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DLN: 93493318026614

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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2013

Open to Public Inspection

		<b>2013 ca</b> l	C Name of organization	ng 01-01-2013 , 2013, and end	ling 12-31	-2013	D Emplo	yer ide	entification number
_	ress ch		GROOP HEALTH PLAN INC	41-0797853					
┌ Nar	ne cha	inge	Doing Business As				[		
┌ Inıt	ıal retu	ırn		mail is not delivered to street address)	Room/suite	e	E Telepho	one num	nber
Ter	mınate	ed .	8170 33RD AVE SOUTH PO BOX 13	309				883-6	
☐ Am	ended	return	City or town, state or province, co	ountry, and ZIP or foreign postal code	•		(332)	003 (	3304
App	lication	n pending	111111E/11 0E3, 1111 33 1101303				<b>G</b> Gross r	eceipts	\$ 1,499,467,713
			F Name and address of property DAVE A DZIUK	rıncıpal officer		H(a) Is th			
			8170 33RD AVE SOUTH I			Subc	ordinates?		┌ Yes 🗸 No
			MINNEAPOLIS, MN 5544	01309		H(b) Are		nates	┌ Yes ┌ No
<b>I</b> Tax	x-exem	npt status	✓ 501(c)(3)	(insert no )	527		ıded? Io," attach	a lıst	(see instructions)
J W	ebsite	e: <b>⊨</b> WV	WW HEALTHPARTNERS COM			u(a) Gro	up exempt	ıon nıı	mher 🌬
			Corporation Trust Associate	wan C Othor <b>b</b>		1	ormation 19		
K For	n or or	ganization	Corporation   Trust   Associat	cion   Other   -		L Year of to	ormation 19	155 M M	State of legal domicile N
Pa	rt I	Sun	nmary						
			lescribe the organization's miss HEDULE O - EXEMPT PURPOS	sion or most significant activities	s				
a.	-	SEE SC	HEDULE O - EXEMPT PURPOS	SE AND ACHIEVEMENTS					
Governance	:								
<u> </u>									
<u>ā</u>	2	Check t	his box দ if the organization $\epsilon$	discontinued its operations or di	sposed of	more than	25% of its	net as	ssets
Ğ	_	Numahaw	of waters markers of the same	rning hadir (Dart VI Jina 1a)				د ا	1 .
Activities &	l			rning body (Part VI, line 1a) .s of the governing body (Part VI				4	5
Ę.				n calendar year 2013 (Part V, lii				5	6,849
ੂ ਹ	l			necessary)	•			6	356
4				Part VIII, column (C), line 12				7a	C
	ь	Net unre	elated business taxable income	from Form 990-T, line 34 .				7b	C
						Pri	or Year		Current Year
<b>a.</b>	8		ibutions and grants (Part VIII,			0	0		
Rayenue	9			line 2g)			981,655,		1,055,558,292
9.6	10			nn (A), lines 3, 4, and 7d) .			5,306,651		5,012,274
_	11			), lines 5, 6d, 8c, 9c, 10c, and 1 1 (must equal Part VIII, columi			269,011,4	406	275,178,147
	12					1,	255,973,0	095	1,335,748,713
	13			rt IX, column (A ), lines 1–3).			5,678,	595	6,894,290
	14			IX, column (A), line 4)				0	0
92	15	Saları 5–10		yee benefits (Part IX, column (A	.), lines		487,646,	345	511,896,829
Expenses	16a			K, column (A), line 11e)			107,010,	0	0
÷	ь		undraising expenses (Part IX, column (						<del>-</del>
Ш	17			), lines 11a–11d, 11f–24e) .	<del></del> .		742,324,	289	773,912,038
	18			ust equal Part IX, column (A), lı			235,649,		1,292,703,157
	19	Rever	nue less expenses Subtract lin	e 18 from line 12			20,323,	866	43,045,556
\$ & € &						_	g of Curre	nt	End of Year
Set San	20	Total	accete (Part V line 16)				<b>Year</b> 637,579,4	430	852,685,946
Not Assets or Fund Balances	21						519,205,		605,569,363
2 E	22			t line 21 from line 20			118,373,		247,116,583
Par	t II		nature Block	<u> </u>			. ,		· ·
my kr	nowled	dge and		xamined this return, including acomplete Declaration of preparer		an officer) is			
Sign		Sign	ature of officer				ate		
Here	2		E A DZIUK SVP-FINANCE & CFO						
		17	e or print name and title Print/Type preparer's name	Preparer's signature	Da	te I		PTIN	
Paid	1		ANN LAMOUREUX	ricpaici s signature	Da	Cii	eck lif f-employed	P0069	1316
			Firm's name 🕨 KPMG LLP			Fin	m's EIN 🟲 1	3-56652	207
	pare On		Firm's address 🕨 4200 WELLS FARGO (	CTR 90 S 7TH		Ph	one no (612	305-5	5000
_se	UII	'y	STREET MINNEAPOLIS, MN 5				,		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

4.1	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	. J No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   15,356		165	N
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
,	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to the order of superior and order of the control of the c	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	<del>                                     </del>		14
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	I	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
	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			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	i	

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod <b>Yes</b>	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KEVIN J BRANDT DIRECTOR OF FINANCIAL REPORTING 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309 (952)883-6584

Form 990	(2013	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and a	tion ( han c n is l	ne l both	oox, an c	heck unless officer stee)		( <b>C</b> Repor comper from organiza	table nsation the tion (W-	<b>(E)</b> Reportable compensation from related organizations (W	-	(F) Estima amount o compens from t	ted f other ation he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)		2/1099-MISC)		2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total			•				, <b>T</b>								
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S	ection A	<b>.</b> .	•	•	•	-		25,998,252		0		5,498,585		
2	Total number of individuals (in \$100,000 of reportable compe	_						e) w	ho receive	d more th	an					
											_		Yes	No		
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>	chedule J for suc	ch indivi	dual	•	•		•				3		No		
4	For any individual listed on line organization and related organ individual											4	Yes			
5	Did any person listed on line 1 services rendered to the organ								_	anızatıon	or individual for	5		No		
	ation B. Tade condition C.												•			
	ection B. Independent Co  Complete this table for your five		ensated	d inde	epen	dent	contr	acto	rs that rec	eived mo	re than \$100,000	of				
	compensation from the organiz												tax year <b>(c</b>			
	N	ame and business	address							Des	cription of services		Comper			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF MN PHYSICIANS BOX 195 516 DELAWARE ST SE MINNEAPOLIS MN 55455	PHYSICIAN SERVICES	8,007,902
MARKETING MIDWEST 4969 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY MN 55422	MARKETING SERVICES	4,519,212
ST PAUL RADIOLOGY 166 4TH STREET EAST ST PAUL MN 551011421	MEDICAL SERVICES	3,002,840
VOLT MANAGEMENT CORPORATION PO BOX 13500 ORANGE CA 92857	TEMPORARY STAFFING	2,908,069
SUBURBAN GREEN & WHITE TAXI 1907 CHARLES AVENUE ST PAUL MN 551041745	TRANSPORTATION SERVICES	2,154,007
Total number of independent contractors (including but not limited to those listed above)	who recoved means then	-

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 ►156

	1a
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i, Gi mila	e
ions r Sil	f
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g
id O	
<u> </u>	h
anı	22
Program Serwce Revenue	b
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<u></u> <u> </u>	2a b c d e f 3 4 5 6a
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άυ	8a
Revenue	
her	b
₽ G	c
	9a
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	10a
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	С
	11a
	11a b
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	d
	e

	Check if Schedi	ule O contains a respo	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
b	Membership du	ies <b>1b</b>					
С	Fundraising ev	ents <b>1</b> c					
d	Related organiz	zations 1d					
e	Government grant	s (contributions) <b>1e</b>					
f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above					
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add line:	s 1 a - 1 f					
			Business Code				1
2a	MEDICARE & MED	ICAID PA	621400	407,255,960	407,255,960		
b	FEE FOR SERVICE	HEALTH	621400	399,259,978	399,259,978		
С	OTHER MEDICAL S	SERVICE	621400	146,618,402	146,618,402		
d	MEDICAL PREMIUN	MS	524114	45,685,301	45,685,301		
е	DENTAL PATIENT S	SERVICE	524114	36,340,337	36,340,337		
f	All other progra	am service revenue		20,398,314	20,398,314		
g	Total. Add lines	s 2a-2f		1,055,558,292			
3	Investment inc	ome (including dividen	ds, interest,				2 220 271
		aramounts)		3,239,274			3,239,274
4		stment of tax-exempt bond	proceeds				
5	Royalties .	(ı) Real	(II) Personal				
6a	Gross rents	(I) ICCUI	(ii) i cisonai				
ь	Less rental						
c	expenses Rental income						
d	or (loss)  Net rental inco	me or (loss)					
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other	165,492,000					
ь	than inventory Less cost or other basis and sales expenses	163,719,000					
c	Gain or (loss)	1,773,000					
d	Net gain or (los	ss)		1,773,000			1,773,000
8a	Gross income f events (not inc \$	from fundraising luding					
		reported on line 1c) ne 18					
ь	Less direct ex	penses b					
c		(loss) from fundraising	events 🛌				
9a		from gaming activities ne 19					
Ь	Less direct ex	penses b					
		(loss) from gamıng actı	vities				
10a	Gross sales of returns and allo						
ь	Less costofa	oods sold <b>b</b>					
		(loss) from sales of inv	entory				
	Miscellaneou	s Revenue	Business Code				
11a	TAXABLE AFF	IL A&G	561000	159,794,413			159,794,413
b	NON-TAXABL	E AFFIL A&G	561000	115,383,734	115,383,734		
C							
d		ue					
e	Total. Add lines	s 11a-11d	· · · •	275,178,147			
12	Total revenue.	See Instructions .	▶	1,335,748,713	1,170,942,026		0 164,806,687

	IX Statement of Functional Expenses				
ecti	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al		•	ete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,894,290	6,894,290		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	, ,	, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	402,215,246	378,692,667	23,522,579	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,037,216	29,454,548	2,582,668	
9	Other employee benefits	55,825,810	51,325,433	4,500,377	
LO	Payroll taxes	21,818,557	20,059,662	1,758,895	
L1	Fees for services (non-employees)				
а	Management				
b	Legal	247,808	103,031	144,777	
c	Accounting	237,738		237,738	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,051,081	13,702,983	5,348,098	
2	Advertising and promotion	3,899,270	2,212,607	1,686,663	
3	Office expenses	10,933,136	9,510,635	1,422,501	
4	Information technology	6,818,569	2,742,994	4,075,575	
<del>-</del> 5	Royalties	0,818,309	2,742,994	4,073,373	
5 6	Occupancy	20.062.064	27.694.941	2 270 222	
	Travel	29,963,064	27,684,841	2,278,223	
7 8	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,082,732	1,900,701	182,031	
9	Conferences, conventions, and meetings	482,313	384,101	98,212	
0	Interest	3,188,637	3,188,637	30,212	
1	Payments to affiliates	3,100,037	5,100,037	+	
2	Depreciation, depletion, and amortization	20,734,900	14,593,508	6,141,392	
- 3	Insurance	3,683,625	3,572,493	111,132	
4	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)	5,505,025	5,572,133		
а	HOSPITAL & MEDICAL SERV	172,759,673	172,759,673		
b	MGMT & ADMIN TO TAXABLE	159,794,413		159,794,413	
c	MGMT & ADMIN TO NON-TAX	115,383,734		115,383,734	
d	SUPPLIES - MEDICAL & PH	112,857,992	112,855,143	2,849	
е	All other expenses	111,793,353	97,582,590	14,210,763	
25	Total functional expenses. Add lines 1 through 24e	1,292,703,157	949,220,537	343,482,620	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1   Cash-non-interest-bearing   (a)   (b)   (c)   (	Par	't X	Check if Schedule O contains a response or note to any line in	this I	Part X			
2   Savings and temporary cash investments   4,749,122   2   62,594;   3   Pledges and grants receivable, net   148,602,686   4   207,676.   4   Accounts receivable, net   148,602,686   4   207,676.   5   Loans and other receivables from current and former officers, directors, trustees, key employees, and phiest compensated employees Complete Part II of Schedule 1   5   148,602,686   4   207,676.   6   Loans and other receivables from other disqualified persons (as defined under section 49,58(f(1)), persons described in section 49,58(f(2),8(8), and contributing employers and sponsoring organizations of section 501(c/8) voluntary employees* beneficiary organizations (see instructions) Complete Part II of Schedule L   6   7,739,602   8   7,844.   7   Notes and loans receivable, net   7,739,602   8   7,844.   9   Prapaid expenses and deferred charges   7,739,602   8   7,844.   10a   Land, buildings, and equipment cost or other basis   24,446,706   10a   302,641,104   127,778,686   10   141,905.   11   Investments—publicly traded securities   10a   302,641,104   127,778,686   10   141,905.   12   Investments—program-related See Part IV, line 11   60,197,416   129,97,694.   13   Investments—program-related See Part IV, line 11   60,197,416   13   11,2644.   13   Investments—program-related See Part IV, line 11   21,002,666   15   12,3644.   14   Intanquelle assets   14   10   10   10   10   10   10   10						(A)		· -
3   Pledges and grants receivable, net		1	Cash-non-interest-bearing			-44,661,450	1	-49,083,068
4 Accounts receivable, net		2	Savings and temporary cash investments			4,749,123	2	62,594,925
Source		3	Pledges and grants receivable, net				3	
### Schedule L		4	Accounts receivable, net			148,602,585	4	207,679,688
## 4958 (MI JI), persons described in section 4958 (Cl (3) (8), and contributing employers and spansoring organizations (see instructions) Complete Part II of Schedule L		5	employees, and highest compensated employees Complete P	art II	of		5	
8 Inventories for sale or use 7,738,623 8 7,884   9 Prepaid expenses and deferred charges 9,707,578 9 70,865   10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   10b Less accumulated depreciation 10b 382,541,104 127,776,886 10c 141,905, 11 1 100 127,776,886 10c 141,905, 11 1 100 127,776,886 10c 141,905, 11 1 100 127,776,886 10c 141,905, 11 1 1 100 127,776,886 10c 141,905, 11 1 1 1 100 127,776,886 10c 141,905, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	əts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary $6000000000000000000000000000000000000$	buting employers		-		
8 Inventories for sale or use 7,739,623 8 7,884 8 7,884 9 Prepaid expenses and deferred charges 9,707,579 9 70,856 9 70,865 100 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 382,541,104 127,776,886 10c 141,905, 11 Investments—publicly traded securities 280,435,000 11 300,810, 12 Investments—publicly traded securities 280,435,000 11 300,810, 12 Investments—publicly traded securities 280,435,000 11 300,810, 12 Investments—program-related See Part IV, line 11 82,197,416 12 97,684. 13 Investments—program-related See Part IV, line 11 21,032,686 15 12,364. 15 Other assets See Part IV, line 11 21,032,686 15 12,364. 16 Total assets. Add lines 1 through 15 (must equal line 34) 637,579,430 16 822,685. 15 Other assets See Part IV, line 11 21,034, 16 37,579,430 16 822,685. 15 Grants payable 30 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 10 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Unseau and other payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 5 519,000,000 11 100,000 100,000 100,000 100,000 100,000 100,000 100,0	8	7	Notes and loans receivable net					
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intrangible assets 14 Intrangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Insert Intrangible assets 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 12 Secured mortgages and notes payable to unrelated third parties 13 Unsecured notes and loans payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities not included on lines 17-24) Complete Part X of Schedule 16 Total liabilities not included on lines 17-24) Complete Part X of Schedule 17 Organizations that follow SFAS 117 (ASC 958), check here F or and complete lines 27 through 29, and lines 33 and 34.  18 Temporanity restricted net assets 19 Permanently restricted net assets 118,373,940 27 247,116; 19 Part In or capital surplus, or land, building or equipment fund 19 Settlement assets or fund balances 118,373,940 33 247,116; 11 Settlement assets or fund balances 118,373,940 33 247,116; 11 Settlement assets or fund balances 118,373,940 33 247,116; 11 Settlement assets or fund balances 11 Settlement assets or fund balances 11 Settlement assets or fund balances	4					7 739 623		7,864,133
10a		-						70,865,129
Description			Land, buildings, and equipment cost or other basis					, 5,555,125
11 Investments—publicly traded securities  12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 114,704,091 19 5,541; 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Corganizations that follow SFAS 117 (ASC 958), check here ►   and complete lines 27 through 29, and lines 33 and 34.  110 Investments—other liabilities and through 34.  120 Investments—other liabilities and through 34.  121 Exercise of the liabilities and through 35 or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances  118,373,940 33 247,116.		ь	·	10b	382,541,104	127,776,886	10c	141,905,602
12		11	·					300,810,000
13		12	Investments—other securities See Part IV, line 11			82,197,416	12	97,684,850
14		13					13	_
15		14					14	
16   Total assets. Add lines 1 through 15 (must equal line 34)   637,579,430   16   852,685,     17   Accounts payable and accrued expenses   303,611,981   17   445,242,     18   Grants payable   18   18   19   Deferred revenue   14,704,091   19   5,541,     20   Tax-exempt bond liabilities   53,845,000   20   43,030,     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   147,044,418   25   111,754,     26   Total liabilities. Add lines 17 through 25   519,205,490   26   605,569,     30   Organizations that follow SFAS 117 (ASC 958), check here ►		15				21,032,668	15	12,364,687
17								852,685,946
18 Grants payable		17				303,611,981	17	445,242,945
19								
20 Tax-exempt bond liabilities						14,704,091		5,541,974
21 Escrow or custodial account liability Complete Part IV of Schedule D								43.030.000
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L						, ,		, ,
Unsecured notes and loans payable to unrelated third parties	à)	l	Loans and other payables to current and former officers, direc	tors,				
Unsecured notes and loans payable to unrelated third parties	ge		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24.) Complete Part X of Schedule D	$\exists$	23	Secured mortgages and notes payable to unrelated third parti	es .			23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete P	art X	of Schedule	447.044.440		444 754 444
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets								
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u></u>	26	Organizations that follow SFAS 117 (ASC 958), check here ▶			519,205,490	26	605,569,363
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ř	27				118 373 040	27	247 116 592
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u>ಣ</u>				• •	110,070,040		247,110,000
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u></u>							
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ш	29	,				29	_
33 Total net assets or fund balances	Ξ Ξ			nere F	-   and			
33 Total net assets or fund balances	9) 	30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances		32	Retained earnings, endowment, accumulated income, or other	funds			32	
24 Total liabilities and not accets found balances	<u>¥</u>	33	Total net assets or fund balances			118,373,940	33	247,116,583
34   10tal Habilities aliu liet assets/iuliu balalites   637,579,430  34   852,685,	~	34	Total liabilities and net assets/fund balances			637,579,430	34	852,685,946

