	(ii)	0	0	0	0	0	0	0
11SHARILYN CAMPBELL HEALTH PLAN CFO AND CAO	(i)	304,316	76,802	4,987	57,398	26,932	470,435	0
	(ii)	0	0	0	0	0	0	0
12TRICIA L DEGE VP FINANCE & PLANNING	(i)	351,575	129,280	19,372	70,765	36,370	607,362	0
	(ii)	0	0	0	0	0	0	0
13AMY L DEWANE VP - CARE SYSTEMS GROWTH	(i)	303,307	67,645	11,321	21,000	34,660	437,933	0
	(ii)	0	0	0	0	0	0	0
14LESLIE DOCKAN VP, PRIMARY CARE & CLINIC	(i)	304,665	67,051	6,234	21,000	35,562	434,512	0
	(ii)	0	0	0	0	0	0	0
15KIMBERLY EGAN VP NATIONAL ACCOUNTS	(i)	260,065	57,760	15,867	23,597	38,414	395,703	0
	(ii)	0	0	0	0	0	0	0
16JAMES EPEL EXECUTIVE VP & CAO	(i)	775,512	280,594	50,025	176,069	45,156	1,327,356	37,125
	(ii)	0	0	0	0	0	0	0
17NANCY EVERT SR VP GENERAL COUNSEL	(i)	340,220	55,965	5,315	85,833	22,773	510,106	0
	(ii)	0	0	0	0	0	0	0
18CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECT	(i)	357,475	118,318	137,163	21,000	37,119	671,075	57,300
	(ii)	0	0	0	0	0	0	0
19YOUNG FRIED VP PHARMACY SERVICES	(i)	236,367	53,874	9,812	21,000	33,458	354,511	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				
21JASON GALLAGHER VP,HEALTH INFORMATICS	(i)	256,592	88,035	11,144	50,797	34,266	440,834	0
	(ii)	0	0	0	0	0	0	0
1DAVID S GESKO SR VP - DENTAL DIRECTOR	(i)	429,795	161,108	66,080	70,990	39,608	767,581	19,118
	(ii)	0	0	0	0	0	0	0
2TIM M HALEY VP BROKER SALES	(i)	240,312	57,384	17,620	72,482	32,830	420,628	0
	(ii)	0	0	0	0	0	0	0
3MARK HANSBERRY VP, BUSINESS DEVELOPMENT I	(i)	399,267	116,800	15,711	76,412	36,818	645,008	9,227
	(ii)	0	0	0	0	0	0	0
4CHAD HEIM VP - HEALTH INFORMATICS	(i)	259,061	88,035	5,500	55,699	34,308	442,603	0
	(ii)	0	0	0	0	0	0	0
5TODD HOFHEINS EVP & CFO	(i)	785,309	300,750	6,952	181,750	44,080	1,318,841	0
	(ii)	0	0	0	0	0	0	0
6STEVEN C HOUSH VP ORTHOPEDIC SERVICES	(i)	330,538	73,237	10,159	21,000	35,119	470,053	0
	(ii)	0	0	0	0	0	0	0
7CARA HULL CHIEF QUALTY OFFICER	(i)	366,245	101,762	14,371	21,000	35,687	539,065	0
	(ii)	0	0	0	0	0	0	0
8VIRGINIA KAKACEK MD VP AND SR MEDICAL DIRECTOR(DECEMBER)	(i)	287,659	69,500	28,978	21,000	33,913	441,050	0
	(ii)	0	0	0	0	0	0	0
9SUSAN KNUDSON SR. VP HEALTH CARE ENGAGEM	(i)	413,510	102,667	27,523	127,330	37,001	708,031	11,176
	(ii)	0	0	0	0	0	0	0
10JOE LACEYGOTZ VP HEALTH SOLUTIONS	(i)	173,192	50,357	19,194	54,110	31,277	328,130	0
	(ii)	0	0	0	0	0	0	0
11VINI T MANCHANDA VP - SUPPLY CHAIN SERVICES	(i)	237,025	53,118	7,221	48,233	34,393	379,990	0
	(ii)	0	0	0	0	0	0	0
12JENNY MARCHINIAK VP HUMAN RESOURCES	(i)	173,409	15,000	14,084	0	24,975	227,468	0
	(ii)	0	0	0	0	0	0	0
13NANCY A MCCLURE CHIEF OPERATING OFFICER	(i)	596,203	178,187	203,222	85,334	43,292	1,106,238	144,722
	(ii)	0	0	0	0	0	0	0
14FRANK P MCQUILLAN VP - TREASURY & REAL ESTAT	(i)	253,374	58,764	22,581	84,740	34,935	454,394	0
	(ii)	0	0	0	0	0	0	0
15FRANK MULLER VP - TECHNOLOGY & INFRASTR	(i)	218,931	48,815	7,023	61,956	33,180	369,905	0
	(ii)	0	0	0	0	0	0	0
16JENNIFER MYSTER VP - HOME CARE, HOSPICE AN	(i)	386,242	50,000	34,360	47,117	35,931	553,650	0
	(ii)	0	0	0	0	0	0	0
17PEGGY S NEALE VP - NATIONAL ACCOUNT HEAL	(i)	117,940	148,169	120,771	0	17,723	404,603	0
	(ii)	0	0	0	0	0	0	0
18JEFFREY OGDEN VP - HP DENTAL PLAN	(i)	229,836	52,122	9,641	21,000	33,345	345,944	0
	(ii)	0	0	0	0	0	0	0
19BRIAN O'SHEILDS VP - ACTUARIAL AND UNDERWRITING	(i)	358,157	100,000	91,383	69,083	26,435	645,058	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>41</b> KEVIN J PALATTAO VP CLINIC PATIENT CARE SYS	(i)	312,973	296,225	36,706	150,801	38,483	835,188	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> NICO PRONK PHD VP & HEALTH SCIENCE OFFICE	(i)	344,967	75,199	8,005	71,420	36,280	535,871	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> VINCE RIVARD VP - COMMUNICATIONS	(i)	208,983	48,490	5,191	44,595	32,442	339,701	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> KEVIN R RONNEBERG VP - ASSOCIATE MEDICAL DIR	(i)	296,324	71,097	30,749	21,000	34,005	453,175	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(i)	367,005	113,296	81,406	77,983	37,262	676,952	34,033
	(ii)	0	0	0	0	0	0	0
<b>5</b> SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS	(i)	329,012	101,032	48,500	117,937	36,056	632,537	10,963
	(ii)	0	0	0	0	0	0	0
<b>6</b> JIM SCHOWALTER SR. VP PROVIDER STRATEGY	(i)	194,725	30,000	22,106	55,169	25,471	327,471	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> DOUG N SMITH SR VP SALES	(i)	321,792	99,572	50,697	117,813	35,076	624,950	14,321
	(ii)	0	0	0	0	0	0	0
<b>8</b> ELIZABETH L SWANSON VP HUMAN RESOURCES	(i)	48,619	112,802	91,947	8,398	19,322	281,088	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> TOBI TANZER VP CORPORATE INTEGRITY	(i)	287,998	65,897	18,363	67,990	35,479	475,727	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> KARI TOFT VP , IS&T CARE DELIVERY SY	(i)	209,994	24,090	11,252	18,881	32,124	296,341	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	(i)	296,727	187,253	129,526	14,000	21,592	649,098	111,266
