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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GROUP HEALTH PLAN INC		D Employer identification number 41-0797853
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (952) 883-6584
	8170 33RD AVE SOUTH PO BOX 1309		
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 554401309		G Gross receipts \$ 1,599,768,900
F Name and address of principal officer DAVE A DZIUK 8170 33RD AVE SOUTH PO BOX 1309 MINNEAPOLIS, MN 554401309		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.HEALTHPARTNERS.COM			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1955	M State of legal domicile MN
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Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O - EXEMPT PURPOSE AND ACHIEVEMENTS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	7,391
6	Total number of volunteers (estimate if necessary)	6	502	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,055,558,292	1,103,699,169
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,012,274	4,606,664
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,178,147	308,619,067
	12		1,335,748,713	1,416,924,900
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,894,290	5,892,008
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	511,896,829	515,124,049
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	773,912,038	854,186,633
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,292,703,157	1,375,202,690
	19	Revenue less expenses Subtract line 18 from line 12	43,045,556	41,722,210
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	852,685,946	910,541,844
	22	Net assets or fund balances Subtract line 21 from line 20	605,569,363	655,621,725
	22		247,116,583	254,920,119

Part II Signature Block

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

Sign Here	<div>Signature of officer</div>	<div>2015-11-14</div> <div>Date</div>
	<div>DAVE A DZIUK SVP-FINANCE & CFO</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name ANN LAMOUREUX	Preparer's signature ANN LAMOUREUX	Date	Check <input type="checkbox"/> if self-employed	PTIN P00691316
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5665207	
	Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH STREET MINNEAPOLIS, MN 55402			Phone no (612) 305-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 993,903,347 including grants of \$ 5,892,008) (Revenue \$ 1,232,506,176)

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

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 993,903,347

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	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 I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
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	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent	4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	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		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
KEVIN J BRANDT DIRECTOR OF FINANCIAL REPORTING

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	25,839,276	0	5,916,772

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,399**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF MN PHYSICIANS BOX 195 516 DELAWARE ST SE MINNEAPOLIS, MN 55455	PHYSICIAN SERVICES	7,411,640
VOLT MANAGEMENT CORPORATION PO BOX 13500 ORANGE, CA 92857	TEMPORARY STAFFING	3,571,404
ST PAUL RADIOLOGY 166 4TH STREET EAST ST PAUL, MN 551011421	MEDICAL SERVICES	3,011,649
MARKETING MIDWEST 4969 OLSON MEMORIAL HIGHWAY GOLDEN VALLEY, MN 55422	MARKETING SERVICES	2,864,040
PITNEY BOWES INC 2225 AMERICAN DRIVE NEENAH, WI 549561005	MACHINE SERVICES	2,633,812