0.0	t XI Reconcilliation of Net Assets			<u>'</u>	age ==
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				্ . ৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,335,7	748,713
2	Total expenses (must equal Part IX, column (A), line 25)	2		1.292.7	703,157
3	Revenue less expenses Subtract line 2 from line 1	3			 045,556
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			43,0	743,330
		4		118,3	373,940
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
_		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		85,6	597,087
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		247,1	16,583
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1		

Software ID: Software Version:

**EIN:** 41-0797853

Name: GROUP HEALTH PLAN INC

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

Form 990, Part VII - Compensatio Compensated Employees, and Ind						, -	,	p.o,cco,g.		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related					( <b>D)</b> 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		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130)	2,1033 11130)	related organizations
THOMAS BRINSKO	3 50	х						23,750	0	0
DIRECTOR SUSAN HOYT	3 30	×						18,750	0	0
DIRECTOR GREGORY STRONG	3 20									
DIRECTOR ANN WYNIA	4 40	×						18,750	0	0
DIRECTOR & CHAIR		х						43,750	0	0
BRIAN H RANK MD  DIRECTOR & MEDICAL DIRECTOR	61 50 1 50	×		х				734,018	0	208,836
CHARLES J ABRAHAMSON  VP-NETWORK MGMT & PROVIDER RELATIONS	2 60			х				272,070	0	41,611
ALAN V ABRAMSON	37 40 18 00			х				516,007	0	97,812
SCOTT A AEBISCHER	29 00			х				441,095	0	125,574
SR VP CUSTOMER SERV/PRODUCT INNOVATION  CALVIN U ALLEN	45 20 32 50			X				547,255	0	142,992
SR VP STRAT PLANNING/HR BABETTE A APLAND	17 50 59 50									
SR VP, MELROSE INSTITUTE & BEHAVIORAL HEALTH SHANNON B BEAUDIN-KLEIN	50 3 80			X				421,315	0	117,780
VP MARKETING & COMMUNICATIONS	56 20			х				259,743	0	75,539
DAVID J BERGH  VP HEALTH/FIN INFO SYSTEMS	19 90 32 10			х				314,278	0	96,879
MARY K BRAINERD PRESIDENT & CEO	4 00 46 00			х				1,678,467	0	476,898
RICK J BRUZEK	8 90			х				268,361	0	87,559
VP PHARMACY SERVICES  KATHLEEN M COONEY	48 00 11 40			X				831,140	0	257,356
EXECUTIVE VP & CAO PATRICK T COURNEYA	43 60 2 60							·		
ASSOC MED DIR - DELIVERY S ROBERT B CUMMING	37 40 2 90			X				397,420	0	83,485
SR VP ACTUARIAL/UNDERWRITI	42 10			х				589,655	0	140,699
TRICIA L DEGE  VP FINANCE & PLANNING	44 50 50			х				314,509	0	74,111
DAVID A DZIUK SR VP & CHIEF FINANCIAL OF	12 80			х				563,763	0	172,778
GREGG DAHLGREN	42 20 1 90			х				203,573	0	74,428
VP DENTAL PLAN DAVID S GESKO	48 10 54 50			×				494,083	0	91,502
SR VP - DENTAL DIRECTOR TIM M HALEY	50 10									
VP BROKER SALES KENNETH D HOLMEN MD	49 90 47 50			Х				281,247	0	93,979
VP MEDICAL AFFAIRS & CHIEF MEDICAL OFFICER SUSAN M KNUDSON	2 50			Х				623,413	0	168,261
VP HEALTH INFORMATICS	4 00 46 00			х				280,467	0	85,556
VP DISEASE & CASE MGMT	1 50 38 50			х				231,071	0	86,587
<u> </u>	<del>-</del>	_								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (F) Average Position (do not check Name and Title Reportable Reportable Estimated amount more than one box, unless compensation of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below emplo)ee organizations dotted line) KIM R LAREAU 19 20 Х 301,240 0 83,435 VP IS&T CARE DELIVERY 30 80 NANCY A MCCLURE 48 00 Χ 693,807 0 182,605 CHIEF OPERATING OFFICER 2 00 FRANK P MCQUILLAN 26 00 0 Χ 274,278 100,292 VP - TREASURY & REAL ESTATE 34 00 KEVIN J PALATTAO 59 50 Χ 313,919 0 87,383 VP CLINIC PATIENT CARE SYSTEMS NICO PRONK PHD 36 80 Х 309,385 0 82,885 VP HEALTH MGMT BEHAVIOR GR 19 20 MEGAN M REMARK 4 00 130,775 Х 447,700 0 VP SPECIALTY CARE & OPERAT 46 00 KATIE B SAYRE 5 10 Х 0 142,995 424,899 SR VP HLTH PLAN OPS & GOV 44 90 SCOTT A SCHNUCKLE 17 10 Χ 425,791 0 109,191 SR VP DENTAL, RX, BUSINESS 32 90 DOUG N SMITH 4 20 Х 0 415,766 127,621 SR VP SALES 55 80 SHARON A STEIN 24 40 Х 269,540 56,058 VP HEALTH BEHAVIOR GROUP 15 60 ELIZABETH L SWANSON 29 30 Χ 234,639 0 83,421 VP HUMAN RESOURCES 15 70 **TOBI TANZER** 27 00 Χ 285,539 0 86,731 VP CORPORATE INTEGRITY 23 00 BARBARA E TRETHEWAY 22 10 Χ 632,735 0 154,088 SR VP GENERAL COUNSEL 30 90 ROBERT H VAN WHY 49 50 392,578 Χ 0 98,729 SR VP PRIMARY CARE/CLINIC 50 ANDREA M WALSH 5 90 Х 721,346 0 225,609 EXEC VP & CHIEF MARKETING 52 10 BETH A WATERMAN 3 10 Х 341,211 0 99,451 VP HLTH IMPROVE/CARE INNOV 46 90 DONNA J ZIMMERMAN 13 10 Χ 331,814 0 100,315 VP GOVT & COMMUNITY RELATI 44 90 DAVID ABELSON MD 50 Х 1,410,881 0 291,935 PRESIDENT - CARE GROUP 49 50 RICHARD DAVIS 75 00 Χ 1,033,454 0 68,884 **PHYSICIAN** TIMOTHY KROSHUS 40 00 Χ 3,407,529 0 99,860 STEPHEN R TAN MD 44 00 Х 903,953 0 89,273 DENNIS W ZHU MD 76 00 Χ 1,132,315 0 98,093 **PHYSICIAN** DAVID J DRIES 65 00 Χ 925,983 0 98,734 ASSOCIATE MEDICAL DIRECTOR

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318026614

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **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. ▶ See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name	of	the	orga	nizati	O
GROUP	HF	AI TH	PLAN	INC	

Employer identification number

41-0797853

Part I	Peac	on for Du	blic Charity Sta	tus (All or	ganization	s must con	nnlete this	nart ) See i		<u> </u>	
			te foundation becaus						nou actions	٠.	
1 F		-	on of churches, or as	•		= -	•	•			
2		· ·	in <b>section 170(b)(1</b>					(-)(-)(-)			
3 🔽			perative hospital sei			•	ion 170(b)(	1)( <b>A</b> )(iii).			
4	•		h organization operat	=					(1)(A)(iii).	Enter the	
. ,			ty, and state			a			(-)()()-		
5			erated for the benefit	t of a college	e or univers	ity owned or	operated by	, a governmer	ntal unit des	cribed in	_
	sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )							
6 ┌	A feder	al, state, or	local government or	governmen	tal unit des	cribed in <b>sec</b>	tion 170(b)	(1)(A)(v).			
7	An orga	anization tha	at normally receives	a substanti	al part of its	s support from	m a governn	nental unit or	from the ger	neral publi	с
_			on 170(b)(1)(A)(vi).	•	•						
8		•	described in <b>section</b>			•	•				
9	_		at normally receives	-				•	-	-	SS
			rities related to its ex								
	•		oss investment inco				•		tax) from b	usinesses	r.
_			ganızatıon after June								
LO 🗀	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry										
еГ	<b>a</b> [ By che	Type I	bes the type of supp b Type II c ox, I certify that the on managers and oth	Type II organizatior	(I - Functio n is not con	nally integrat trolled direct	ted <b>d</b> F ly or indired	Type III - Noted that the Type III - Note that Type	more disqua	lified pers	ons
f	If the o check t	his box	received a written de						e III suppor	tıng organ	ızatıon,
g		rugust 17, 2 ig persons?	2006, has the organi	zation acce	pted any gr	it or contribu	tion from an	ly of the			
			rectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (ii	)	Yes	No
	and (III	) below, the	governing body of th	e supported	lorganizatio	on?			110	g(i)	+-
	(ii) A fa	amily memb	er of a person descri	bed in (i) ab	ove?				119	g(ii)	$\vdash$
	(iii) A	35% contro	lled entity of a perso	n described	in (i) or (ii)	above?			110	J(iii)	$\dagger$
h	Provide	the followi	ng information about	the support	ed organiza	ition(s)				<b>'</b>	
(i) Na suppo organi	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		mon	mount o etary oport
			instructions))	Yes	No	Yes	No	Yes	No	┑	
					1	1	+	1	1		
								1			
[otal							1	1	1	1	

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f))  ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).									
Facts And Circumstances Test									
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493318026614

### OMB No 1545-0047

# **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.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

	me of the organization			Employer iden	tification number
GR	OUP HEALTH PLAN INC			41-0797853	
Par	t I-A Complete if the or	ganization is exempt under	section 501(		organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Dar	t I-B Complete if the or	ganization is exempt under	section 501/	c)(3)	
1		e tax incurred by the organization un			¢
2	•	e tax incurred by organization manag			Φ
3	•	section 4955 tax, did it file Form 477			⊤ Yes
4a	Was a correction made?	,	<b>,</b>		□ Yes □ No
b	If "Yes," describe in Part IV				,
		ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments amount of political contributio	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization's f to a separate political orga	funds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	
				filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,
					contributions received and promptly and directly delivered to a separate political organization If none,

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	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 I (The term "expenditures" means a	(a) Filing organization's totals	( <b>b)</b> Affiliated group totals		
a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		593,145	
c	Total lobbying expenditures (add lines 1a and 1	b)		593,145	
d	Other exempt purpose expenditures			948,627,392	
e	Total exempt purpose expenditures (add lines 1	c and 1d)		949,220,537	
f	Lobbying nontaxable amount Enter the amount columns		1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		0	
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 47	720 rej	orting	

# 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total				
<u>2a</u>	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
c	Total lobbying expenditures	442,000	494,000	526,000	593,145	2,055,145				
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures									

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	<b>f</b> Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), (	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3		i age <del>-i</del>
Part IV Supplemental Information		
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493318026614

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Open to Public Inspection

	me of the organization DUP HEALTH PLAN INC		Employer identification number
GK,	OF HEALTH FLAN INC		41-0797853
Pa	rt I Organizations Maintaining Donor Ad		
	organization answered "Yes" to Form 990	•	1.05
	Total number at and aftern	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
•	Aggregate value at end of year		<u> </u>
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	rganization's exclusive legal control?	☐ Yes ☐ No
ı	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or for a	ny other purpose Yes No
a	rt II Conservation Easements. Complete if	f the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education)	certified historic structure
	easement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified history	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	, ,	2d
	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by the organization during
	the tax year 🛌	, , ,	, 5
	<u> </u>		
	Number of states where property subject to conservat Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments during the year
	A mount of expenses incurred in monitoring, inspecting		- d.m kh
		y, and emorcing conservation easement	s during the year
	<b>*</b> \$	4) - h	about 4.7.0 (EV/AVDV)
	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	a) above satisfy the requirements of sec	Yes No
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia	
ar	Complete if the organization answered "\		or Other Similar Assets.
а	If the organization elected, as permitted under SFAS 3 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education,	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>*</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
a	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
_			