	(ii)	0	0	0	0	0	0	0
<b>12</b> REBECCA WOODY VP - HEALTH SOLUTIONS SALE	(i)	134,319	41,050	47,097	16,854	19,031	258,351	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY REL	(i)	269,157	83,950	47,205	110,863	34,922	546,097	23,808
	(ii)	0	0	0	0	0	0	0
<b>14</b> PAMELA S ZOELLER VP - SPECIALTY CARE & CLIN	(i)	317,969	70,710	7,936	21,844	34,868	453,327	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> DENNIS M ZUZEK VP - HEALTH PLAN & ENTERPR	(i)	251,004	59,248	15,901	21,000	33,925	381,078	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> TIMOTHY KROSHUS MD PHYSICIAN	(i)	1,061,075	0	678,932	21,000	54,347	1,815,354	0
	(ii)	0	0	0	0	0	0	0
<b>17</b> DENNIS ZHU MD PHYSICIAN	(i)	684,560	0	684,913	66,539	48,974	1,484,986	0
	(ii)	0	0	0	0	0	0	0
<b>18</b> MATTHEW KANG MD PHYSICIAN	(i)	1,246,927	9,800	59,975	21,000	47,324	1,385,026	0
	(ii)	0	0	0	0	0	0	0
<b>19</b> AHMAD ABDULKARIM MD PHYSICIAN	(i)	487,771	0	704,172	49,230	46,400	1,287,573	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>61</b> DOUGLAS BALDWIN MD PHYSICIAN	(i)	778,153	0	339,284	21,000	45,320	1,183,757	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
<b>1</b> MARY K BRAINERD FORMER PRESIDENT & CEO	(i)	0	0	6,372,683	0	100,644	6,473,327	6,372,683
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
<b>2</b> DAVID A DZIUK FORMER SR VP & CHIEF FINANCIAL OF	(i)	14,464	140,372	505,812	1,119	0	661,767	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 for instructions and the latest information.

OMB No. 1545-0047

2019

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

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include HRA OF CITY OF ST PAUL MN - HEALTH CARE REV BONDS - SERIES 2014B and 2015A.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Issuance costs from proceeds, and questions about bond issuance (14-17).

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Questions include: Was the organization a partner in a partnership... and Are there any lease arrangements that may result in private business use of bond-financed property?

**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 . . . . . ▶								
<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

<b>Return Reference</b>	<b>Explanation</b>
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 PNMHC 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	WRITTEN PROCEDURES HAVE BEEN IN PLACE SINCE 2011.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 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 the 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 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 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	87,528	EMPLOYMENT		No
(2) DAVID GALLAGHER	BROTHER OF JASON GALLAGHER	151,125	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)**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
GROUP HEALTH PLAN INC

**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.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**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 PART OF THE HEALTHPARTNERS ORGANIZATION REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS". FOUNDED IN 1957, HEALTHPARTNERS IS AN 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, INC. (HPI) 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)(4) AND IS THE PARENT ENTITY OF HEALTHPARTNERS ORGANIZATIONS REFERRED TO COLLECTIVELY AS "HEALTHPARTNERS". HEALTHPARTNERS INCLUDES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS. 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 1.8 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 125 PRIMARY AND SPECIALTY CARE MEDICAL FACILITIES AND DENTAL FACILITIES WITH PRACTICES IN MINNESOTA AND WESTERN WISCONSIN SERVING MORE THAN 1.2 MILLION PATIENTS. HEALTHPARTNERS HEALTH PLANS CONTRACT WITH OTHER PRIMARY AND SPECIALTY MEDICAL FACILITIES AND DENTAL FACILITIES, PHYSICIAN GROUPS, HOSPITALS AND RELATED HEALTHCARE PROVIDERS TO SERVE PLAN MEMBERS. HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUNDRAISING ACTIVITIES THAT SUPPORT THE HEALTH CARE DELIVERY SYSTEM. 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 2019 ARE TOTAL COST OF CARE MEASUREMENTS (A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS</p>	<p>PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT). 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 2019 ARE TOTAL COST OF CARE MEASUREMENTS (DEVELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE 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).</p> <p>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) AND IS THE SOLE CORPORATE MEMBER OF GHI. GHI IS THE SOLE CORPORATE MEMBER OF PHYSICIANS NECK &amp; BACK CLINIC (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 HMO PRODUCTS, INDIVIDUAL/CONVERSION PRODUCTS, AND MEDICARE COST 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 SUBSTANT</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	IAL 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. 