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 163

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	FEE FOR SERVICE HEALTH	Business Code 621400	421,812,981	421,812,981		
	b	MEDICARE & MEDICAID PA	621400	403,295,896	403,295,896		
	c	OTHER MEDICAL SERVICE	621400	159,001,763	159,001,763		
	d	MEDICAL PREMIUMS	524114	56,445,319	56,445,319		
	e	DENTAL PATIENT SERVICE	524114	42,738,385	42,738,385		
	f	All other program service revenue		20,404,825	20,404,825		
	g	Total. Add lines 2a-2f		1,103,699,169			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,606,664			4,606,664
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)	0			
		d	Net gain or (loss)	0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a	TAXABLE AFFIL A&G	561000	179,812,060			179,812,060	
b	NON-TAXABLE AFFIL A&G	561000	128,807,007	128,807,007			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		308,619,067				
12	Total revenue. See Instructions		1,416,924,900	1,232,506,176	0	184,418,724	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,892,008	5,892,008		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
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.	406,628,209	381,207,133	25,421,076	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	26,824,226	24,324,141	2,500,085	
9	Other employee benefits.	59,400,409	53,864,140	5,536,269	
10	Payroll taxes.	22,271,205	20,195,472	2,075,733	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	179,278		179,278	
c	Accounting.	320,578	14,210	306,368	
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).	24,027,227	19,947,364	4,079,863	
12	Advertising and promotion.	3,831,261	1,885,177	1,946,084	
13	Office expenses.	11,365,229	8,985,069	2,380,160	
14	Information technology.	9,834,626	6,752,508	3,082,118	
15	Royalties.				
16	Occupancy.	26,578,402	23,373,926	3,204,476	
17	Travel.	2,163,522	1,927,411	236,111	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	422,240	288,344	133,896	
20	Interest.	4,773,891	4,773,891		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	26,696,487	22,672,047	4,024,440	
23	Insurance.	4,987,609	4,774,081	213,528	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	HOSPITAL & MEDICAL SERV	186,473,955	186,473,955		
b	MGMT & ADMIN TO TAXABLE	179,812,060		179,812,060	
c	MGMT & ADMIN TO NON-TAX	128,807,007		128,807,007	
d	SUPPLIES - MEDICAL & PH	122,199,171	122,195,431	3,740	
e	All other expenses	121,714,090	104,357,039	17,357,051	
25	Total functional expenses. Add lines 1 through 24e.	1,375,202,690	993,903,347	381,299,343	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		-49,083,068	1	-42,926,169
	2	Savings and temporary cash investments		62,594,925	2	111,264,765
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		207,679,688	4	202,139,469
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,864,133	8	11,838,655
	9	Prepaid expenses and deferred charges		70,865,129	9	47,004,232
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	570,698,618		
	b	Less accumulated depreciation	10b	415,580,671	141,905,602	10c 155,117,947
	11	Investments—publicly traded securities		300,810,000	11	312,324,000
	12	Investments—other securities See Part IV, line 11		97,684,850	12	108,720,779
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,364,687	15	5,058,166
	16	Total assets. Add lines 1 through 15 (must equal line 34)		852,685,946	16	910,541,844
Liabilities	17	Accounts payable and accrued expenses		445,242,945	17	486,234,228
	18	Grants payable			18	
	19	Deferred revenue		5,541,974	19	10,329,723
	20	Tax-exempt bond liabilities		43,030,000	20	35,320,453
	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		111,754,444	25	123,737,321
	26	Total liabilities. Add lines 17 through 25		605,569,363	26	655,621,725
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		247,116,583	27	254,920,119
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		247,116,583	33	254,920,119
	34	Total liabilities and net assets/fund balances		852,685,946	34	910,541,844

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,416,924,900
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,375,202,690
3	Revenue less expenses Subtract line 2 from line 1	3	41,722,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	247,116,583
5	Net unrealized gains (losses) on investments	5	-33,403,674
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	-515,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	254,920,119

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS BRINSKO DIRECTOR	2 80	X						18,750	0	0
(1) SUSAN HOYT DIRECTOR	3 40	X						25,000	0	0
(2) GREGORY STRONG DIRECTOR	3 40	X						25,000	0	0
(3) ANN WYNIA DIRECTOR & CHAIR	4 40	X						40,000	0	0
(4) BRIAN H RANK MD DIRECTOR & MEDICAL DIRECTOR	54 00 2 00	X		X				790,523	0	225,543
(5) CHARLES J ABRAHAMSON VP-NETWORK MGMT & PROVIDER RELATIONS	2 40 37 60			X				293,717	0	46,194
(6) ALAN V ABRAMSON SRVP & CIO	17 90 29 10			X				550,710	0	107,048
(7) SCOTT A AEBISCHER SR VP CUSTOMER SERV/PRODUCT INNOVATION	4 90 45 10			X				466,180	0	140,086
(8) CALVIN U ALLEN SR VP STRAT PLANNING/HR	31 80 18 20			X				570,851	0	150,602
(9) BABETTE A APLAND SR VP, MELROSE INSTITUTE & BEHAVIORAL HEALTH	49 50 0 50			X				416,573	0	126,744
(10) SHANNON B BEAUDIN-KLEIN VP MARKETING & COMMUNICATIONS	3 20 51 80			X				275,669	0	77,961
(11) DAVID J BERGH VP HEALTH/FIN INFO SYSTEMS	15 20 24 80			X				322,860	0	101,202
(12) MARY K BRAINERD PRESIDENT & CEO	3 20 46 80			X				1,761,231	0	508,567
(13) RICK J BRUZEK VP PHARMACY SERVICES	13 30 31 70			X				276,362	0	91,458
(14) KATHLEEN M COONEY EXECUTIVE VP & CAO	9 70 45 30			X				869,987	0	271,926
(15) STEVEN D BUNDE VP INTERNAL AUDIT, INTEGRITY & COMPLIANCE	22 10 27 90			X				237,056	0	81,683
(16) ROBERT B CUMMING SR VP ACTUARIAL/UNDERWRITING	4 00 41 00			X				594,664	0	151,650
(17) TRICIA L DEGE VP FINANCE & PLANNING	39 50 0 50			X				327,513	0	82,301
(18) DAVID A DZIUK SR VP & CHIEF FINANCIAL OFFICER	10 20 44 80			X				602,195	0	182,399
(19) GREGG DAHLGREN VP DENTAL PLAN	1 70 43 30			X				249,056	0	84,574
(20) DAVID S GESKO SR VP - DENTAL DIRECTOR	54 50 0 50			X				504,628	0	93,851
(21) TIM M HALEY VP BROKER SALES	0 10 44 90			X				359,363	0	99,091
(22) KENNETH D HOLMEN MD VP MEDICAL AFFAIRS & CHIEF MEDICAL OFFICER	47 50 2 50			X				630,586	0	119,371
(23) SUSAN M KNUDSON VP HEALTH INFORMATICS	3 00 47 00			X				354,958	0	87,249
(24) PATRICIA S DENNIS SR VP HEALTH & CARE ENGAGEMENT	3 30 41 70			X				369,468	0	64,556