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tı</u>	reası	ures, or O	the	<u>r Similar A</u>	sset	<b>S</b> (cor	ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of	the fol	lowing that a	are a	sıgnıfıcant us	e of i	ts	
а	Public exhibition		d	Γ	Loan	orexo	:hange progi	ams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the	organızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ular	ΓY	'es	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						or other ass	ets	not	ΓY	'es	□ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		Г					
_							-	1-	A	mour	<u>rt</u>	
C C	Beginning balance						-	1c			-	
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							ΓY	es	□ No
b	If "Yes," explain the arrangement in Part XII						-					<u> </u>
Pa	rt V Endowment Funds. Complete											
1a	Beginning of year balance	(a)Current year	(b	<b>)</b> Prior	year	b (c)	wo years back	(a)	Three years back	(e)	our ye	ars back
b	Contributions							+				
c	Net investment earnings, gains, and losses							1				
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	ne 1g	, colum	nn (a))	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that	are hel	dand	administere	d for	the	_		
	organization by										Yes	No
	(i) unrelated organizations					•		•		(i)	$\longrightarrow$	
b	(ii) related organizations							•	<u> </u>	(ii)   Bb		
4	Describe in Part XIII the intended uses of the	·				•		•		<u>,,, , , , , , , , , , , , , , , , , , </u>		
	t VI Land, Buildings, and Equipme					n ans	wered 'Yes	' to	Form 990. P	art I	V. lır	
	11a. See Form 990, Part X, line			. 9								
	Description of property				Cost or (invest		(b)Cost or ot basis (othe		(c) Accumulated depreciation	d (	<b>d)</b> Boo	k value
1a	Land					1	8,847	,029			8	3,847,029
b	Buildings						124,653	,904	78,648,77	71	46	5,005,133
С	Leasehold improvements						66,370	,505	45,074,3	51	21	,296,154
d	Equipment		•				324,575	,268	258,817,98	32	65	,757,286
	Other									$\perp$		
Tota	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part )	X, colu	ımn (	B), line	10(c).	)	•	<b>►</b>		141	,905,602

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(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	41,108,371	С
(B) DEFERRED COMPENSATION INVESTMENTS	47,364,692	С
(C) INVESTMENT IN CRITICAL ACCESS HOSPITALS LOCATED IN WISCONSIN	4,745,610	С
(D) INVESTMENT IN SUBURBAN IMAGING, LLC	4,414,313	С
(E) INVESTMENT IN "PET" IMAGING EQUIPMENT	51,861	С
(F) OTHER INVESTMENTS	3	С
7	97,684,850	
Part VIII Investments—Program Related. Con See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization		, Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	otion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes CLAIMS PAYABLE	19,926,091	
DEFERRED COMPENSATION AND BENEFITS	47,228,825	
POST RETIREMENT BENEFIT OBLIGATION	8,470,429	
PROFESSIONAL LIABILITY	36,129,099	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	111,754,444	

Par		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		nts With Revenue	per Re	<b>turn</b> Complete If
1		support per audited financial statements			1	1,045,269,998
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investr	ments	2a			
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d .</b>		·		2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	1,045,269,998
4	Amounts included on Form 990	), Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b	290,478,71	5	
c	Add lines <b>4a</b> and <b>4b</b>		·		4c	290,478,715
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	12)		5	1,335,748,713
Part		<b>openses per Audited Financial St</b> Swered 'Yes' to Form 990, Part IV, lin			es per l	Return. Complete
1	Total expenses and losses per	audited financial statements			1	1,002,224,442
2	Amounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
b	Prior year adjustments		2b			
C	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b>		·		2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	1,002,224,442
4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:				_
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b	290,478,71	5	
c	Add lines <b>4a</b> and <b>4b</b>		<del></del>		4c	290,478,715
5	Total expenses Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, lii	ne 18 )		5	1,292,703,157
Part	XIII Supplemental Info	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
	XI, LINE 4B - OTHER STMENTS	INTERCOMPANY ACTIVITY 290,478,7	15			
	XII, LINE 4B - OTHER STMENTS	INTERCOMPANY ACTIVITY 290,478,7	15			

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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**General Information on Grants and Assistance** 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization GROUP HEALTH PLAN INC

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

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

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

OMB No 1545-0047

DLN: 93493318026614

Open to Public Inspection

Schedule I (Form 990) 2013

Employer identification number

41-0797853

<b>Part II Grants and Other A</b> Form 990, Part IV, lin	Assistance to Gov ne 21, for any recip	vernments and O pient that received	<b>rganizations in the</b> more than \$5,000. Pa	<b>United States.</b> Con rt II can be duplicate	nplete if the orgai d if additional spa	nization answered "Y ice is needed.	es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of gra or assistance
See Additional Data Table							

Cat No 50055P

П	Grants and Other Assistance to Individuals in the United States.	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.			

(a)Type of grant or assist	ance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc
Part IV Supplementa	l Informa	<b>ition.</b> Provide the inf	ormation required in Pa	rt I, line 2, Part III, col	umn (b), and any other a	dditional information.
Return Reference Explanation						

Return Reference Explanation

PART I, LINE 2

GROUP HEALTH PLAN, INC (GHI) MANAGEMENT STAFF REVIEW 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

Schedule I (Form 990) 2013

### **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 Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHPARTNERS RESEARCH & EDUCATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			3,757,018				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			61,226				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			272,666				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			32,123				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT 8009 34TH AVENUE SOUTH BLOOMINGTON, MN 55425			1,254,801				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WESTFIELDS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			11,345				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005			5,039				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMHERST H WILDER FOUNDATION 451 LEXINGTON PKWY N ST PAUL,MN 55104			55,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EAST METRO MEDICAL SOCIETY FOUNDATION 1300 GODWARD STREET NE MINNEAPOLIS, MN 554134801			90,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNEAPOLIS, MN 554041084			27,600				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN HEART ASSOCIATION 328 GRAND AVE BILLINGS,MT 59101			16,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CRISTO REY JESUIT HIGH SCHOOL - CIP FUND 2924 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55408			58,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEADWATERS FOUNDATION 2801 21ST AVE S SUITE 132B MINNEAPOLIS, MN 55407			15,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS 400 ROBERT STREET SOUTH ST PAUL,MN 55107			10,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMMUNITY HEALTH CHARITIES 121 HENNEPIN AVE SOUTH MINNEAPOLIS,MN 55401			14,400				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RENEWING THE COUNTRYSIDE 2105 1ST AVENUE SO MINNEAPOLIS,MN 55405			20,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD SUITE 200 MINNEAPOLIS, MN 554134801			20,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARCH OF DIMES MINNESOTA CHAPTER 5233 EDINA INDUSTRIAL BOULEVARD EDINA,MN 55439			20,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HONORING WOMEN WORLDWIDE 411 MAIN STREET 304 ST PAUL,MN 55102			6,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOPE CHEST FOR BREAST CANCER 3850 SHORELINE DRIVE WAYZATA,MN 55391			6,343				PROGRAM SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL ALLIANCE ON MENTAL ILLNESS 800 TRANSFER RD SUITE 31 ST PAUL,MN 551141414			55,100				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 S EIGHTH STREET MINNEAPOLIS, MN 55402			7,500				PROGRAM SUPPORT		

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MINNESOTA MEDICAL ASSOCIATION FOUNDATION 1300 GODWARD STREET NE SUITE 2300 MINNEAPOLIS, MN 55413			10,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORMANDALE COMMUNITY COLLEGE FOUNDATION 9700 FRANCE AVE S BLOOMINGTON, MN 55431			8,750				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MINNESOTA ACADEMY OF FAMILY PHYSICIANS FOUNDATION 600 S HIGHWAY 169 SUITE 1680 ST LOUIS PARK,MN 55426			7,500				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BOY SCOUTS OF AMERICA - NORTHERN STAR COUNCIL 393 MARSHALL AVENUE ST PAUL, MN 551021717			25,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MN ENVIRONMENTAL FUND 450 SYNDICATE AVE NORTH STE 320 ST PAUL,MN 55104			8,100				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GIVE MN 55 5TH ST E SUITE 600 ST PAUL,MN 551011797			25,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MN HEALTH ACTION GROUP 7900 INTERNATIONAL DRIVE SUITE 1080 1080 BLOOMINGTON, MN 55425			10,000				PROGRAM SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST PAUL PUBLIC SCHOOLS FOUNDATION INC 55 FIFTH STREET E SUITE 600 ST PAUL,MN 551011797			10,000				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
YWCA OF ST PAUL 375 SELBY AVENUE ST PAUL,MN 55102			37,500				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INSTITUTE OF MEDICINE 500 FIFTH STREET NW KECK 807 WASHINGTON, DC 20001			15,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK,MN 55426			500,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDRENS DENTAL SERVICES INC 636 BROADWAY ST NE MINNEAPOLIS,MN 55413			5,150				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BLVD ST PAUL,MN 55102			50,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MINNESOTA SPECIAL OLYMPICS 100 WASHINGTON AVE S SUITE 550 MINNEAPOLIS,MN 55401			7,826				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	'"'	(h) Purpose of grant or assistance			
ST CLOUD AREA FAMILY YMCA 1530 NORTHWAY DRIVE ST CLOUD,MN 56303			7,500				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAINTS HEALTHCARE FOUNDATION 1455 ST FRANCIS AVENUE SHAKOPEE, MN 553793380			12,500				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE ST PAUL FOUNDATION 55 5TH ST E SUITE 600 ST PAUL,MN 551011797			54,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TWIN CITIES HABITAT FOR HUMANITY 3001 FOURTH STREET SE MINNEAPOLIS, MN 55414			16,000				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY - MINNEAPOLIS PO BOX 305 STILLWATER,MN 55082			6,100				PROGRAM SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MINNESOTA BUSINESS OFFICE 321 19TH AVENUE S CSOM 2-212 MINNEAPOLIS, MN 55455			65,000				PROGRAM SUPPORT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States													
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance							
VITAL AGING NETWORK 2365 N MCKNIGHT RD SUITE 4 NORTH ST PAUL, MN 55109			50,000				PROGRAM SUPPORT							

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants ar</u>	<u>nd Other Assistance</u>	<u>e to Governments</u>	and Organizations	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORN AGAIN INC 207 KELLER AVENUE NORTH AMERY, WI 540011035			10,000				PROGRAM SUPPORT

Form 990,Schedule I, Pai	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	<u>e to Governments</u>	and Organizations	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE GREATER TWIN CITIES NW 5901 PO BOX 1450 MINNEAPOLIS, MN 554851450			10,000				PROGRAM SUPPORT

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DLN: 93493318026614

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

Name of the organization GROUP HEALTH PLAN INC

**Employer identification number** 

41-0797853

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	□ Travel for companions     □ Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee     ▼ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a	Yes	
b	Any related organization?	6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	<b>(F)</b> Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	DEFERRED COMPENSATION IN COLUMN C OF SCHEDULE J, PART II INCLUDES AMOUNTS FROM A NONQUALIFIED 457(F) PLAN FOR THE FOLLOWING DIRECTORS AND OFFICERS DAVID ABELSON \$ 113,160 SCOTT A AEBISCHER 11,585 CALVIN U ALLEN 19,172 BABETTE APLAND 9,023 MARY K BRAINERD 130,379 KATHLEEN M COONEY 50,960 ROBERT B CUMMING 21,409 DAVID A DZIUK 19,876 DAVID S GESKO 15,403 KENNETH D HOLMEN 23,378 NANCY A MCCLURE 22,992 BRIAN H RANK 30,313 MEGAN M REMARK 12,583 KATHERINE B SAYRE 26,982 SCOTT A SCHNUCKLE 10,097 DOUGLAS N SMITH 10,426 BARBARA E TRETHEWAY 22,276 ROBERT H VAN WHY 8,406 ANDREA M WALSH 60,115 DONNA J ZIMMERMAN 21,925 TOTAL \$640,460
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 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 (NET MARGIN), ETC, AND WILL BE DEFINED ANNUALLY FOR EACH YEAR'S PROGRAM A NET MARGIN 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 AND OFFICERS BRIAN H RANK, MD \$ 27,358 ALAN V ABRAMSON \$ 39,551 CALVIN U ALLEN \$ 18,021 BABETTE A APLAND \$ 26,949 MARY K BRAINERD \$ 220,337 KATHLEEN M COONEY \$ 48,225 ROBERT B CUMMING \$ 21,388 DAVID A DZIUK \$ 17,825 DAVID GESKO, DDS \$ 11,280 GEORGE J ISHAM \$ 2,959 KENNETH D HOLMEN, MD \$ 24,122 NANCY A MCCLURE \$ 94,251 MEGAN M REMARK \$ 8,917 KATIE B SAYRE \$ 44,192 SCOTT A SCHNUCKLE \$ 21,066 DOUG A SMITH \$ 7,566 BARBARA E TRETHEWAY \$ 49,120 ROBERT H VAN WHY \$ 8,240 ANDREA M WALSH \$ 54,276 DONNA J ZIMMERMAN \$ 19,097 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

Schedule J (Form 990) 2013

Software ID: Software Version:

**EIN:** 41-0797853

Name: GROUP HEALTH PLAN INC

Form 990, Schedule J, Pa	rt II -	Officers, Directo	ors, Trustees, Key	Employees, and I	Highest Compens	ated Employees		
(A) Name			W-2 and/or 1099-MI		(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTOR	(I) (II)	538,408 0	144,639 0	50,971 0	167,347 0	41,489 0	942,854 0	27,358 0
CHARLES J ABRAHAMSON VP- NETWORK MGMT & PROVIDER RELATIONS	(I) (II)	208,816 0	63,254 0	0	19,125 0	22,486 0	313,681	0
ALAN V ABRAMSON SRVP & CIO	(ı) (ıı)	354,999 0	99,160 0	61,848 0	48,797 0	49,015 0	613,819 0	39,551 0
SCOTT A AEBISCHER SR VP CUSTOMER SERV/PRODUCT INNOVATI	(I) (II)	322,261 0	93,238 0	25,596 0	92,874 0	32,700 0	566,669 0	0
CALVIN U ALLEN SR VP STRAT PLANNING/HR	(I) (II)	379,404 0	144,488 0	23,363 0	95,378 0	47,614 0	690,247 0	18,021 0
BABETTE A APLAND SR VP, MELROSE INSTITUTE & BEHAVIORA	(I) (II)	296,526 0	82,373 0	42,416 0	80,472 0	37,308 0	539,095 0	26,949 0
SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATIONS	(I) (II)	214,828 0	44,915 0	0	37,243 0	38,296 0	335,282 0	0
DAVID J BERGH VP HEALTH/FIN INFO SYSTEMS	(I) (II)	258,631 0	55,647 0	0	73,396 0	23,483 0	411,157 0	0
MARY K BRAINERD PRESIDENT & CEO	(ı) (ıı)	989,800 0	458,854 0	229,813	407,824 0	69,074 0	2,155,365 0	220,337 0
RICK J BRUZEK VP PHARMACY SERVICES	(1) (11)	219,720 0	48,641 0	0	50,112 0	37,447 0	355,920 0	0
KATHLEEN M COONEY EXECUTIVE VP & CAO	(I) (II)	562,902 0	197,759 0	70,479 0	207,062	50,294 0	1,088,496 0	48,225 0
PATRICK T COURNEYA ASSOC MED DIR - DELIVERY S	(I) (II)	330,213 0	67,207 0	0	45,367 0	38,118 0	480,905 0	0
ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITI	(I) (II)	375,558 0	180,290 0	33,807 0	103,512	37,187 0	730,354 0	21,388 0
TRICIA L DEGE VP FINANCE & PLANNING	(I) (II)	261,602 0	52,907 0	0	37,317 0	36,794 0	388,620 0	0
DAVID A DZIUK SR VP & CHIEF FINANCIAL OF	(I) (II)	<b>417,027</b> 0	116,920 0	29,816 0	131,730 0	41,048 0	736,541 0	17,825 0
GREGG DAHLGREN VP DENTAL PLAN	(ı) (ıı)	179,667 0	23,906 0	0	36,891 0	37,537 0	278,001 0	0
DAVID S GESKO SR VP - DENTAL DIRECTOR	(I) (II)	363,300 0	106,738 0	24,045 0	50,660 0	40,842 0	585,585 0	11,280 0
TIM M HALEY VP BROKER SALES	(ı) (ıı)	213,552 0	67,695 0	0	51,419 0	42,560 0	375,226 0	0
KENNETH D HOLMEN MD VP MEDICAL AFFAIRS & CHIEF MEDICAL O	(I) (II)	454,471 0	129,504 0	39,438 0	119,598 0	48,663 0	791,674 0	24,122 0
SUSAN M KNUDSON VP HEALTH INFORMATICS	(I) (II)	231,183 0	49,284 0	0	47,130 0	38,426 0	366,023 0	0