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 DESIGN AND PLANNING OF PROGRAMS AND SERVICES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>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 EMPLOY S 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 AND OPERATES 25 DENTAL CLINICS AND A DENTAL SP ECIALTY 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, PERIODONT ICS, 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 PATIENT S, WHICH ALLOWS US TO CREATE AN INDIVIDUALIZED PROGRAM OF TRUE PREVENTIVE DENTAL CARE BASE D ON PATIENT NEEDS AND DESIRES. THE DIVERSITY OF THE PATIENTS WE SERVE ENCOURAGED HEALTHPA RTNERS 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 ENROLL ING IN MINNESOTA PUBLIC PROGRAMS. THIS CLINIC PROVIDES INTERPRETER SERVICES AND SAME-DAY A CCESS TO URGENT CARE AND APPOINTMENTS. THIS MODEL OF CARE HAS BEEN ADOPTED BY THE MINNESOT A LEGISLATURE'S "DENTAL ACCESS ADVISORY COMMITTEE AND WAS IMPLEMENTED AT OTHER CLINICS IN THE STATE. IN ADDITION TO PROVIDING CARE TO PERSONS ENROLLED IN GHI'S HMO PRODUCTS, HPMG A ND HPDG WORK TOGETHER TO IMPROVE THE HEALTH OF THE COMMUNITY BY PROVIDING MEDICAL AND DENT AL CARE TO A GROWING NUMBER OF PATIENTS WHO ARE MEMBERS OF HPI, HEALTHPARTNERS INSURANCE C OMPANY (HPIC), HEALTHPARTNERS ADMINISTRATORS, INC. (HPAI), UNRELATED MANAGED CARE ORGANIZA TIONS, 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 PREVENT IVE CARE TO MANAGEMENT OF PATIENTS WITH ACUTE AND/OR CHRONIC CONDITIONS. IN 2019, HPDG SUP PORTED COMMUNITY HEALTH IMPROVEMENTS THROUGH: BOARD MEMBER - CHILDREN'S DENTAL SERVICES CO MMUNITY CLINIC (JAN. - DEC.) CONTRIBUTING \$7,500 TO THE ORAL HEALTH ALLIANCE, WHICH AIMS T O IMPROVE ORAL HEALTH OF MINNE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>SOTANS BY BROADENING AND DEVELOPING STAKEHOLDER ENGAGEMENT AND COLLABORATION - HEALTHPARTNERS' DENTISTS PARTICIPATE IN MONTHLY MEETINGS. HPDG'S IN-KIND AND MONETARY DONATIONS TO COMMUNITY ORGANIZATIONS INCLUDE: NORTHERN DENTAL ACCESS, CONTRIBUTING A TOTAL OF \$20,000 FOR THE YEAR 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, PARK NICOLLET CLINIC (PNC) AND HUTCHINSON HEALTH-EMPLOYED PHYSICIANS AND SIX 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; AND PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST. LOUIS PARK, MINNESOTA. IN ADDITION, GHI'S MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF OWNED AND CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 100 MULTI-SPECIALTY CLINICS OWNED AND OPERATED BY GHI, KNOWN AS THE HPMG CLINICS, THE PNC CLINICS, THE STILLWATER MEDICAL GROUP CLINICS AND PHYSICIANS NECK AND BACK CLINICS. HPI, GHI AND HPIC PROVIDE COMMERCIAL GROUP, COMMERCIAL INDIVIDUAL, MEDICARE, AND MEDICAID MANAGED CARE PRODUCTS TO THEIR MEMBERS. IN 2019, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 1,017,820 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS. THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES: 300,529 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS; 56,009 FULLY INSURED INDIVIDUAL MEMBERS; 53,053 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS; 154,979 PREPAID STATE HEALTHCARE PROGRAM MEMBERS, INCLUDING HMO PRODUCTS FOR MEDICARE/MEDICAID DUAL ELIGIBLE, LOW-INCOME PREGNANT WOMEN, FAMILIES WITH CHILDREN, AND LOW-INCOME ADULTS; AND 540,501 DENTAL MEMBERS. IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HPAL, TO 453,250 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 COUNSELORS LINK PATIENTS TO COMMUNITY RESOURCES, PROVIDE INFORMATION AND ASSISTANCE ON HPMG'S FINANCIAL ASSISTANCE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, CONT.	<p>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 <a href="http://WWW.VIRTUWELL.COM">WWW.VIRTUWELL.COM</a> VIRTUWELL PROVIDES OUR MEMBERS WITH UNLIMITED VISITS TO GET THEIR HEALTH QUESTIONS ANSWERED. IT NOW INCLUDES 56 CONDITIONS, MORE THAN 300,000 TREATMENT PLANS AND HAS LED TO SAVINGS EXCEEDING \$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 \$148 PER VISIT FOR MEMBERS, EMPLOYERS AND HEALTH PLANS. MEMBERS CAN RECEIVE A DIAGNOSIS AND TREATMENT BY CERTIFIED NURSE PRACTITIONERS IN MINUTES. IN ADDITION, 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, CONT.	<p>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. 