Form 990, Schedule J,	Part I	- Officers, Direct	tors, Trustees, Ke	y Employees, and	<b>Highest Compens</b>	ated Employees		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
KAREN K KRAEMER VP DISEASE & CASE MGMT	(I) (II)	183,236 0	47,835 0	0	52,390 0	34,197 0	317,658 0	0
KIM R LAREAU VP IS&T CARE DELIVERY	(I) (II)	239,139 0	62,101 0	0	47,957 0	35,478 0	384,675 0	0
NANCY A MCCLURE CHIEF OPERATING OFFICER	(I) (II)	467,154 0	111,310 0	115,343 0	142,064	40,541	876,412 0	94,251 0
FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	(I) (II)	208,724 0	65,554 0	0	64,455 0	35,837 0	374,570 0	0
KEVIN J PALATTAO VP CLINIC PATIENT CARE SYSTEMS	(I) (II)	241,327 0	72,592 0	0	48,681 0	38,702 0	401,302 0	0
NICO PRONK PHD VP HEALTH MGMT BEHAVIOR GR	(I) (II)	254,260 0	55,125 0	0	50,398 0	32,487 0	392,270 0	0
MEGAN M REMARK VP SPECIALTY CARE & OPERAT	(I) (II)	347,619 0	82,137 0	17,944 0	89,306 0	41,469 0	578,475 0	8,917 0
KATIE B SAYRE SR VP HLTH PLAN OPS & GOV	(I) (II)	294,560 0	86,147 0	44,192 0	102,345 0	40,650 0	567,894 0	44,192 0
SCOTT A SCHNUCKLE SR VP DENTAL, RX, BUSINESS	(I) (II)	306,826 0	87,416 0	31,549 0	68,222 0	40,969 0	534,982 0	21,066 0
DOUGN SMITH SRVP SALES	(I) (II)	263,984 0	134,952 0	16,830 0	86,598 0	41,023	543,387 0	7,566 0
SHARON A STEIN VP HEALTH BEHAVIOR GROUP	(I) (II)	220,533 0	49,007 0	0	19,125 0	36,933 0	325,598 0	0
ELIZABETH L SWANSON VP HUMAN RESOURCES	(I) (II)	191,856 0	42,783 0	0	45,456 0	37,965 0	318,060 0	0
TOBI TANZER VP CORPORATE INTEGRITY	(I) (II)	236,461 0	49,078 0	0	48,149 0	38,582 0	372,270 0	0
BARBARA E TRETHEWAY SR VP GENERAL COUNSEL	(I) (II)	<b>44</b> 7,853 0	120,382 0	64,500 0	121,279 0	32,809 0	786,823 0	49,120 0
ROBERT H VAN WHY SR VP PRIMARY CARE/CLINIC	(I) (II)	287,245 0	82,846 0	22,487 0	61,400 0	37,329 0	491,307 0	8,240 0
ANDREA M WALSH EXEC VP & CHIEF MARKETING	(I) (II)	501,916 0	165,154 0	54,276 0	177,064 0	48,545 0	946,955 0	54,276 0
BETH A WATERMAN VP HLTH IMPROVE/CARE INNOV	(I) (II)	264,413 0	76,798 0	0	60,072 0	39,379 0	440,662 0	0
DONNA J ZIMMERMAN VP GOVT & COMMUNITY RELATI	(I) (II)	231,235 0	81,482 0	19,097 0	80,931 0	19,384 0	432,129 0	19,097 0
DAVID ABELSON MD PRESIDENT - CARE GROUP	(I) (II)	889,915 0	367,419 0	153,547 0	230,400	61,535 0	1,702,816 0	0 0
RICHARD DAVIS PHYSICIAN	(I) (II)	1,028,415 0	0	5,039 0	19,125 0	49,759 0	l I	0

Form 990, Schedule J, I	<u>Part 1</u>	<u> 1 - Officers, Direc</u>	tors, Trustees, Ke	y Employees, and	i Highest Compen	<u>sated Employees</u>			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
TIMOTHY KROSHUS PHYSICIAN	(I)	3,379,200 0	8,840 0	19,489 0	19,125 0	80,735 0	3,507,389 0	0 0	
STEPHEN R TAN MD PHYSICIAN	(I) (II)	903,953 0	0 0	0	37,972 0	51,301 0	993,226 0	0	
DENNIS W ZHU MD PHYSICIAN	(I) (II)	1,123,204 0	0 0	9,111 0	46,845 0	51,248 0	1,230,408 0	0 0	
DAVID J DRIES ASSOCIATE MEDICAL	(E)	907,483 0	18,500	0	49,889	48,845	1,024,717	0 0	

DIRECTOR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule K

**Supplemental Information on Tax Exempt Bonds** 

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

► Attach to Form 990. ► See separate instructions.

►Information about Schedule K (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

DLN: 93493318026614

Open to Public Inspection

Name of the organization
GROUP HEALTH PLAN II

Department of the Treasury

Internal Revenue Service

(Form 990)

2 mornation about schedule it (1 offin 550) and its instructions is at <del>11 www.sigov / 1 offin 550</del>.

Employer identification number

GRO	OUP HEALTH PLAN INC									41	-07978	53			
Pa	rt I Bond Issues									I					
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	<b>(e)</b> Issue pri	ıce	<b>(f</b> )	<b>)</b> Description	n of purpose	<b>(g)</b> De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	SEE PART VI	41-6005521	603695FF9	10-30-2003	81,218,	,536 :	11/5/	ND BONDS /1992 FUNI IECTS & EQ	O VARIOUS		X		х		Х
Pa	rt III Proceeds														
	0 6 b d b d				A			E	3		С			D	
	A mount of bonds retired				37	7,410,	,000								
	A mount of bonds legally defe	eased 													
3	Total proceeds of issue					3,667,	-								
4	Gross proceeds in reserve fu				6	5,693,	,338								
5	Capitalized interest from prod				1	1,335,	,384								
6	Proceeds in refunding escrow														
7	Issuance costs from proceed				1	1,111,	,232								
8	Credit enhancement from pro														
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds			23,021,359										
11	Other spent proceeds				4 5	5,017,	,283								
12	O ther unspent proceeds														
13	Year of substantial completion	on			2007	7									
					Yes	No		Yes	No	Yes	<u> </u>	ło	Yes		No
14	Were the bonds issued as pa	rt of a current refund	ding issue?		X										
15	Were the bonds issued as pa	rt of an advance refu	nding issue?			Х									
16	Has the final allocation of pro	Х													
17	allocation of proceeds?														
Par	TIIII Private Business	Use													
					A			В			Ç		D		
				Yes	No		Yes	No	Yes		lo	Yes		No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Part III Private Business Use (Continued	d)
--	----

	Trivate basiness ose (continued)	I							`
			A		B 		C I		) 
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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?		х						
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	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?								
4	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		0 020 %						
5	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								
6	Total of lines 4 and 5		0 020 %						
7	Does the bond issue meet the private security or payment test?	Х							
8a	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?		х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	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							

Part IV Arbitrage

		Α.		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х						
ь	Exception to rebate?		Х						
С	No rebate due?	Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•					
3	Is the bond issue a variable rate issue?		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×						
ь	Name of provider								
c Term of hedge									
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
							Sc	hedule K (Forn	n 990) 2013

		Α	A B			С		D	
		Yes	No	Yes	No	Yes No		Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X							
b	Name of provider	MORGAN STANLEY							
С	Term of GIC	25 00000	0000000						
d	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?		x							

## Part V Procedures To Undertake Corrective Action

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?

Α		В		С	C D		
Yes	No	Yes	No	Yes	No	Yes	No
Х							

<b>Supplemental Information.</b> Provide additional information for responses to questions on schedule k (see instructions).					
Return Reference	Explanation				
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME SEE PART VI DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2012				
, , , , , , , , , , , , , , , , , , , ,	THESE BONDS WERE ISSUED JOINTLY BY THE HOUSING AND REDEVELOPMENT AUTHORITY OF THE CITY OF ST PAUL, MINNESOTA, EIN 41-6005521, AND THE CITY OF MINNEAPOLIS, MINNESOTA, EIN 41-6005375				
PART I, LINE A, COLUMN (C)	THE CUSIP NUMBER SHOWN ON FORM 8038, WHICH WAS 603695779, IS INCORRECT, THE CORRECT VALUE IS SHOWN HERE (603695FF9)				
PART I AND PART II, LINE 3	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS				
PART II, LINE 4	THE AMOUNT SHOWN IN COLUMN A CONSISTS OF \$6,537,919 IN DEBT SERVICE RESERVE FUND, PLUS \$155,419 IN DEBT SERVICE FUND				

, , ,	THESE BONDS WERE ISSUED JOINTLY BY THE HOUSING AND REDEVELOPMENT AUTHORITY OF THE CITY OF ST PAUL, MINNESOTA, EIN 41-6005521, AND THE CITY OF MINNEAPOLIS, MINNESOTA, EIN 41-6005375
PART I, LINE A, COLUMN (C)	THE CUSIP NUMBER SHOWN ON FORM 8038, WHICH WAS 603695779, IS INCORRECT, THE CORRECT VALUE IS SHOWN HERE (603695FF9)
PART I AND PART II, LINE 3	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS
	THE AMOUNT SHOWN IN COLUMN A CONSISTS OF \$6,537,919 IN DEBT SERVICE RESERVE FUND, PLUS \$155,419 IN DEBT SERVICE FUND DEPOSITS
,	GROUP HEALTH PLAN, INC (GHI) USES INTERNAL LEGAL COUNSEL TO REVIEW ANY MANAGEMENT OR SERVICE CONTRACTS RELATING TO FINANCED PROPERTY IF GHI ENCOUNTERS UNUSUAL OR COMPLEX CONTRACTS IT WILL ENGAGE BOND COUNSEL OR OTHER OUTSIDE COUNSEL
PART IV, LINE 5	SUCH AMOUNTS WERE APPROPRIATELY YIELD RESTRICTED
PART V	SINCE 12/31/11 GHI HAS UNDERTAKEN ESTABLISHING SUCH WRITTEN PROCEDURES

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SCHEDULE O

As Filed Data -

DLN: 93493318026614

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public

Inspection

Name of the organization
GROUP HEALTH PLAN INC

Employer identification number
41-0797853

Return Reference	Explanation	
Reference	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	I CORPORATE STRUCTURE, PURPOSE, GOVERNANCE GROUP HEALTH PLAN, INC. (GHI) IS A MINNESOTA N ON-PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS DIE MPT FROM FEDERAL INCOME TAX LINDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS PART OF THE FAMILY OF LEALTH-PARTNERS ORGANIZATIONS (HEALTH-PARTNERS), AN INTEGRATED SYSTEM OF HEALTH-PARNONG, CARE DELIVERY, AND SUPPORT SERVICES PROVIDING HEALTH-PLAN SERVICES TO OV BR1, 165, 600 MEMBERS AND DELIVERING CARE TO OVER 4500,000 PATENT ENCOUNTERS, PRIMARLY IN MINNESOTA AND WESTERN WISCONSIN HEALTH-PARTNERS MISSON IS TO MIPROVE HEALTH-PARNONG, CARE DELIVERY, AND SUPPORT SERVICES PROVIDING HEALTH-PLAN SERVICES TO OVER 11, 165,000 MEMBERS AND DELIVERING CARE TO OVER 4500,000 PATENT ENCOUNTERS, PRIMARLY IN MINNESOTA AND WESTERN WISCONSIN HEALTH-PARTNERS MISSON IS TO MIPROVE HEALTH-PARNONES SEEKS TO TRAN SPORM HEALTH-CARE TH-ROUGH A RELEMILESS FOCUS ON THE TRIPLE. AMIN-PROVIDED SECETIONAL EXPRENEISCE FOR THE INDIVIDUAL IMPROVEMS THE HEALTH-OF THE POPULATION, AND IMPROVING AFFORDABILITY - ALL AT THE SAME TIME HEALTH-PARTNERS INCLUDES AN ARRAY OF TAX-SCHIPT AND TAXABLE BY ITTES. INCLUDING THE HEALTH-PARTNERS INCLUDES AN ARRAY OF TAX-SCHIPT AND TAXABLE BY ITTES. INCLUDING THE HEALTH-PARTNERS INCLUDES AN ARRAY OF TAX-SCHIPT AND TAXABLE BY THESE. INCLUDING THE HEALTH-PARTNERS INCLUDES SELF INSURED BHYLOYERS, AND MARM MORE. A COMPLETE LISTING OF ALL HEALTH-PARTNERS ORGANIZATIONS, FOR WHICH HEIR IS THE PARENT ORGANIZATION AND THE REPORTING RELATIONSHIP BETWEEN ACHO OF THOSE ORGANIZATIONS. CAN BE FOUND ON SCHE DULLER WITHOUT HIS 590 RETURN HEALTH-PARTNERS, INC. (HPI) IS THE PARENT DINGS AND STATE SOLE CORPORATIO. HEALTH-PARTNERS, INC. (HPI) IS THE PARENT DINGS AND STATE SOLE CORPORATIO. HEALTH-PARTNERS, INC. (HPI) IS THE PARENT DINGS AND STATE SOLE CORPORATION. HEALTH-PARTNERS, INC. (HPI) IS THE PARENT ORGANIZATION ON THE TRENDS AND IS A MINNESOTA NON- PROFIT ORDAND AND ADMINISTRATION OF THE PARENT ORGANIZATION ON THE THING SOLE CORPORATION. HEAL
		PREGNANT WOMEN, FAMILIES WITH C HILDREN, AND LOW-INCOME ADULTS, AND 382,146 DENTAL

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HEALT HPARTNERS ADMINISTRATORS, INC (HPAI), TO 487,796 SEE INSURED COMMERCIAL MEMBERS III PR OVISION OF SERVICES TO MEMBERS AND NON-MEMBERS THROUGH EMPLOYED AND CONTRACTED PHY SICIANS GHI PROVIDED COVERAGE TO MEMBERS AND SERVICES TO PATIENTS THROUGH A BROAD NETWORK OF HOSPITALS AND CLINICS INCLUDING THOSE STAFFED BY GHI EMPLOYED PHY SICIANS GHIS EMPLOYED PHY SICIANS AND CLINICS INCLUDING THOSE STAFFED BY GHI EMPLOYED PHY SICIANS GHIS EMPLOYED PHY SICIANS AND DENTISTS ARE KNOWN AS HPMG AND HEALTHPARTNERS DENTIAL GROUP (HPDG) R ESPECTIVELY HPMG IS ONE OF MINNESOTA'S LARGEST MEDICAL GROUPS HPMG EMPLOYED APPROXIMATEL Y 599 FULL TIME EQUIVALENT PHY SICIANS HPMG PHY SICIANS PRACTICE IN MORE THAN 36 MEDICAL AND 5 SURGICAL SPECIALTIES HPDG EMPLOYS AN AVERAGE OF 60 DENTISTS AND CONTRACTS WITH AN ADDIT IONAL 2, 200 + DENTISTS HTHE HEALTHPARTNERS DENTIAL NETWORK TO PROVIDE DENTAL CARE HPDG D ENTISTS REPRESENT FIVE DENTAL SPECIALTIES AS WELL AS GENERAL DENTISTRY HPDG OWNS AND OPER ATES 16 DENTAL CLINICS AND A DENTAL SPECIALTY CLINIC PROF IS A CRITICAL ACCESS PROVIDER OF DENTISTS. SET HAT MEANS THAT A SIGNIFICANT NUMBER OF ITS PATIENTS ARE ENROLLED IN A G OVERNIMENT PROGRAM HPDG HAS THE LARGEST NUMBER OF GOVERNMENT PROGRAM-DENTIAL PATIENTS IN THE STATE. HPDG OPENED A UNIQUE DENTAL CLINIC IN ST. PAUL. IN 2005 THAT PROVIDES INTERPRETER SERVICES AND SAME-DAY ACCESS TO URGENT CARE AND APPOINTMENTS. THIS MODEL, OF CARE HAS BEEN ADOPTED BY THE MINNESOTA LEGISLATURES "DENTAL A CCESS ADVISORY COMMITTEE" AND WAS IMPLEMENTED AT OTHER CLINICS IN THE STATE. HPDG OPENED A UNIQUE DENTAL CARE TO A GROWING NUMBER OF PATIENTS WHO ARE MEMBERS OF HPI, HPC, HPA, UNRELATED MANAGED CARE ORGANIZATIONS, INSURED BY COMMERCIAL PAYERS, SELF-PAY PA TIENTS HAD DENTAL CARE TO A GROWING NUMBER OF PATIENTS WHO ARE MEMBERS OF HPI, HPC, HPA, UNRELATED MANAGED CARE ORGANIZATIONS, INSURED BY COMMERCIAL PAYERS, SELF-PAY PA TIENTS HOND OR CHARITY SHAP AND FROM THE PROVIDING MEDIC

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	CHIEMPLOYED HYSICIANS ARE THE FRIMARY PHYSICIAN GROUP AFFILIATED WITH REGIONS HOSPITAL REGIONS HOSPITAL IS THE ONLY LEVEL I ADULT AND PEDATRIC TRAUMA CENTER IN THE EAST METRO OF THE TWIN CITES IN 2013, REGIONS HOSPITAL REGIONS HOSPITAL IS THE ONLY LEVEL I ADULT AND PEDATRIC TRAUMA CENTER IN THE EAST METRO OF THE TWIN CITES IN 2013, REGIONS HOSPITAL PROVIDED \$62.2 MILLION IN CHARITY CARE COSTS) TO CARE FOR \$4.327 PATIENTS WHO DID NOT HAVE INSUR ANCE OR OULD NOT A PEPTORD CARE HOSPICE AND PALILIATIVE CARE (PPC) GH ALO DIS OPERATES HEALT PP ARTINERS HOSPICE AND PALILIATIVE CARE (PPC), A COMPREHENSIVE CARE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSS OF SIX MONTHS CRILESS HEAD. SO MEDICARE CERTEFIED AND LICENSEE BY THE STATE OF MINNESOTA WITH AN EMPHASIS ON EVABLING PATIENTS TO REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE, HOSPICE TEAMS INCLUDE SPECIALLY. TRANSHOWN TO REMAIN IN THEIR HOMES FOR AS LONG AS ROSSIBLE, HOSPICE TEAMS INCLUDE SPECIALLY. TRANSHOWN TO REMAIN AND COUNSELS ON WHO TOGETHER ROVIDE BIOTIONAL SPRINTIAL, AND MEDICAL SUPPORT IVE BENEFITS ON DEMERS AND THE COMMINISTY NO 20 12 COCETHER WITH THE HEALTH-PARTINERS FAMILY OF DORGANIZATIONS, GH SEEKS TO BE THE BEST AND MOST TRUSTED PROVIDER OF HEALTH CARE, HEALTH PROMOTION, HEALTH CARE FINANCING AND HEALTH CARE FOR ADMINISTRATION IN THE UNITED STATES HEALTH-PARTINERS IS WORKING TO TRANSFORM HEALTH CARE DELIVERING OUTSTANDING CARE AND SERVICE THAT IS CONSISTENT WITH THE INSTITUTE FOR HEALTH-CARE MPROVEMENTS "TRIPLE AIM INTITUTE. THE "FIRE AIM "SENS TO SMILL TANDROUSLY OF IMAZE THE HEALTH OF THE POPULATION THE EXPERIENCE OF EACH NOW/DULL AND REDUCE FER CAP TA HEALTH-CARE  MEROVEMENTS "TRIPLE AIM INTITUTE. THE "FIRE AIM "SENS TO SMILL TRANSCONS THE ALL'H-CARE  MEROVEMENTS "TRIPLE AIM "INTITUTE. THE "FIRE AIM "SENS TO SMILL THAN EACH TO LEAD THE HEALTH-CARE  MEROVEMENTS "TRIPLE AIM "INTITUTE. THE "FIRE AIM "SENS TO SMILL THAN EACH TO LEAD THAN THE HEALTH-OF THE POPULATION THE EXPERIENCE OF EACH HONOVOLAL AND REDUCE FER CAP TA HEALTH-CARE  MEROVEMENTS "TRIPL

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	FORM 990, PART III, LINE 4A	TRAINING HEALTHPARTNERS COLLABORATE WITH THE INSTITUTE TO CONTRACT WITH OVER 35 EDUCATIO NAL INSTITUTIONS TO OFFER LEARNING EXPERIENCES IN ALL HPMG AND HPDG CLINICS THESE AFFILIA TIONS ALLOW HPMG AND HPDG TO OFFER CLINICAL EXPERIENCES TO STUDENTS BY COLLED IN FORMAL COLLEGE OR UNIVERSITY BASED CLINICAL TRAINING PROGRAMS PROGRAMS INVOLVED INCLUDE NURSE PRACTITIONERS, DENTAL ASSISTANTS, LEN AND SOCIAL WORK FOR A FULL REPORT, PLEASE SEE THE INSTITUTES 2013 FORM 990 SCHEDULE O.C. MEDICAL RESEARCH AND HEALTH CARE IMPROVEMENT IN 2013, THE INSTITUTE CONDUCTED NEARLY 300 RESEARCH PROJECTS, MANY IN CONJUNICTION WITH FEDERAL FUNDING AGENCIES SUCH AS THE NATIONAL CANCER INSTITUTE, NATIONAL HEART, LUNG AND BLOOD INSTITUTE AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR A FULL REPORT, PLEASE SEE THE INSTITUTES 2013 FORM 990 SCHEDULE O HEALTH-PARTNERS SPECIALTY CENTER THE HEALTH-PARTNERS SPECIALTY CENTER ROWN SCHEDULE O HEALTH-PARTNERS SPECIALTY CENTER ROWN SCHEDULE OHEALTH-PARTNERS SPECIALTY DEPARTMENTS THAT ARE ALL CONNECTED WITH THE LATEST IN ELECTRONIC MEDICAL RECORDS AND EASILY ACCESSIBLE DIGITAL X-RAYS THE LOCATION FEATURES MORE THAN 25 SPECIALTIES ON ONE CAMPUS GHI CONTINUED TO PROVIDE FREE SHITTLE SERVICES FROM REGIONS HOSPITAL TO THE HEALTH-PARTNERS SPECIALTY CENTER FOR PATIENTS D INNOVATIVE STRATEGIES FOR HEALTH IMPROVEMENT, DISEASE PREVENTION AND DISEASE MANAGEMENT PAY-FOR-PERFORMANCE PROGRAM TOTAL COST OF CARE (TOCC) TO TAL COST OF CARE, OR TOCO, IS A METHOD OF MEASURING HEALTH CARE COST TRENDS THEY CAN HELP PINPOINT WAYS TO MAKE HEALTH CARE MORE AFFORDABLE WITHOUT SACRIFICING QUALITY OR EXPERIENCE MANY ORGANIZATIONS HAVE EXPERIM

Return	Explanation	
Reference	Explanation	
	FORM 990, PART III, LINE 4A	AFFORDABLE CARE ACT IN 2013, MANY MAJOR PROVISIONS OF THE AFFORDABLE CARE ACT (ACA) ALSO IN NOWN AS HEALTH CARE REPORM WENT INTO EFFECT THROUGHOUT 2013, GH WORKED ALONGSIDE OUR MEMBERS, PATENTS AND BUPLOYES GROUPS. WORKING TOGETHER TO NAVIGATE THE COMPLEXITIES OF REFORM HEALTH CARE REFORM TOOLHES EVERYONG. RECARDLESS OF HEALTH, AGE OR BMILLOY MENT STATUS WITH THE PINARS. TRAINING SESSIONS, NFORMATIONAL ALERTS AND A REFORM SPECPTIC WEBSIES IN STATUS. WITH WEBINARS. TRAINING SESSIONS, NFORMATIONAL ALERTS AND A REFORM SPECPTIC WEBSIES. HEALTH PARTINERS BROUGHT REFORM NTO SIMPLE PRACTICAL CLARITY OVER THE PHONE ON LINE AND FACE TO FACE IN OUR HOSPITALS AND CLINICS, WE HAVE HAD HUNDREDS OF ONE-ON-ON-DISCUSSIONS TO HELP INDIVIDUALS UNDERSTAND THER OPTIONS AND MAKE THE CHOICES THAT ARE BEST FOR THEM HEALTH CARE REFORM IS A TEST OF ANY ORGANIZATIONS COMMITTED TO PARTITESHED IN 2013, WE COMMITTED TO 18 THEALTH REFORM TOOLHOUTH OF SENTIATIONS DOWN TO PARTITESHE IN 2013, WE COMMITTED TO 18 THEALTH REFORM TOOLHOUTH ON THE YEAR HELP PING COLLEAGUES TO UDGESTAND HEALTH REFORM AND MISSURE, WHILE BUUPP IN SCULLEAGUES TO ADDRESS MIRMSER AND PATE OLLEAGUES TO HEALTH REFORM WILL CONTINUE TO EVO LVE AND CHANGE, AND OUR MISSION TO IMPROVE HEALTH AND WELL-BERG IN PARTITIORSHIP WITH THOSE WES SERVE WILL BE IMPORTANT OF A BENCH THAT AND WELL-BERG IN PARTITIORSHIP WITH THOSE WES SERVE WILL BE IMPORTANT OF THE WEST AND ADDRESS AND OUR COMMITTED TO WITHOUT THE WEST AND ADDRESS AND OUR COMMITTED TO WITHOUT THE WEST AND ADDRESS AND OUR COMMITTED TO WITHOUT THE WEST AND ADDRESS AND OUR COMMITTED TO WITHOUT THE WEST AND ADDRESS THE HEALTH-PARTINERS HAS A LONGSTANDING COMMITTED TO TO PROVE THAN A THE THE ADDRESS COMMITTED PARTITIORS OF MORE THAN A THE PROVE CONTACT OF THE WEST AND ADDRESS AND CONTINUE. THE PARTITIONS HEALTH-PARTINERS HAS A LONGSTANDING COMMITTED TO THE WEST AND REPORD TO WEST AND ADDRESS AND ADDRESS AND COMMITTED THE THE ADDRESS COMMITTED HEALTH-PARTINERS HAS A LONGSTANDING COMMITTED TO ADDRESS AND REPORD THE PARTITIONS OF TH

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	HE DEVELOPMENT OF RESOURCES AND TOOLS - HEALTH-PARTNERS PARTNERED WITH HISPANIC, ASIAN AND AFRICAN AMERICAN STUDENTS SEEVING THER MASTER OF BUSINESS ADMINISTRATION DEGREES AND CRE ATED A PLATFORM TO DISCUSS DISPARTIES AND RECENT CHANGES RELATED TO HEALTH CARE REFORM - HEALTH-PARTNERS PARTICIPATED IN A COLLABORATIVE OF MINNESOTA HEALTH-REATED ORGANIZATIONS, WHOSE MEMBERS SHARE THEIR TRANSLATED HEALTH MATERIALS - HEALTH-PARTNERS WAS A MEMBER OF THE MINNESOTA HEALTH-HERRACY PARTNERSHIP, A COLLABORATIVE OF HONSPITALS, CLINIC SYSTEMS, HE ALTH-PLANS AND COMMUNITY AND PUBLIC ORGANIZATIONS THIS GROUP SHARES INFORMATION AND BUGG ES IN JOINT PLANNING ON HEALTH-LITERACY SULES THE GROUP IS COMMITTED TO ADVANCING HEALTH-LITERACY, SO ALL PEOPLE IN OUR COMMUNITY CAN UNDERSTAND AND BYGGE ASSISTANCE HEALTH-PARTNERS OFFERED TRANNING AND LANGUAGE ASSISTANCE HEALTH-PARTNERS CONTINUES TO USE AN INTERNAL TRANSLATION WORKGROUP TO SYSTEMATIZE THE TRANSLATION PROCESS AND CREATED TOOLS TO SUPPORT CONSISTENT AND EFFECT TRANSLATION FOR MEMBERS AND CREATED TOOLS TO SUPPORT CONSISTENT AND EFFICIENT TRANSLATIONS FOR MEMBERS AND CREATED TOOLS TO WESTER WAS CREATED TO BETTER SERVICES BEALTH-PARTNERS CONTINUES TO USE AN INTERNAL TRANSLATION WORKGROUP TO SYSTEMATIZE THE TRANSLATION FOR MEMBERS AND CREATED TOOLS TO WESTER WAS CREATED TO BETTER SERVICE OUR SPANISH-SPEAKING MEMBERS HEALTH-PARTNERS ALSO CIRCINSTENT AND EFFICIENT TRANSLATIONS FOR MEMBERS AND THE COMMUNITY HEALTH LAN OPEN BINFOLLMENT MATERIALS WERE PRO DUCED BOTH IN BUGLISH AND SPANISH AND A SPANISH MICRO WESTER WAS CREATED TO BETTER SERVICE OUR SPANISH-SPEAKING MEMBERS HEALTH-PARTNERS ALSO CIRCINSTEN WEBSITE CONTENT FROM THE HEALTH-WISC ONLINE SPANISH HEALTH-PARTNERS ALSO CIRCINSTEN WEBSITE CONTENT FROM THE HEALTH WISC ONLINE SPANISH HEALTH-PARTNERS AUDICINESS