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 ONSITE INTERPRETERS FOR OVER 15 LANGUAGES AND 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, NEW ARRIVAL SCREENING 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) WE DISTRIBUTED INCREASED FROM 29,758 IN 2018 TO 31,245 IN 2019. THE PROGRAM IS POPULAR WITH FAMILIES AND OUR CLINICIANS, WITH THE MESSAGE TO TRY NEW FRUITS AND VEGETABLES. FROM JUNE THROUGH JULY, KIDS HAVING A WELL EXAM AT HEALTHPARTNERS, PARK NICOLLET OR STILLWATER MEDICAL GROUP CLINICS RECEIVED A \$10 VOUCHER REDEEMABLE FOR FRESH FRUITS AND VEGETABLES AT ANY CUB FOODS, COLBURNS, ECONO FOODS OR FAMILY FRESH MARKET. OUR DISTRIBUTION CONTINUES TO GROW EACH YEAR, AS DOES THE NUMBER OF LOCATIONS WHERE WE WILL USE THE VOUCHERS. EXPANSION HAS INCLUDED SCHOOL-BASED CLINICS AND OUR 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, HEALTHPARTNERS INSTITUTE (INSTITUTE) TRAI</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>NS MORE THAN 500 RESIDENT PHYSICIANS (130 FTES) ANNUALLY IN 22 PROGRAMS AT REGIONS AND HPM G. FOR A FULL REPORT ON THE INSTITUTE'S 2019 RESEARCH, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN. HOSPICE AND PALLIATIVE CARE (HPC) GHI ALSO OPERATES HEALTHPARTNERS HOSPICE AND PA LLIATIVE CARE (HPC), A COMPREHENSIVE CARE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS O F SIX MONTHS OR LESS. HPC IS MEDICARE-CERTIFIED AND LICENSED BY THE STATE OF MINNESOTA. WI TH AN EMPHASIS ON ENABLING PATIENTS TO REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE, HOSP ICE TEAMS INCLUDE SPECIALLY-TRAINED HPMG PHYSICIANS AND NURSES, SOCIAL WORKERS, HOME HEALT H AIDES, VOLUNTEERS, CHAPLAINS AND COUNSELORS WHO TOGETHER PROVIDE, EMOTIONAL, SPIRITUAL, AND MEDICAL SUPPORT. HEALTHPARTNERS SPECIALTY CENTER THE HEALTHPARTNERS SPECIALTY CENTER I S COMPRISED OF TWO BUILDINGS - 401 PHALEN BOULEVARD AND 435 PHALEN BOULEVARD - AND CONTAIN S HPMG CLINICS AND REGIONS HOSPITAL-BASED SPECIALTY DEPARTMENTS THAT ARE ALL CONNECTED WIT H THE LATEST IN ELECTRONIC MEDICAL RECORDS AND EASILY ACCESSIBLE DIGITAL X-RAYS. THE LOCAT ION FEATURES MORE THAN 25 SPECIALTIES ON ONE CAMPUS. GHI CONTINUED TO PROVIDE FREE SHUTTLE SERVICES FROM REGIONS TO THE HEALTHPARTNERS SPECIALTY CENTER FOR PATIENTS. COMMUNITY BUIL DING ACTIVITIES TRIPLE AIM HEALTHPARTNERS IS WORKING TO TRANSFORM HEALTH CARE BY DELIVERIN G OUTSTANDING CARE AND SERVICE THAT IS CONSISTENT WITH THE INSTITUTE FOR HEALTHCARE IMPROV EMENT'S "TRIPLE AIM" INITIATIVE. HEALTHPARTNERS IS ONE OF 12 ORGANIZATIONS PARTICIPATING I N THE PROJECT, AN INTERNATIONAL INITIATIVE TO DEVELOP MODELS OF CARE THAT SIMULTANEOUSLY O PTIMIZE THE HEALTH OF THE POPULATION AND THE EXPERIENCE OF EACH INDIVIDUAL, WHILE REDUCING PER CAPITA HEALTH CARE COSTS. THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) SELECTED HEA LTHPARTNERS IN 2007 FOR THIS MULTI-YEAR PROJECT BASED ON INITIATIVES HEALTHPARTNERS HAD IN PLACE THAT SUPPORT THE TRIPLE AIM. BEING PART OF AN INTEGRATED ORGANIZATION ALLOWS ENTITI ES TO ADOPT AND SHARE IMPROVEMENTS SUCH AS BEST PRACTICES AND PATIENT EDUCATION MATERIALS ACROSS THE SYSTEM. HEALTHPARTNERS CONTINUES TO WORK WITH THE TRIPLE AIM AS WE WORK TOWARDS EXCELLENCE IN HEALTH CARE. HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS LIVE H EALTHIER LIVES AND LOWERS COSTS. THROUGH OUR UNIQUE WELLNESS PROGRAMS, ADVOCACY EFFORTS AN D INNOVATIVE PAYMENT APPROACHES WHICH INCENT AND REWARD QUALITY, WE ARE ABLE TO PROVIDE BE TTER VALUE FOR OUR CUSTOMERS. WE COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND NON-PROF IT ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AN D DI SSEMINATE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY AN D COLLABORATE ON SYSTEM IMPROVEMENTS. BY PARTNERING WITH PROVIDERS, MEMBERS, PURCHASERS, A ND THE COMMUNITY, WE ARE LEVERAGING OUR PLAN CAPABILITIES TO DEVELOP INITIATIVES, WHICH IM PROVE HEALTH, MEMBER EXPERIENCE AND AFFORDABILITY. TOTAL COST OF CARE TOTAL COST OF CARE ( TCOC), IS A METHOD OF MEASURIN</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III, CONT.	<p>G HEALTH CARE 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 IN RECENT YEARS. HEALTHPARTNERS' 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 INCENTS PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, CONT.	<p>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 ENSURE, 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 STRATEGIC 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. THE HEALTH EQUITY SPONSOR GROUP: PROVIDES 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 ORGANIZATION S. OUR 2019 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 LARGE, MULTI-YEAR PARTNERSHIPS AND</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>CAMPAIGNS WITH COMMUNITY-BASED ORGANIZATIONS TO IMPACT HEALTH DETERMINANTS, SUCH AS THE MAKE IT OK CAMPAIGN, POWERUP AND LITTLE MOMENTS COUNT. EXAMPLES OF PARTNERS INCLUDE ORGANIZATIONS SUCH AS THE WILDER FOUNDATION/ST. PAUL PROMISE NEIGHBORHOOD, THE YWCA, NORTHSIDE AC HIEVEMENT 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. 990 S. 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. THE CHAMPIONS ARE STAFF MEMBERS AND PROVIDERS WHO RECEIVE EXPERT TRAINING SO THEY CAN BECOME ADVOCATES AND SERVE AS LOCAL RESOURCES FOR THEIR COLLEAGUES IN CARING FOR PATIENTS FROM DIVERSE CULTURES AND THOSE WITH LIMITED ENGLISH PROFICIENCY. NEARLY 200 CHAMPIONS PARTICIPATED IN 2019. 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 MEMORIAL HOSPITAL ASSOCIATION, HUDSON HOSPITAL, WESTFIELDS 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 SIMILAR 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 COUNTIES. DEMOGRAPHICS: CHC CONSULTING ANALYZED THE MOST CURRENT DEMOGRAPHICS OF RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING: OVERALL POPULATION, POPULATION BY RACE AND ETHNICITY, MEDIAN AGE, MEDIAN HOUSEHOLD INCOME, POVERTY LEVELS, FOOD INSECURITY, AND EDUCATIONAL ATTAINMENT. HEALTH DATA COLLECTION: CHC CONSULTING ANALYZED THE MOST CURRENT HEALTH DATA AVAILABLE PERTAINING TO RESIDENTS IN RAMSEY, WASHINGTON, AND DAKOTA COUNTIES INCLUDING: MORTALITY RATES, CHRONIC CONDITIONS, HEALTH BEHAVIORS, MENTAL HEALTH, COMMUNICABLE DISEASES, PREVENTION AND NATALITY. COMMUNITY INPUT: AS A PART OF COUNTY-WIDE ASSESSMENTS, 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, 2015 TO GAIN INS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>IGHT SURROUNDING SIGNIFICANT HEALTH NEEDS. FINAL PRIORITIZED NEEDS MENTAL AND BEHAVIORAL H HEALTH ACCESS AND AFFORDABILITY CHRONIC DISEASE AND ILLNESS PREVENTION EQUITABLE CARE IN 20 18, WE WORKED ON OUR NEXT CYCLE OF CHNA FOR 2019-2021. CHNA PRIORITIZATION - FIVE PRIORITY AREAS WERE IDENTIFIED THROUGH THE CHNA: ACCESS TO CARE ACCESS TO CARE REFERS TO HAVING EQ UITABLE ACCESS TO APPROPRIATE, CONVENIENT AND AFFORDABLE HEALTH CARE. THIS INCLUDES FACTOR S SUCH AS PROXIMITY TO CARE, ACCESS TO PROVIDERS, COST, INSURANCE COVERAGE, MEDICAL TRANSP ORTATION, CARE COORDINATION WITHIN THE HEALTH CARE SYSTEM AND CULTURAL SENSITIVITY AND RES PONSIVENESS. ACCESS TO HEALTH ACCESS TO HEALTH REFERS TO THE SOCIAL AND ENVIRONMENTAL COND ITIONS THAT DIRECTLY AND INDIRECTLY AFFECT PEOPLE'S HEALTH, SUCH AS HOUSING, INCOME, EMPLO YMENT, EDUCATION AND MORE. THESE FACTORS, ALSO REFERRED TO AS SOCIAL DETERMINANTS OF HEALT H, DISPROPORTIONATELY IMPACT LOW INCOME COMMUNITIES AND COMMUNITIES OF COLOR. MENTAL HEALT H AND WELL-BEING MENTAL HEALTH AND WELL-BEING REFERS TO THE INTERCONNECTION BETWEEN MENTAL ILLNESS, MENTAL HEALTH, MENTAL WELL-BEING AND THE ASSOCIATED STIGMA. POOR MENTAL HEALTH I S ASSOCIATED WITH POOR QUALITY OF LIFE, HIGHER RATES OF CHRONIC DISEASE AND A SHORTER LIFE SPAN. NUTRITION AND PHYSICAL ACTIVITY NUTRITION AND PHYSICAL ACTIVITY REFERS TO EQUITABLE ACCESS TO NUTRITION, PHYSICAL ACTIVITY AND FOOD AND FEEDING CHOICES. POOR NUTRITION AND PH YSICAL INACTIVITY ARE MAJOR CONTRIBUTORS TO OBESITY AND CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE AND STROKE, WHICH DISPROPORTIONALLY IMPACT LOW INCOME COMMUNITIES AND COMMU NITIES OF COLOR. SUBSTANCE ABUSE SUBSTANCE ABUSE AND ADDICTION ARE THE EXCESSIVE USE OF SU BSTANCES INCLUDING ALCOHOL, TOBACCO, PRESCRIPTION DRUGS, OPIOIDS AND OTHER DRUGS IN A MANN ER THAT IS HARMFUL TO HEALTH AND WELL-BEING. HEALTHPARTNERS DISCUSSED AND CONSIDERED ADDIT IONAL OR ALTERNATIVE PRIORITIES DURING THE PRIORITIZATION PROCESS, INCLUDING: OLDER ADULT HEALTH/AGING, MATERNAL AND CHILD HEALTH, ENVIRONMENTAL HEALTH AND INJURY AND VIOLENCE. THE SE NEEDS WERE NOT SELECTED AS TOP FIVE PRIORITIES IN THE CONSENSUS BUILDING PROCESS. HOWEV ER, THE THEMES WILL BE CONSIDERED IN THE IMPLEMENTATION OF THE SELECTED PRIORITY AREAS. HE ALTHPARTNERS APPROACH TO EQUITY</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, CONT.	<p>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 INEQUITY 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 WAS REQUIRED TO APPROVE THE IMPLEMENTATION STRATEGY BY MAY 2019. 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. IN 2019 THE CCH BOARD AND COMMITTEES DEVELOPED A STRATEGIC PLAN TO GUIDE THE ORGANIZATION'S WORK FOR THE NEXT TWO YEARS. THE TWO-YEAR PLAN CAN BE FOUND HERE. 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, SPECIFICALLY SOCIAL CONNECTEDNESS. 