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FORM 990.  PART II, LINE  PONSBLE FOR GUDING FACLITIATING AND PARTINERNO WITH BUSINESS LEADERS, TEAMS AND 19 AND 1	MPLOYEES CRUIT, AND CRUIT, AND COMMUNITY FOR LEA RS IENTS, THEY ATIVES OP, ATIVES ONSITE IN HE CARE FOR LIANCE ON OP, ATIVE OF, ATIVE OF

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	FORM 990, PART III, LINE 4A	HOSPITAL PARTINERS IM-DAP ALLEVIATES OR AVERTS MANY PSY CHIATRIC CRISES IN THE EAST METRO AR EA BY COVERING THE FULL COST OR CO-PAYS OF MEDICATIONS FOR UN-INSURED AND UNDER-INSURED PARTINES WHO CANNOT AFFORD THER MEDICATIONS KEY SOCIAL WORKERS AND CARE PROVIDERS IN THE EAST METROS THREE LARGEST EMERGENCY DEPARTMENTS AND SELECT MENTAL HEALTH CLINICS ARE GIVEN THE ABILITY TO DISTRIBUTE PRESCRIPTIONS TO PATIENTS WITH SEVERE MENTAL HEALTH CLINICS ARE GIVEN THE ABILITY TO DISTRIBUTE PRESCRIPTIONS WERE PROVIDED ACCORDING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, IF A MEDICAL ASSISTANCE PATIENT CANNOT AFFORD TO PAY HIS OR HER PRESCRIPTION OF WERE PROVIDED ACCORDING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, IF A MEDICAL ASSISTANCE PATIENT CANNOT AFFORD TO PAY HIS OR HER PRESCRIPTION CO-PAYMENT, THE PRESCRIPTION SERVICE CANNOT BE WITHHELD AND THE PHARMACY MUST PROVIDE THE MEDICATION WITHOUT COLLECTING THE CO-PAYMENT MIRROVING BEHAVIORAL HEALTH OUTCOMES THROUGH SUPPORTS FOR TREATMENT ADHERENCE. HEALTH-PARTNERS IS HIGHLY EFFECTIVE IN SUPPORTING MEMBERS IN INCREASING TREATMENT ADHERENCE. HEALTH-PARTNERS IS HIGHLY EFFECTIVE TO SUPPORT MEDICATION ALLY IN FOLLOWING BEST PRACTICES GUIDELINES FOR TREATMENT OF DEPRESSION INCLIDING MEDICATION IN MANAGEMENT AND SUPPORT FOR MEMBERS WHO ARE BATTLING DEPRESSION TO SUPPORT MEDICATION AD HERENCE, 10213 THERE WERE 127,275 REFILL REMINDER LETTERS AND HEALTH EDUCATION HEXILETERS SHOULD BE AVENDED TO THE DEPERT OF MEMBERS WHO ARE BATTLING DEPRESSION TO SUPPORT MEDICATION AD HERENCE AND THE CONDITIONS OF DEPRESSION, BIPCLAR DISORDER, SCHIZOPHENIA AND CHEMICAL DEFENDENCY AT A COST OF REARLY SAMPLY? IN ADDITION, THE EPHOLE AND THE ADDITION HERENCE HEAD THE DUCATION AND SUPPORT THE CONDITIONS OF DEPRESSION, BIPCLAR DISORDER, SCHIZOPHENIA AND CHEMICAL DEFENDENCY AND ADDITION OF DEPRESSION, BIPCLAR DISORDER, SCHIZOPHENIA AND CHEMICAL DEFENDENCY AND ADDITIONS OF DEPRESSION, BIPCLAR DISORDER, SCHIZOPHENIA AND CHEMICAL DEFENDENCY AND ADDITIONS OF DEPRESSION, BIPCLAR DISORDER, SCHIZOPHEN

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	FORM 990, PART III, LINE 4A	SERVICES TO PATIENTS LIVING WITH HIVIADS IN 1985, GHIS HEALTHPARTINERS MEDICAL GROUPS IN FECTIOUS DISEASE (ID) CLING BEACH THE FIRST DESIGNATED HIVIADS CLING ROGRAM IN MINISS OTA SENSING AMILITPOSICIPLIANTY PERMADAGE THE FIRST DESIGNATED HIVIADS CLING ROGRAM IN MINISS OTA SENSING AMENDAGERS, AND PSYCHIATRISTS, THE DICLINC PROVIDES A HOLISTIC APPROACH TO CARE THE CLINIC PROCESSES AND AGENCIA AND SERVICES AND PSYCHIATRISTS, THE DICLINC PROVIDES A HOLISTIC APPROACH TO CARE THE CLINIC PROCESSES AND AGENCIA SERVICES AND AMENDAGE SERVICES SERVICES AND REDICAL AND SOCIAL SERVICES AND INCOME OR INSURANCE STATUS, TRANSPORTATION TO AND FROM MEDICAL AND SOCIAL SERVICES APPOINTMENTS, HIV-RELATED LABORATORY SERVICES AND MEDICAL ADHERINGS ESPAVICES VIOLAMINATIVE AND AMENDAGE SERVICES VIOLAMINATIVE AND AGENCIAL PARTINESS. CHALLENDEN THE PROCESSES AND MEDICAL AND SOCIAL SERVICES OF COMMANY HEALTH MIRROYCEMEN TO REPORT THE PROCESSES AND THE PROCESSES TO A COMMANY HEALTH SERVICES PROCESSES TO THE PROCESSES TO THE HEALTH PARTINESS CHALLENSS HOLD THE PROCESSES TO THE PROCESSES AND THE PROCESSES TO

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	FORM 990, PART III, LINE 4A	CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE - AMERICAN INDIAN WELLNESS FAIR - AME RICAN HEART ASSOCIATION HEART WALK - HEALTH-PARTINESS ANNUAL MEETING - HEALTH-Y LOCAL FOODS EXHIBIT - HIMONG SOCCER TOURNAMENT & HEALTH FAIR - MINNESOTA STATE FAIR ECO EXPERIENCE - NAM I WALKS - POWER TO BND STROKE MOST POWERFUL VOICES GOSPEL TOUR - RONDO DAYS FESTIVAL - TEE MWISE CONFERENCE - TWIN CITIES PRIDE FESTIVAL VIRTUWELL VIRTUWELL IS A 24/7 ONLINE CLINIC THAT REINVENTS THE DIAGNOSIS AND TREATMENT EXPERIENCE FOR EVERYDAY LLINESSES THROUGH A RE FRESHINGLY 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 FIRST LAUNCHED IN 2010 AND AVAILABLE TO RESIDEN TS LIVING IN MINNESOTA SINCE THEN, THIS 24/7 ONLINE CLINIC HAS EXPERIENCED STEADY GROWTH AND IS AVAILABLE TO INDIVIDUALS WHO LIVE IN, WORK IN, OR TRAVEL TO MULTIPLE STATES ACROSS THE COUNTRY VIRTUWELL PROVIDES OUR MEMBERS WITH UNLIMITED FREE VISITS TO GET THEIR HEALT H QUESTIONS ANSWERED VIRTUWELL HELPS TREATS OVER 50 EVERYDAY MEDICAL CONDITIONS LIKE COLD S, SORE THROATS, SINUS INFECTIONS, EAR PAIN OR URINARY TRACT INFECTIONS MEMBERS CAN RECEIVE A DIAGNOSES AND TREATMENT TO APPROPRIATE CARE TO THEIR SYMPTOMS BY CERTIFIED NURSE FRAC TITIODERS IN MINUTES IN ADDITION, NURSE PRACTITIONERS CAN SEND PATIENT'S PRESCRIPTIONS TO THEIR PHARMACY IF NEEDED THERE IS NO COST IF VIRTUWELL IS UNABLE TO TREAT THE PATIENT IN 2013, \$88 DOLLARS WAS SAVED, PER EPISODE, BY USING THE 22/7 ONLINE CLINIC VIRTUWELL A S TUDY RELEASED IN FEBRUARY 2013 CONFIRMED THAT IN ADDITION TO AFFORDABILITY, VIRTUWELL GETS HIGH MARKS FOR CUSTOMER SERVICE WITH A 98 PERCENT "WOULD RECOMMEND" RATING VIRTUWELL A S TUDY RELEASED IN FEBRUARY 2013 CONFIRMED THAT IN ADDITION TO AFFORDABILITY, VIRTUWELL GETS HIGH MARKS FOR CUSTOMER SERVICE WITH A 98 PERCENT "WOULD RECOMMEND" BATHER OF THE PATIENT IN 2013, \$88 DOLLARS WAS AVED, PER EPISODE, BY USING THE 22/7 ON

- PARTNERS IN INTEGRATED CARE (PIC) INITIATIVE ICSI WAS ONE OF FOUR REGIONAL PARTNERS IN THIS THREE-YEAR FUNDED PROJECT IT COMBINED THE DIAMOND PROGRAM FOR TREATING PATIENTS WITH DEPRESSION AND THE SBIRT (SCREENING, BRIEF INTERVENTIONS, AND REFERRAL TO TREATMENT) PROG RAM TO HELP PATIENTS WITH RISKY SUBSTANCE USE TO FURTHER INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE LESSONS LEARNED FROM PIC, WHICH ENDED IN 2013, ARE BEING APPLIED TO THE COMP ASS INITIATIVE IN ADDITION, ICSI RECEIVED A GRANT FROM THE MINNESOTA DEPARTMENT OF PUBLIC SAFETY TO INTRODUCE SBIRT TO DWI OFFENDERS - COMPASS (CARE OF MENTAL, PHYSICAL AND SUBST ANCE-USE SYNDROMES) INITIATIVE THE CENTER FOR MEDICARE AND MEDICAID INNOVATION AWARDED IC SI (AS THE LEAD ORGANIZATION) AND NINE OTHER HEALTH CARE ORGANIZATIONS - INCLUDING THE HEA LTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH - A COLLABORATIVE AGREEMENT TO DESIGN AND IMPLEMENT A DIAMOND-LIKE COLLABORATIVE CARE MANAGEMENT MODEL ACROSS EIGHT STATES THE THR EE-YEAR INITIATIVE IS FOCUSED ON DEVELOPING A SUSTAINABLE MODEL TO MANAGE PATIENTS WITH DI ABETES AND/OR CARDIOVASCULAR DISEASE WHO ALSO SUFFER FROM DEPRESSION AND POSSIBLY SUBSTANCE ABUSE. IN YEAR TWO, THE MODEL IS BEING OFFERED IN MORE THAN 50 PRIMARY CARE CLINICS ACRO SS THE COUNTRY, INCLUDING FIVE ICSI MEMBERS - ACTIVE (ACTIVE CARE FOR TREATING INTENSE LO W BACK PAIN VERY EFFECTIVELY). AN ICSI INITIATIVE FOCUSED ON ENSURING THAT EVIDENCE-BASED AND APPROPRIATE CARE IS PROVIDED TO PATIENTS SUFFERING FROM LOW BACK PAIN RESULTED IN THE DEVELOPMENT OF AN ACTIVE (ACTIVE CARE FOR TREATING INTENSE LOW BACK PAIN VERY EFFECTIVELY). TOOL KIT FOR CLINICIANS A FOLLOW-UP ACTIVITY LED TO THE CREATION OF AN EVIDENCE-BASED PROTOCOL ON THE APPROPRIATE USE OF OPIOIDS TO ADDRESS PATIENT PAIN - CHOOSING WISELY MINNES OTA WITHIN THE CONTEXT OF THE TRIPLE AIM (BETTER HEALTH, CARE EXPERIENCE AND AFFORDABILITY OF CARE), ICSI LED
EFFORTS TO ADDRESS THE TOTAL COST OF CARE AND WORK WITH PROVIDERS AND COMMUNITIES TO MAKE HEALTH CARE MORE AFFORDABLE. A KEY INITIATIVE WAS LINKING THREE AMERI CAN BOARD OF INTERNAL MEDICINE GRANTEES-ICSI, MINNESOTA MEDICAL ASSOCIATION AND MINNESOTA HEALTH ACTION GROUP-TO FORM CHOOSING WISELY MINNESOTA. CHOOSING WISELY MINNESOTA IS A CAMP AIGN THAT PROVIDES RECOMMENDATIONS FROM SPECIALTY MEDICAL SOCIETIES AND SUPPORTING MATERIA LS FROM CONSUMER REPORTS TO ENABLE DISCUSSIONS BETWEEN DOCTORS AND PATIENTS ON TESTS AND P ROCEDURES THAT ARE OVERUSED, UNNECESSARY OR IN SOME CASES HARMFUL VI COMMUNITY STEWARDSH IP AND LEADERSHIP IN 2012, IN PARTNERSHIP WITH THE HEALTHPARTNERS HOSPITAL DIVISION (THE H OSPITAL), HEALTHPARTNERS ENGAGED THE RESOURCES OF COMMUNITY HOSPITAL CONSULTING (CHC CONSULTING) TO CONDUCT A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT (CHINA) THE CHINA UTILIZED RELEVANT HEALTH DATA, FINDINGS FROM THE HEALTHER TOGETHER - ST CROIX COUNTY, WHICH WAS A 2009 QUALITATIVE, AND QUANTITATIVE CHINA CONDUCTED IN PARTNERSHIP WITH THE ST CROIX COUNTY HEALTH IMPROVEMENT PROCESS (CHIP) STEERING COMMUNITYEE IT IS A STRATEGIC, C OUNTYWIDE, COMMUNITY-BASED APPROACH FOR CREATING AND MAINTAINING HEALTHY COMMUNITIES ADDITIONALLY, THE HOSPITAL'S 2012 CHINA WORKED WITH STAKEHOLDERS BY WAY OF IN-DEPTH INTERVIEWS, ELECTRONIC SURVEY RESULTS, A FOCUS GROUP, AND A TOWN HALL MEETING TO IDENTIFY THE MAIN CO MMUNITY HEALTH PRIORITIES THAT HEALTHPARTNERS WILL ADDRESS IN ITS CHINA IMPLEMENTATION PLAN TO FURTHER IDENTIFY AND ADDRESS SPECIFIC NEEDS IN OUR MARKET AREA'S, THE HOSPITAL'S ENGA GEMENT WITH CHC CONSULTING COORDINATED AND COMPLETED THE COMPREHENSIVE COMMUNITY SENDA ASSESSMENT WITH CHC CONSULTING COORDINATED AND COMPLETED THE COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT, AND STAKEHOLDER INPUT (IN DEPTH INTERVIEWS, ELECTRONIC SURVEY RESULTS, A FOCUS GROUP, AND A TOWN
TERN TWIN CITIES' METRO AREA AND WESTERN WISCONSIN IN 2012 THE HEALTHPARTNERS CHNA UTILIZ ED RELEVANT HEALTH DATA, FINDINGS FROM THE ST CROIX COMMUNITY HEALTH NEEDS ASSESSMENT, AN D