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>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 <a href="http://WWW.MNMETROCCH.ORG">WWW.MNMETROCCH.ORG</a> 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 WITH LOCAL COMMUNITY ORGANIZATIONS HELP PROMOTE THEIR EVENTS AND PROVIDE AN OPPORTUNITY FOR RECRUITERS TO MEET WITH COMMUNITY MEMBERS IN AN EFFORT TO INCREASE DIVERSE HIRING. CAREER FAIRS: HENNEPIN TECHNICAL COLLEGE CAREER FAIR RASMUSSEN COLLEGE CAREER FAIR PROFESSIONAL DIVERSITY NETWORK-MLK DIVERSITY CAREER FAIR BETHEL CAREER FAIR INVER HILLS COMMUNITY COLLEGE CAREER FAIR MN DEED CAREER EVENT ST. PAUL COLLEGE CAREER FAIR PEOPLE OF COLOR CAREER FAIR 13TH ANNUAL VETS CAREER FAIR MEETINGS/TRAININGS/WEBINARS: METRO STATE UNIVERSITY RESUME AND CAREER WORKS HOP FOR STUDENTS CONCORDIA COLLEGE, COLLEGE OF NURSING MOCK INTERVIEW EVENT HIRING OUR HEROES EVENT DEED - PARTICIPATED IN RAMSEY COUNTY HEALTHCARE PANEL DISCUSSION DEED, HEALTHCARE CAREER EVENT AT ROSEVILLE LIBRARY ST. PAUL COLLEGE HEALTHCARE PANEL DISCUSSION (DEED EVENT) METRO STATE UNIVERSITY DIVERSITY NETWORKING EVENT DEED "HIRING PEOPLE WITH DISABILITIES" SEMINAR RECRUIT, RETAIN &amp; ENGAGE: D&amp;I AS A BUSINESS IMPERATIVE (PART OF MPLS PROFESSIONAL DIVERSITY CAREER FAIR) BITCON - BLACKS IN TECHNOLOGY CONFERENCE MN RECRUITERS CONFERENCE MINNEAPOLIS VA BUSINESS PARTNER COUNCIL FORUM ON WORKPLACE INCLUSION MAHCR WEBINAR - CONSCIOUS HIRING STEP UP PARTNERS BREAKFAST WE WERE A SPONSOR OF THE UNIVERSITY OF ST. THOMAS COLLEGE FORUM ON WORKPLACE INCLUSION, WHICH OFFERS WORKSHOPS ON CULTURAL COMPETENCE AND WORKPLACE DIVERSITY. IN ADDITION TO SPONSORSHIP, WE SERVED ON THE HEALTHCARE COMMITTEE TRACK AND PRESENTED AT THE FORUM ON THE TOPIC OF PATIENT AND MEMBER BIAS. WE WORKED WITH MINNEAPOLIS PUBLIC SCHOOLS AND THEIR STEP-UP ACHIEVE INTERNSHIP PROGRAM TO PROVIDE SUMMER INTERNSHIPS, MENTORING AND CAREER COACHING FOR RACIALLY DIVERSE STUDENTS. WE ALSO OFFERED TRAINING ON MICROSOFT OUTLOOK AND RESUME BUILDING. ADDITIONALLY, REGIONS HOSPITAL HIRED EIGHT INTERNS THROUGH THE RIGHT TRACK INTERNSHIP PROGRAM. THIS PROVIDED A DIVERSE GROUP OF HIGH SCHOOL STUDENTS WITH EXPOSURE TO JOBS WITHIN THE HEALTH CARE INDUSTRY HELPING TO BUILD A DIVERSE WORKFORCE FOR THE FUTURE OF HEALTH CARE. BELOW ARE OTHER 2019 SCHOOL/STUDENT PARTNERSHIPS: WASHINGTON MAGNET SCHOOL PARTNERSHIP: REGIONS PARTNERED WITH THIS SCHOOL TO PROVIDE A DIVERSE GROUP OF STUDENTS WITH INTRODUCTIONS TO CAREERS IN HEALTH CARE. EACH SCHOOL YEAR ABOUT 20 STUDENTS COME TO REGIONS FOR FOUR EXPERIENTIAL LEARNING EVENTS. AT THESE EVENTS STUDENTS INTERACT WITH OUR STAFF AND WITH MEDICAL EQUIPMENT IN THE FIELD AND/OR IN OUR SIMULATION CENTER. ST. PAUL SCHOOLS CTE COMMITTEE: OUR FOOD &amp; NUTRITION SERVICES DEPARTMENT HAS REPRESENTATION ON THIS COM</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>MITTEE, WHICH IS A TECHNICAL CAREERS ADVISORY TEAM FOR NINE ST. PAUL PUBLIC SCHOOLS. AS A PARTNER, REGIONS HOSTED THREE SEPARATE GROUPS OF 30 STUDENTS EACH THAT PROVIDED ENGAGING AND INTERACTIVE EXPERIENCES TO PROMOTE CAREERS IN HEALTH AND NUTRITION SERVICES. CRISTO REY HIGH SCHOOL'S CORPORATE WORK STUDY PROGRAM. REGIONS HOSPITAL PROVIDED STUDENT EXPERIENCES FOR FOUR CRISTO REY STUDENTS IN 2019. THESE RACIALLY DIVERSE STUDENTS ATTEND SCHOOL FOUR DAYS EACH WEEK AND SPEND THEIR FIFTH DAY WORKING ON-SITE AT REGIONS IN AREAS OF GUEST SERVICES AND OUR GIFT SHOP. OUR INTERNS GAIN REAL-WORLD WORK EXPERIENCE AND DEVELOP EXCELLENT CUSTOMER SERVICE, COMMUNICATION, TEAMWORK AND OTHER SKILLS ESSENTIAL TO CAREER SUCCESS. CRISTO REY BOASTS A 100% COLLEGE ACCEPTANCE RATE. HEIP/SCRUBS CAMP: REGIONS CONTINUES TO SUPPORT THIS IMPORTANT STUDENT EXPERIENCE THAT INTRODUCES YOUNG PEOPLE TO A VARIETY OF CAREERS WITHIN HEALTH CARE. REGIONS SUPPORTS THIS PROGRAM IN A VARIETY OF WAYS INCLUDING FACILITATING LEARNING SESSIONS, PROVIDING TOURS, AND ALSO BY OCCASIONALLY SUPPORTING STUDENT SCHOLARSHIPS. HOSA (HEALTH OCCUPATIONS STUDENTS OF AMERICA): AS A SUPPORTING MEMBER OF HOSA WE HELP PROMOTE HEALTH CARE CAREERS TO HIGH SCHOOL STUDENTS PROVIDING LEADERSHIP ON THEIR BOARD OF DIRECTORS, HOSTING STUDENT TOURS, AND PARTICIPATING IN NUMEROUS STUDENT EXPERIENCES AND COMPETITIONS EACH YEAR. C3 FELLOWS: THIS PROGRAM, AN OUTCOME OF THE CCAP WORKFORCE DEVELOPMENT GROUPS, HELPS PLACE STUDENTS WHO ARE CURRENTLY ENROLLED IN HEALTH CARE PROGRAMS INTO ENTRY LEVEL JOBS WITHIN THE HEALTH CARE INDUSTRY WHILE THEY ARE IN SCHOOL. PARTNER SCHOOLS INCLUDE MCTC, ST. PAUL COLLEGE, METRO STATE, AUGSBURG, AND ST. THOMAS DOUGHERTY FAMILY COLLEGE. GOALS OF THIS PROGRAM INCLUDE STUDENTS' ECONOMIC ADVANCEMENT, INCREASED ACADEMIC SUCCESS AND EMPLOYABILITY AND ECONOMIC DEVELOPMENT ALONG THE GREEN LINE, AND INCREASED DIVERSITY OF THE HEALTH CARE WORKFORCE. WE SUPPORTED THIS PROGRAM BY ASSISTING STUDENTS WITH MOCK INTERVIEWS, RESUME WRITING, TOURS AND INFORMATIONAL SESSIONS AS WELL AS INTERVIEW OPPORTUNITIES AND PLACEMENTS INTO EMPLOYMENT WHILE STUDENTS ARE IN SCHOOL. WE HIRED C3 FELLOWS INTO SEVERAL AREAS SUCH AS LAB, INSTRUMENT PROCESSING, AND NURSING AS WELL AS SUPPORTED C3 FELLOWS IN CENTRAL SERVICES INTERNSHIPS AT REGIONS HOSPITAL. DOUGHERTY FAMILY COLLEGE INTERNSHIP PARTNER: THE DOUGHERTY FAMILY COLLEGE OFFERS TWO-YEAR DEGREE IN LIBERAL ARTS AS A FIRST STEP TOWARD A FOUR-YEAR DEGREE FOR MOTIVATED STUDENTS WHO HAVE HIGH FINANCIAL NEED, HAVE FACED CHALLENGES IN THEIR LIFE, AND WHO DON'T YET HAVE THE ACADEMIC PROFILE THAT THEY ARE CAPABLE OF ACHIEVING. IN 2019 REGIONS HOSTED TWO STUDENT INTERNS.