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	FORM 990, PART III, LINE 4A	Y BECAUSE MANY PEOPLE, EVEN THOSE WITH MEDICAL INSURANCE, ETHER CANNOT AFFORD IT OR OPT O UT OF DENTAL INSURANCE 5 -THERE ARE SIGNIFICANT ISSUES WITH "SERVICE INTEGRATION" IN THE COMMUNITY THERE IS A LACK OF COMMUNICATION AND COORDINATION AMONG PROVIDERS IN THE COMMUNITY, AS WELL AS A DISCONNECT WITHIN THE CONTINUUM OF CARE. FROM THE RESEARCH, FINDINGS AND THE TOPPIVE PRIORITISS WERE DENTIFIED TO ADDRESS THESE COMMUNITY HEALTH NEEDS. PRIORITY 1. INCREASE ACCESS TO MENTAL HEALTH PRIORITY 2. PROMOTE POSITIVE BEHAVIORS TO REDUCE OBES ITY (NUTRITION). PHY SICAL ACTIVITY) PRIORITY 3. INCREASE ACCESS TO PRIMARY AND PREVENTIVE CARE PRIORITY 4. IMPROVE SERVICE INTEGRATION PRIORITY 5. PROMOTE CHANGE IN UNHEALTHY LIFES TYLES (TOBACCO! ALCOHOL! SUBSTANCE ABUSE). A FULL REPORT OF THE HEALTHPARTINERS CHINA AND IMPLEMENTATION PLAN IS POSTED ONLINE AT WWW. HEALTHPARTINERS COMPAULIC/ABOUTT/COMMUNITY-BENEF IT CORPORATE DONATIONS HEALTHPARTINERS GIVES PRIORITY TO FUNDING PARTINERSHIPS AND PROJECTS THAT ARE CONSISTENT WITH HEALTHPARTINERS STRATEGIC HEALTH PROMOTION INITIATIVES, FOCUS ON ACTIVITIES THAT PREVENT HEALTH PROBLEMS, ADDRESS THE NEEDS OF POOLE IN OUR SERVICE AREA, AND/OR DISPLAY UNDERSTANDING OF THE DIVERSE NEEDS OF OUR POPULATION AND INDICATE HOW THEY WILL REDUCE DISPARTIES IN HEALTH OUTCOMES ADDITIONALLY, HEALTHPARTINERS PARTICIPATED IN THE FOLLOWING COMMUNITY FESTIVALS AND EVENTS PROVIDING OUTREACH AND EDUCATION RESOURCES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS INCLUDING BODY MASS INDEX, HEALTHY EATING, SMO KING CESSATION, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE - AMERICAN CANCER SOC ETY - \$1,500 RAISED BY HEALTHPARTINERS EMPLOYEES DURING DAFFOOLL DAYS - AMERICAN HEART ASSOCIATION-\$45,000 RAISED BY HEALTHPARTINERS EMPLOYEES DURING DAFFOOLL DAYS - AMERICAN HEART ASSOCIATION-\$45,000 RAISED BY HEALTHPARTINERS EMPLOYEES ON THE 2013 TWIN CITIES HEAT WALK - AMERICAN RED CROSS BLOOD DONATION - 5 BLOOD DRI VES AND 245 HEALTHPARTINERS EMPLOYEES DONATED BLOOD - AMERICAN STROVE FROGRAM-HEALTHPARTINERS EMPLOYE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	HEALTH-PARTNERS COMMITMENT TO IMPROVING THE HEALTH-OF THE COMMUNITY EXTENDS BEYOND ITS DOOR'S ADDRESSING DISPARTIES IS ONE OF THE REAS AND HEALTH-PARTNERS HAS A COMMITMENT TO WORKFLA GE GINNIG A COMMIST SO THE PRESENT NET OF SERVICES AND SUPPORT TO IMPROVE THE HEALTH-OF THE COMMUNITY FOR HEALTH-PARTNERS BUFLOVES, HEALTH-PARTNERS HOS AN ANNUAL HEALTH-PARTNERS COMMUNITY GIVING CAMPAIGN THAT SUPPORTS IS IN LOCAL FEDERATIONS GREATER TWIN OTIES UNTED WAY, UNITED WAY, UNITED WAY, UNITED WAY, UNITED WAY, UNITED WAY, COMMUNITY HEALTH-CHARITES MINESOTA AND THE MINNESOTA BURNONMENTAL FUND IN 2013, HEALTH-PARTNERS EMPLOYEES PLEDGED TO GIVE THE COMMUNITY GOING AGMPAIGN THAT SUPPORTS IS IN LOCAL FEDERATIONS GREATER TWIN OTIES UNTED WAY, UNITED WAY, COMMUNITY HEALTH-CHARITES, BURNOY-EAST, ST GROW VALLEY UNITED WAY, COMMUNITY HEALTH-CHARITES, BURNOY-EAST, ST GROW VALLEY UNITED WAY, COMMUNITY HEALTH-CHARITES, BURNOY-EAST, ST GROW WAY OF WASHINGTON ON THE COMMUNITY GOING AGMPAIGN OVER 312, 915 THROUGH AUTOMATIC PRAYROLL DEDUCTIONS, PLUS S60,000 FROM HEALTH-PARTNERS THAT WAS DISTRIBUTED TO ALL FEDERATIONS ADDITIONALLY, EMPLOYEES DONATE BY 333, 984 THROUGH SPECIAL EVENTS A GROSS THE GROWN ON THE COMMUNITY HEALTH-PARTNERS DATE OF THE SAY DON THROUGH SPECIAL EVENTS AGROSS THE GROWN ON THE COMMUNITY HEALTH-PARTNERS DATE OF THE SAY DON THROUGH SPECIAL EVENTS AGROSS THE GOING WASHINGTON TO REASON. THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE COMMUNITY HEALTH-PARTNERS DATE THE WASHINGTON ON THE COMMUNITY OF THE COMMUNITY HEALTH-PARTNERS DATE THE WARR BY FROV DING MEETING. SPECIAL EVENTS AND CONTRIBUTES TO NUMBEROUS NON-ROFFIT ORGANIZATION. THE PART SHE SAY DATE THE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE PART SHE SHE WASHINGTON ON THE COMMUNITY OF THE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	GANIZATION-WIDE FROM LANDFILLS THROUGH RECYCLING - PURCHASED ALMOST 20% OF OUR FOOD LOCAL LY TO SUPPORT LOCAL COMMUNITIES - 36 GALLONS OF WATER USED ON AVERAGE BY OUR HOSPITALS, WHICH IS WELL BELD OW THE BISCHMARK OF 62 GALLONS FOR SQUARE FOOT SET BY PRACTICE GREENHEALTH CLINICS - ESTABLISHED A GREEN TEAM THIS SUMMER - TWO WASTE SORTS CONDUCTED AT HEALTHPAR TINERS COMO AND WEST CLINICS (WASTE SORTS HELP COLLEAGUES UNDERSTAND HOW WILL HER TEAMS A RE DOING WITH RECYCLING, PLUS IDENTIFIES IT THINGS BEING THROWN WAY THAT COULD BE RECYCLED) - 3,300 POUNDS OF MEDICINE THAT WERE DISPOSED OF PROPERLY BY CONSUMERS AT OUR TAKE BACK PHARMACY LOCATIONS ACROSS THE ORGANIZATION THIS AMOUNT EXCEEDED THE 1,200 TOTAL POUNDS COLLECTED IN ALL OF 2012 HUDSON HOSPITAL - THE COMMUNITY GARDN IS ONCE AGAIN THRIVING, WITH ALL 66 PLOTS LEASED FOR THE SUMMER IT WILL BE A BUMPER HARVEST - THE "BUY LOCAL" FOCUS OF THE NUTRITION DEPARTMENT LEADS THE ORGANIZATION IN ADDITION TO THE STEER HUDSON SUPPO RTS A LOCAL CSA, SUPPORTS A LOCAL FOOD HUB AND ACTIVELY PURSUES LOCAL PRODUCTS TO USE IN THEIR CAFETERIA LAKEVIEW HOSPITAL AND STILLWATER MEDICAL GROUP - IMPLEMENTED A FOOD WASTE PROGRAM LAST NOVEMBER THAT DIVERTS ABOUT 4,440 POUNDS OF FOOD EACH MONTH FROM THE LANDFILL THIS ALSO SAVES ALMOST \$4,000 IN DISPOSAL FEES AND TAXES - CHANGED FLOOR CARE CHEMICALS TO A GREEN SEAL PRODUCT, AND REFILL PLASTIC CONTAINERS TO KEEP THEM OUT OF THE LANDFILL THIS ALSO SAVES ALMOST \$4,000 IN DISPOSAL FEES AND TAXES - CHANGED FLOOR CARE CHEMICALS TO A GREEN SEAL PRODUCT, AND REFILL PLASTIC CONTAINERS TO KEEP THEM OUT OF THE LANDFILL THIS ALSO SAVES ALMOST \$4,000 IN DISPOSAL FEES AND TAXES - CHANGED FLOOR CARE CHEMICALS TO A GREEN SEAL PRODUCT, AND REFILL PLASTIC CONTAINERS TO KEEP THEM OUT OF THE LANDFILL OF THE PLANDFILL FLOOR OF THE CANDRIBE STORED AND THE PROGRAM WITH PARTINERSHIP RESOURCES AND ADULT TRAINING AND HABILITATION CONTAINERS TO KEEP THEM OUT OF THE LANDFILL SWING SO PERCENT LESS BURRED SOUT OF THE LANDFILLS, AND FOUNDS OF TRASH OUT OF THE LANDFILLS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	IN 2013, HEALTHPARTNERS RECEIVED APPROXIMATELY 40 AWARDS AND RECOGNITIONS THE RANGE IS ASTOUNDING, FROM HIGH MEMBER EXPERIENCE HONORS GIVEN BY J.D. POWER AND ASSOCIATES, TO HONORS FOR LEADING IN EQUALITY BY RECEIVING THESE AWARDS AND RECOGNITION, WE KNOW THAT WE ARE MAKING PROGRESS, LEADING THE WAY TO IMPROVED HEALTH AND WELL-BEING FOR OUR MEMBERS, PATIENTS AND COMMUNITY SEVERAL AWARDS AND HONORS RECEIVED IN 2013 INCLUDED RECOGNIZED AS BEING 'WOST WIRED' BY HOSPITAL & HEALTH NETWORKS MAGAZINE FOR THE FOURTH STRAIGHT YEAR HEALTHPARTNERS AND PARK NICOLLET WON HENDEPIN COUNTY WELLNESS BY DESIGN AWARDS FOR HEALTHY WORKPLACE BY WIROMBENTS HEALTHPARTNERS MOBILE APP AND RECRUITMENT WEBSITE RECEIVED BHEALTHCARE LEADERSHIP AWARDS FROM STRATEGIC HEALTH CARE.  COMMUNICATIONS NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). HEALTHPARTNERS MOBILE APP AND RIVATE HEALTH PLANS IN THE NATION AND IS THE TOP-RANKED PLAN IN MINNESOTA, ACCORDING TO NCQA'S PRIVATE HEALTH PLANS IN THE NATION AND IS THE TOP-RANKED PLAN IN MINNESOTA, ACCORDING TO NCQA'S PRIVATE HEALTH NISURANCE PLAN RANKINGS 2013-2014. THE RANKINGS ARE BASED ON MORE THAN 50 MEASURES OF CLINICAL PERFORMANCE AND MEMBERS SATISFACTION, AS WELL AS NCQA ACCREDITATION. PLACING 30TH OF THE 484 PLANS RANKED NATIONALLY BY NCQA PUTS HEALTHPARTNERS IN THE TOP SIX PERCENT OF HEALTH PLANS IN THE COUNTRY NCQA IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA). HEALTHPARTNERS FREEDOM MEDICARE PLAN REMAINS THE TOP RANKED MEDICARE PLAN IN MINNESOTA FOR THE FIFTH STRAIGHT YEAR, AND IS IN THE TOP OUR PERCENT OF 405 PLANS EVALUATED, ACCORDING TO NCQA'S MEDICARE HEALTH NSURANCE PLAN RANKINGS 2013-2014 ACCOUNTABLE CARE ORGANIZATION FOR THE FIFTH STRAIGHT YEAR, AND IS IN THE TOP OUR PERCENT OF 405 PLANS EVALUATED, ACCORDING TO NCQA'S MEDICARE HEALTH NSURANCE PLAN RANKINGS 2013-2014 ACCOUNTABLE CARE ORGANIZATION FOR THE FIFTH STRAIGHT YEAR. AND IS IN THE TOP FOUR PERCENT OF 405 PLANS EVALUATED, ACCORDING TO NCQA'S MEDICARE HEALTH NSUR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HPI IS THE SOLE CORPORATE MEMBER OF GHI ADDITIONALLY, EACH CONTRACT HOLDER OF GHI OR ITS RELATED ORGANIZATIONS IS AN "ASSOCIATE MEMBER" OF GHI EACH ASSOCIATE MEMBER HAS ONE VOTE BYLAWS, SECTION 1 1

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ASSOCIATE MEMBERS HAVE APPROVAL RIGHTS REGARDING AMENDMENTS TO THE ARTICLES AND BY LAWS 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 BY LAWS, VOLUNTARY DISSOLUTION, VENDOR AGREEMENT INVOLVING 20% OR MORE OF OPERATING EXPENSES, ANY ACTION TAKEN BY THE VOTE OF THE FULL BOARD OF DIRECTORS BY LAWS, ARTS IV, XIII, XIV

FORM 990, PART VI, SECTION B, LINE 11  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 BOARDEFFECT 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	Return Reference	Explanation
	PART VI, SECTION B,	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 BOARDEFFECT 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AS REQUIRED BY THE BY LAWS OF GHI, THE BOARD MONITORS POTENTIAL CONFLICTS OF INTEREST ON THE PART OF BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES PURSUANT TO ITS CONFLICT OF INTEREST POLICY UNDER THE POLICY, ALL BOARD MEMBERS, PRINCIPAL OFFICERS, MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS AND KEY EMPLOYEES ANNUALLY ARE PROVIDED WITH A COPY OF THE POLICY AND REQUIRED TO COMPLETE A QUESTIONNAIRE IDENTIFYING ANY POTENTIAL CONFLICTS OF INTEREST THE GENERAL COUNSEL SUMMARIZES THE FINDINGS FROM THE QUESTIONNAIRE AND PROVIDES A REPORT TO THE GOVERNANCE COMMITTEE. A WRITTEN REPORT OF THE POTENTIAL CONFLICTS IS SHARED WITH THE CHAIR OF THE BOARD AND CHIEF EXECUTIVE OFFICER WHO, ALONG WITH THE GENERAL COUNSEL AND THE BOARD ASSISTANT SECRETARY, CONTINUALLY MONITOR BOARD AGENDAS AND PROPOSED ACTIONS TO IDENTIFY AND ADDRESS ACTUAL CONFLICTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	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 COMMITTEE (COMPENSATION COMMITTEE), A TOTAL COMPENSATION MARKET REVIEW IS COMPLETED 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. 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 COMMITTEE. FOR THE CHIEF EXECUTIVE OFFICER AND CERTAIN OTHER POSITIONS FULL INDEPENDENT REVIEWS ARE PERFORMED IN ALL CASES, COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST SURVEY TO ASSURE THE COMPENSATION COMMITTEE MEMBERS' INDEPENDENCE, STAFF IS NOT IN ROOM DURING DELIBERATIONS OR VOTE INCLUDING EXECUTIVE SESSIONS, AND CONTEMPORANEOUS MINUTES ARE KEPT TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS THE BOARD OF DIRECTORS HAS DELEGATED TO THE COMPENSATION 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 HAD DELEGATED TO THE CEO (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.

Т

Return Reference	Explanation
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, BY LAWS, CONFLICT OF INTEREST POLICY, BOARD MINUTES AND PRINCIPLES OF CORPORATE GOVERNANCE CAN BE VIEWED THROUGH THE HEALTHPARTNERS COM WEBSITE

Return Reference	Explanation
XI, LINE 9	FASB 124 FAIR MARKET VALUATION ADJUSTMENT 1,175,081 FASB 158 PENSION ADJUSTMENT 80,422,402 FASB 158 POST RETIREMENT ADJUSTMENT 3,148,658 EQUITY TRANSFER FROM HEALTHPARTNERS CENTRAL MINNESOTA CLINICS 946,646 EQUITY TRANSFER FROM REGIONS HOSPITAL FOUNDATION 4,300

SCHEDULE R

Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization GROUP HEALTH PLAN INC

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493318026614**OMB No 1545-0047

2013

Open to Public Inspection

**Employer identification number** 

41-0797853

Part I Identification of Disregarded Entities Comple	ete if the organization	answered "Yes" o	n Form 990, P	art IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dı	<b>(f)</b> Irect controlling entity		
Part II Identification of Related Tax-Exempt Organior more related tax-exempt organizations during	izations Complete if the tax year.	the organization a	nswered "Yes"	' on Form 990, P	art IV, l	line 34 because it	: had oi	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction (e) Public charity (if section 501)	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) contact en	ontroll tity?
See Additional Data Table							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990	`	Cat No 501	2.E.V	·	1	Schedule R (For	~ 000)	2012

because it had one or more re	lated organizations tre				-			1		1		., 1	
(a) Name, address, and EIN o related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-yead assets	( <b>t</b> Disproj r alloca	prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) ral or aging ner?	<b>(k)</b> Percentage ownership
					511)			Yes	No		Yes	No	
Part IV Identification of Related Or line 34 because it had one or r	ganizations Taxabl	e as a Corpo	ration s a cor	<b>or Trust</b> C poration or	Complete if the trust during	ne organız the tax ye	ation ans ar.	were	d "Yes	" on Form	990,	Part	IV,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d)</b> Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of t Income	otal Share	(g) e of end- year ssets		(h) ercentage wnership	Section (b) continued ent	i) on 512 (13) rolled city?	
ee Additional Data Table	<u> </u>								$\dashv$	 	Yes	1	No

Part \	Transactions With Related Organizations Complete if the organization	on answered "Y	es" on Form	990, Part IV, line	34, 35b, or 36.		
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> Durın	g the tax year, did the orgranization engage in any of the following transactions with one	or more related org	ganızatıons lıs	sted in Parts II-IV?			
<b>a</b> Re	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<b>1</b> a		No
<b>b</b> Gi	ft, grant, or capital contribution to related organization(s)				16	Yes	3
<b>c</b> Gıf	ft, grant, or capital contribution from related organization(s)				10		No
<b>d</b> Lo	ans or loan guarantees to or for related organization(s)				1d		No
<b>e</b> Lo	ans or loan guarantees by related organization(s)				1e		No
<b>f</b> Div	vidends from related organization(s)				1f		No
<b>g</b> Sa	lle of assets to related organization(s)				19		No
<b>h</b> Pu	rchase of assets from related organization(s)				1h		No
i Exc	change of assets with related organization(s)				<b>1</b> i		No
<b>j</b> Lea	ase of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Le	ase of facilities, equipment, or other assets from related organization(s)				1k		No
<b>I</b> Per	rformance of services or membership or fundraising solicitations for related organization(	(s)			11	Yes	3
<b>m</b> Per	rformance of services or membership or fundraising solicitations by related organization(	s)			<b>1</b> n	1	No
<b>n</b> Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				11	Yes	;
o Sh	aring of paid employees with related organization(s)				10	Yes	5
<b>p</b> Re	eimbursement paid to related organization(s) for expenses				1 <sub>p</sub>	Yes	<b>,</b>
<b>q</b> Re	embursement paid by related organization(s) for expenses				19	Yes	5
r Otl	her transfer of cash or property to related organization(s)				1r		No
	her transfer of cash or property from related organization(s)				1s		No
	the answer to any of the above is "Yes," see the instructions for information on who must	complete this line	e, including co	vered relationships a	nd transaction thresholds		
	(a) Name of related organization	Trai	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolv	ed
(1) HEALT	HPARTNERS INC - MANAGEMENT AND HEALTHCARE SUPPORT SERVICES	L		149,330,000			
(2) HEALT	HPARTNERS INC - HEALTHCARE SERVICES	L		67,375,396			
(3) PHYSIC	CIANS NECK & BACK CLINICS - OPERATIONAL SERVICES	Q		4,675,419			
(4) PHYSIC	CIANS NECK & BACK CLINICS - HEALTHCARE SERVICES	Р		489,699			

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

# Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

36-3465840

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) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status (b)(13) entity (if section 501 controlled or foreign country) (c)(3)entity? Yes (1) HEALTHPARTNERS INC HYBRID STAFF MN501(C)(4) N/A Yes MODEL/NETWORK MODEL 8170 33RD AVE S PO BOX 1309 HEALTH MAINTENANCE MPLS, MN 554401309 ORGANIZATION 41-1693838 (1) HPI - RAMSEY CORPORATE PLANNING MN501(C)(3) 509(A)(3) TYPE I HEALTHPARTNERS INC AND OVERSIGHT 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333 (2) HEALTHPARTNERS INSTITUTE FOR EDUCATION AND HEALTHCARE MNYes 501(C)(3) 509(A)(3)TYPE RESEARCH **EDUCATION AND** RESEARCH 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163 (3) REGIONS HOSPITAL HOSPITAL ΜN 170(B)(1)(A) HPI - RAMSEY 501(C)(3) Yes (III) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618 (4) REGIONS HOSPITAL FOUNDATION PROVIDE HOSPITAL MN501(C)(3) 170(B)(1) (A)(VI) HPI - RAMSEY Yes PROGRAM FINANCIAL 8170 33RD AVE S PO BOX 1309 SUPPORT MPLS, MN 554401309 41-1888902 (5) RHSC INC HEALTHCARE STAFFING MN501(C)(3) 509(A)(3) TYPE HEALTHPARTNERS INC Yes 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928 CORPORATE PLANNING WI 509(A)(3) TYPE (6) RH-WISCONSIN 501(C)(3) HPI - RAMSEY Yes AND OVERSIGHT 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016 (7) PHYSICIANS NECK AND BACK CLINICS SPECIALTY PATIENT MN501(C)(3) 509(A)(3) TYPE N/A Yes CARE TT 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883 170(B)1)(A)(III) RH-WISCONSIN & GROUP Yes (8) HUDSON HOSPITAL INC HOSPITAL WI 501(C)(3) HEALTH PLAN INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125 170(B)(1) (A)(VI) HUDSON HOSPITAL INC PROVIDE HOSPITAL (9) HUDSON HOSPITAL FOUNDATION INC WI 501(C)(3) Yes PROGRAM FINANCIAL 8170 33RD AVE S PO BOX 1309 SUPPORT MPLS, MN 554401309 39-1279567 (10) WESTERN WISCONSIN EMERGENCY MEDICAL PROVIDE MEDICAL 509(A)(3) TYPE RH-WISCONSIN WI 501(C)(3) Yes SERVICES COMPANY TRANSPORT SERVICES ΙI 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 26-3616590 (11) LAKEVIEW MEMORIAL HOSPITAL FOUNDATION PROVIDE HOSPITAL STILLWATER HEALTH MN501(C)(3) 509(A)(3) TYPE Yes PROGRAM FINANCIAL TT SYSTEM 8170 33RD AVE S PO BOX 1309 SUPPORT MPLS, MN 554401309 41-1386635 (12) LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION 170(B)1) (A)(III) STILLWATER HEALTH HOSPITAL ΜN 501(C)(3) Yes INC SYSTEM 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697 (13) WESTFIELDS HOSPITAL FOUNDATION INC PROVIDE HOSPITAL 509(A)(3) TYPE I WESTFIELDS HOSPITAL WI 501(C)(3) PROGRAM FINANCIAL INC 8170 33RD AVE S PO BOX 1309 SUPPORT MPLS, MN 554401309 39-1770913 (14) RAMSEY INTEGRATED HEALTH SERVICES IN-HOME PATIENT CARE Yes MN501(C)(3) 509(A)(2) HPI - RAMSEY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090 POST HOSPITALIZATION (15) CAPITOL VIEW TRANSITIONAL CARE CENTER MN501(C)(3) 170(B)(1)(A) HPI - RAMSEY Yes PATIENT CARE (III) 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453 (16) STILLWATER MEDICAL GROUP PHYSICIANS GROUP ΜN 501(C)(3) 509(A)(2) STILLWATER HEALTH Yes SYSTEM 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473 HPI - RAMSEY (17) STILLWATER HEALTH SYSTEM CORPORATE PLANNING MN501(C)(3) 509(A)(3) TYPE Yes AND OVERSIGHT ΙI 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189 (18) WESTFIELDS HOSPITAL INC HOSPITAL WI 501(C)(3) 170(B)(1)(A) RH-WISCONSIN & GROUP Yes (III) HEALTH PLAN INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442 (19) PARK NICOLLET HEALTH SERVICES CORPORATE PLANNING 501(C)(3) 509(A)(2) TYPE HEALTHPARTNERS INC MNYes AND OVERSIGHT III 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426

Form 990, Schedule R, Part II - Identification of Rela (a) Name, address, and EIN of related organization	ated Tax-Exempt Org (b) Primary activity	anizations (c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g Sectio	<b>g)</b> on 51 <i>2</i>
Name, address, and 2111 of ferated organization	Timidiy detivity	(state or foreign country)	section	status (if section 501(c)	entity	(b)( contr	(13) rolled aty?
						Yes	No
(21) PARK NICOLLET FOUNDATION 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 23-7346465	GRANTS TO SERVE THE COMMUNITY	MN	501(C)(3)	170(B)(1)(A)(VI)	PARK NICOLLET HEALTH SERVICES	Yes	
(1) PARK NICOLLET METHODIST HOSPITAL 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-0132080	HOSPITAL	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(2) PARK NICOLLET INSTITUTE  6500 EXCELSIOR BLVD  ST LOUIS PARK, MN 55426 41-0961862	HEALTHCARE RESEARCH	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(3) PARK NICOLLET HEALTH CARE PRODUCTS  6500 EXCELSIOR BLVD  ST LOUIS PARK, MN 55426 01-0638901	PARK NICOLLET HEALTH CARE PRODUCTS	MN	501(C)(3)	509(A)(3) TYPE II	PARK NICOLLET HEALTH SERVICES	Yes	
(4) PARK NICOLLET CLINIC  6500 EXCELSIOR BLVD  ST LOUIS PARK, MN 55426 41-0834920	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	170(B)(1)(A)(III)	PARK NICOLLET HEALTH SERVICES	Yes	
(5) PNMC HOLDINGS 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1741792	HEALTHCARE REAL ESTATE	MN	501(C)(3)	509(A)(3) TYPE I	PARK NICOLLET CLINIC	Yes	
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Form 990, Schedule R, Part IV -	Identification of	Related Organ	nizations Taxable	_	1	1	1	1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> 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 (13) cor enti	512(b) ntrolled
	1		1	1				Yes	No
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	С				Yes	
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	С				Yes	
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	С				Yes	
HEALTHPARTNERS VENTURES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1838197	DEVELOP HEALTHCARE BUSINESS OPPORTUNITIES	MN	HEALTHPARTNERS INC	С				Yes	
COMPANY	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	c				Yes	
	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	С				Yes	
HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	С				Yes	
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	С				Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493318026614 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return GROUP HEALTH PLAN INC 41-0797853 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during 14 Property subject to section 168(f)(1) election 15 20,734,900 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 20,734,900 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	<u>: See</u>	the i	nstr	uctio	ns for	<u>limits</u>	for pa	asseng	<u>ier au</u>	tomol	oiles. 🕽
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Гио			24b	If "Yes,"	is the e	/ idence	written?	, Г <sub>ує</sub>	s $\Gamma_{N}$	0
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(e) Basis for depreciati (business/investme use only)				(f) Recov perio	very Method/			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allo	•		erty placed	in service (	during the	tax yea	r and u	ised m	nore t	han 2!	_					
50% in a qualified busi	•		hueinaee	IICA						2:	<u>,                                    </u>					
201 Toperty used more	1 1 1 1 1 1 1 1 1 1	%	Dusiness	usc					Т					$\Box$		
		%												$\bot$		
37 Dranarty used 500/		%														
<b>27</b> Property used 50%	oriess in a	quanned bus	iness us	e	1				S	/L -				$\overline{}$		
		%							S/L -							
		%			<u> </u>					/L -						
28 Add amounts in co						ne 21,	page	1	2	8						
29 Add amounts in c	olumn (ı), lın					•	<u></u>	•	<u> </u>		• •		29			
Complete this section	for vehicles		ction B								or relat	مط مما	con			
If you provided vehicles to														se vehic	les	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)				(i		(b) Vehicle 2		(c)		(d) Vehicle 4		-	e)	(f) 5 Vehicle 6		
				Vehicle 1		Venicle 2		+	Vehicle 3		veille 4		veiii	icle 5	ven	icie 6
<b>31</b> Total commuting	mıles drıven	during the ye	ar .													
32 Total other person	nal(noncomn	nuting) miles	drıven													
33 Total miles driven	during the y	year Add line	s 30													
<b>34</b> Was the vehicle a	vailable for p	personal use		Yes	No	Yes	No	Y	'es	No	Yes	No	Yes	No	Yes	No
during off-duty hours?																
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?																
<b>36</b> Is another vehicle available for personal use? .																
<b>Section</b> Answer these question 5% owners or related	ns to determ	•	et an exc												<b>not</b> mo	re thar
37 Do you maintain a written policy statement that prohemployees?					personal	use of	vehic	cles,	ınclı	uding co	mmutır	ng, by	your	Y	'es	No
<b>38</b> Do you maintain a employees? See t																
39 Do you treat all us						213, un	cccor.	3,01	1 /0	or more	OWITCIS	•		-		
40 Do you provide mo			•			rmatio	n from	· •	ır or	· ·	about			-		
vehicles, and reta				· · ·		• • •	• •		ur en	ipioyees	• • •					
<b>41</b> Do you meet the r	•	3	•					,			•					
Note: If your ansv	ver to 37, 38	3, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sec	tion B	fort	he c	overed v	/ehicle	s				
Part VI Amo	rtization															
(a) Description of c	(b) Date amortization begins			A mort a mo		(d) Code sectio			(e) A mortiz period percen		r A mor			<b>(f)</b> tization for iis year		
<b>42</b> A mortization of co	sts that beg		ur 2013	tax year	(see ins	tructio	ns)			•		•				
43 A mortization of co	sts that beg	gan before you	ur 2013 t	ax year							43					
44 Total. Add amoun	ts ın column	(f) See the ı	nstructio	ns for wh	ere to re	port					44					· <u></u>