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>ENHANCED TUITION ASSISTANCE PROGRAM: THROUGH A PARTNERSHIP WITH EASTSIDE FINANCIAL AND LUTHERAN SOCIAL SERVICES, OUR ENHANCED TUITION REIMBURSEMENT PROGRAM OFFERS EMPLOYEES WHO RESIDE WITHIN QUALIFYING ZIP CODES ON ST. PAUL'S EAST SIDE A RICHER TUITION BENEFIT THAN OUR STANDARD REIMBURSEMENT PROGRAM. THIS PARTNERSHIP HELPS SUPPORT ECONOMIC DEVELOPMENT OF OUR DIVERSE COMMUNITY AND HELPS INCREASE THE DIVERSITY OF HEALTH CARE WORKERS AT ALL LEVELS OF EMPLOYMENT. OUR PROGRAM PROVIDES QUALIFYING INDIVIDUALS WITH FINANCIAL PLANNING AND CAREER PLANNING SUPPORT AND HELPS THEM ESTABLISH THE HABIT OF DEVELOPING A SAVINGS ACCOUNT. THE PARTICIPANT IS ELIGIBLE FOR AN ADDITIONAL \$1,000 IN TUITION ASSISTANCE (OVER AND ABOVE OUR STANDARD OF \$2,000) PLUS IS ELIGIBLE TO RECEIVE THE TUITION ASSISTANCE UP FRONT, ELIMINATING THE FINANCIAL BARRIER AND ALLOWING THE INDIVIDUAL TO BEGIN THEIR CONTINUED EDUCATION SOONER.</p> <p>BIG BROTHER BIG SISTERS TWIN CITIES: A NEW PARTNERSHIP EMERGED WITH BIG BROTHERS BIG SISTERS TWIN CITIES. IN DECEMBER, OUR CROSS CULTURAL LEADERSHIP NETWORK HOSTED AN EVENT WITH BIG BROTHERS BIG SISTERS TWIN CITIES WHERE 20 "BIGS AND "LITTLES" VISITED REGIONS HOSPITAL AND ENGAGED WITH THE SIM CENTER. TO ADVANCE OUR WORK AROUND LGBTQ INCLUSION AND EQUITY, HEALTHPARTNERS WAS AGAIN A SPONSOR OF THE TWIN CITIES PRIDE FESTIVAL AND PARADE IN 2019. 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 MINNESOTA AIDS WALK. HEALTHPARTNERS CONTINUED TO BE A SPONSOR OF THE YWCA'S IT'S TIME TO TALK EVENT. ADDITIONALLY, 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. THIS YEAR MARKED THE BEGINNING OF A NEW PARTNERSHIP WITH PENUMBRA THEATER, A LOCAL THEATER COMPANY THAT CREATES PROFESSIONAL PRODUCTIONS FOCUSED ON THE AFRICAN AMERICAN EXPERIENCE. IN JUNE PENUMBRA HOSTED AN EVENT FOR REGIONS HOSPITAL FOUNDATION THAT FEATURED INFANT AND MATERNAL MORTALITY IN THE AFRICAN AMERICAN POPULATION AND HOW OUR BIRTH CENTER IS WORKING TO ADDRESS THIS ISSUE. ADDITIONALLY, HEALTHPARTNERS IS SPONSORING THE COMMISSIONING AND DEVELOPMENT OF A PLAY WRITTEN BY HARRISON DAVID RIVERS AND DIRECTED BY TALVIN WILKS. THE PLAY, TENTATIVELY TITLED WEATHERING, WILL EXPLORE THE RACIAL DISPARITIES IN MATERNAL MORTALITY, AND THE ADVERSE HEALTH OUTCOMES FOR BLACK WOMEN AND THEIR BABIES. 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 OUT</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, CONT.	<p>COMES. HEALTHPARTNERS EMPLOYEES GAVE WITH THEIR MILLION DOLLAR HEARTS TO THE COMMUNITY AND OUR FOUNDATION MISSIONS THROUGH THE COMMUNITY GIVING AND ONE (FORMERLY SHARING AT WORK) CAMPAIGNS, AS WELL AS PARTICIPATING IN FUNDRAISING WALKS. ADDITIONALLY, HEALTHPARTNERS PARTICIPATED IN COMMUNITY FESTIVALS AND EVENTS PROVIDING OUTREACH AND EDUCATION RESOURCES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS, INCLUDING LGBTQ, MENTAL HEALTH, IMMUNIZATIONS AND MORE. A DETAILED LIST OF COMMUNITY BENEFIT ACTIVITIES CAN BE FOUND ON THE HEALTHPARTNERS, INC. 990S. DROP-IN VOLUNTEERING &amp; MARTIN LUTHER KING, JR. DAY OF SERVICE HEALTHPARTNERS COMMUNITY RELATIONS ORGANIZES "DROP-IN VOLUNTEERING" EVENTS THROUGHOUT THE YEAR TO CONTINUE EMPLOYEE ENGAGEMENT WITH OUR COMMUNITY ORGANIZATIONS. ONE-HOUR DROP-IN VOLUNTEERING EVENTS ARE ORGANIZED ON SITE AND ALLOW EMPLOYEES TO DONATE THEIR TIME BASED ON THEIR SCHEDULE. VOLUNTEER TIMES RANGE ANYWHERE BETWEEN FIVE MINUTES TO 120 MINUTES DEPENDING ON THE EMPLOYEE WORK DAY SCHEDULE. IN 2019, HEALTHPARTNERS IN PARTNERSHIP WITH SEIU HEALTHCARE MINNESOTA HOSTED A MARTIN LUTHER KING JR. DAY OF SERVICE WHERE 67 COLLEAGUES VOLUNTEERED THEIR TIME. PARTICIPANTS REPACKAGED 575 BAGS OF TWO-LOAD LAUNDRY DETERGENT, UPCYCLED 76 T-SHIRTS INTO REUSABLE TOTES, DECORATED 78 SANDWICH BAGS AND MADE 209 SANDWICHES. PARTICIPANTS TOTALLED 39 VOLUNTEER HOURS. THE ITEMS WERE DONATED TO THE SANDWICH PROJECT MN, COMMUNITY EMERGENCY SERVICES, CENTER FOR VICTIMS OF TORTURE AND AMHERST H. WILDER. HEALTHPARTNERS CLINICS HOSTED A FOOD DONATION DRIVE IN PARTNERSHIP WITH THE SHERIDAN STORY, WHOSE MISSION IS TO FIGHT CHILD HUNGER. COLLEAGUES THAT WERE NOT ABLE TO PARTICIPATE IN THE DAY OF SERVICE DONATED FOOD. WE COLLECTED 2,626 POUNDS OF FOOD IN TOTAL. DONATIONS &amp; VOLUNTEERISM ACTIVITIES THE FOOD GROUP HEALTHPARTNERS HAS HAD A PARTNERSHIP WITH THE FOOD GROUP FOR THE LAST FEW YEARS. WE ARE ONE OF THEIR 170 FOOD SHELF SUPPORT PROGRAMS SERVING 32 COUNTIES IN MINNESOTA AND WISCONSIN. THE FOOD GROUP IS A FULL-SERVICE FOOD BANK THAT PROVIDES FREE FOOD, ACCESS TO BULK PURCHASING OF STAPLE ITEMS, AND FORMALIZED FOOD DRIVE PROGRAMS. IN 2019, HEALTHPARTNERS CONTRIBUTED 1,775 POUNDS OF DONATIONS AND \$65 SERVING OVER 250 LOCAL FOOD SHELVES AND HUNGER RELIEF PARTNERS. THE DONATION PROVIDED 1,609 MEALS ACROSS MINNESOTA AND WISCONSIN. 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, CONT.	<p>CH OCCURS DURING THE FALL. IN 2019, EMPLOYEES FROM HEALTHPARTNERS ORGANIZATIONS DONATED \$1,196,054 TO THE ONE CAMPAIGN, WHICH RAISES FUNDS FOR PATIENT CARE, RESEARCH AND MEDICAL EDUCATION. THE TOTAL INCLUDED A \$500,000 HEALTHPARTNERS MATCH. THE ONE CAMPAIGN ALSO RAISED MONEY FOR HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE AND OTHER ORGANIZATIONS WITHIN HEALTH PARTNERS, INCLUDING ITS SIX HOSPITAL FOUNDATIONS - REGIONS HOSPITAL FOUNDATION, PARK NICOLET 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 2019, HEALTHPARTNERS' COMMUNITY GIVING CAMPAIGN RAISED \$214,563.39, WHICH INCLUDED EMPLOYEE PLEDGES THROUGH AUTOMATIC PAYROLL DEDUCTIONS, \$60,000 FROM HEALTHPARTNERS THAT WAS 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 FOR THEM. 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 MULTIPLE BOXES OF TOYS ALONG WITH SUPPORTING A FAMILY THROUGH THE CAP ORGANIZATION THROUGH DAKOTA COUNTY FOR THE HOLIDAYS. WE ALSO SUPPORTED A BOOK DRIVE FOR KIDS AND 192 BOOKS WERE DONATED TO COMMON BOND. ORGANIZATION AWARDS AND ACHIEVEMENTS IN 2019, 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 KNOW THAT 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: MODERN HEALTHCARE MAGAZINE NAMED HEALTH PARTNERS PRESIDENT AND CEO ANDREA WALSH ONE OF THE NATION'S TOP 25 WOMEN IN HEALTHCARE. THE STAR TRIBUNE NAMED HEALTHPARTNERS A TOP WORKPLACE. IBM WATSON HEALTH NAMED HEALTHPARTNERS ONE OF THE NATION'S 15 TOP HEALTH SYSTEMS FOR THE THIRD YEAR IN A ROW.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III, CONT.	<p>THE LEAPFROG GROUP AWARDED METHODIST HOSPITAL A GRADE A FOR PATIENT SAFETY. U.S. NEWS AND WORLD REPORT U.S. NEWS AND WORLD REPORT RANK LAKEVIEW HOSPITAL, METHODIST HOSPITAL AND REGIONS HOSPITAL AS AMONG BEST HOSPITALS IN THE MINNEAPOLIS-ST. PAUL AREA. THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) RATES HEALTHPARTNERS AMONG THE HIGHEST-RATED COMMERCIAL HEALTH PLANS IN THE NATION. THE CENTER FOR MEDICARE AND MEDICAID SERVICES GRANTED A 5 OUT OF 5 STAR RATING FOR OUR MEDICARE COST PLANS. OUR MEDICARE ADVANTAGE MAINTAINED A 4.5 STAR RATING, WHICH IS AMONG THE HIGHEST IN THE REGION. HEALTHPARTNERS UNITYPOINT HEALTH MEDICARE ADVANTAGE PLANS IN IOWA AND ILLINOIS ALSO RECEIVED A 4.5 STAR RATING. CMS HEALTH EQUITY AWARD. WE ARE PROUD TO BE ONE OF ONLY TWO ORGANIZATIONS IN THE NATION TO RECEIVE THE HEALTH EQUITY AWARD FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES IN 2019.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JULIE BUNDE AND STEVEN BUNDE ARE BOTH OFFICERS AT GHI AND ARE MARRIED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	GHI BYLAWS WERE AMENDED AND RESTATED EFFECTIVE 1/1/2019 TO MATCH MINNESOTA HMO STATUTE LANGUAGE RE MEMBER-ELECTED DIRECTORS. REMOVED PETITION PROCESS FOR MEMBER-ELECTED DIRECTORS. CLARIFIED TERMS OF SERVICES FOR DIRECTORS AND TERM LIMITS. RESTATED COMPOSITION AND POWERS OF THE EXECUTIVE COMMITTEE, DESCRIBED COMPOSITION AND ROLE OF QUALITY COMMITTEE AND AUDIT/COMPLIANCE COMMITTEE. DELETED SECTION THAT REQUIRED A MEDICAL BOARD OF GOVERNORS. UPDATED PROVISIONS FOR INDEMNIFICATION AND CONFLICT OF INTEREST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	GHI HAS ASSOCIATE 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

Return Reference	Explanation
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**

<b>Return Reference</b>	<b>Explanation</b>
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	<p>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.</p>

**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 FROM AN AFFILIATED ORGANIZATION 168,000,000. FASB 158 PENSION ADJUSTMENT 13,015,325. FASB 158 POST RETIREMENT ADJUSTMENT 52,355,043. FASB 124 FAIR MARKET VALUATION ADJUSTMENT 2,171,743.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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	199,742,312	CASH AMOUNT
(2)HEALTHPARTNERS INC - HEALTHCARE SERVICES	L	89,559,034	CASH AMOUNT
(3)PHYSICIANS NECK AND BACK CLINIC	P	127,722	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	Yes	
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)	170(B)(1) (A)(VI)	LAKEVIEW HEALTH		No
8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)(1) (A)(III)	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)(III)	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
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C					No
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
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
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
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C					No
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
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