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KIM R LAREAU VP IS&T CARE DELIVERY	19 00 31 00			X				331,606	0	87,475
(1) NANCY A MCCLURE CHIEF OPERATING OFFICER	48 00 2 00			X				827,398	0	213,162
(2) FRANK P MCQUILLAN VP - TREASURY & REAL ESTATE	20 80 29 20			X				279,761	0	104,909
(3) KEVIN J PALATTAO VP CLINIC PATIENT CARE SYSTEMS	52 50 0 50			X				327,577	0	90,572
(4) NICO PRONK PHD VP & HEALTH SCIENCE OFFICER	3 30 51 70			X				323,578	0	87,734
(5) MEGAN M REMARK SR VP SYSTEM ALIGNMENT & INTEGRATION	3 20 46 80			X				521,844	0	150,853
(6) KATIE B SAYRE SR VP HLTH PLAN OPS & GOV PROGRAMS	3 50 48 50			X				472,063	0	153,236
(7) SCOTT A SCHNUCKLE SR VP PHARMACY & BUSINESS DEVELOPMENT	20 30 29 70			X				440,270	0	112,865
(8) DOUG N SMITH SR VP SALES	4 00 56 00			X				469,824	0	143,583
(9) CHARLES J FAZIO MD HEALTH PLAN MEDICAL DIRECTOR	3 00 47 00			X				267,878	0	72,771
(10) ELIZABETH L SWANSON VP HUMAN RESOURCES	28 60 16 40			X				244,370	0	87,092
(11) TOBI TANZER VP CORPORATE INTEGRITY	24 40 30 60			X				344,897	0	94,296
(12) BARBARA E TRETHERWAY SR VP GENERAL COUNSEL	16 30 38 70			X				661,426	0	167,082
(13) ROBERT H VAN WHY SR VP PRIMARY CARE/CLINIC OPERATIONS	49 50 0 50			X				410,261	0	105,422
(14) ANDREA M WALSH EXEC VP & CHIEF MARKETING OFFICER	3 30 46 70			X				769,416	0	241,917
(15) BETH A WATERMAN CHIEF IMPROVEMENT OFFICER	3 00 47 00			X				350,121	0	103,021
(16) DONNA J ZIMMERMAN SR VP GOVT & COMMUNITY RELATIONS	45 70 39 30			X				348,868	0	105,658
(17) DAVID ABELSON MD PRESIDENT - CARE GROUP	0 50 39 50			X				1,434,423	0	275,831
(18) STEVEN C HOUSH VP ORTHOPEDIC SERVICES	59 50 0 50			X				97,517	0	17,195
(19) GEORGE J ISHAM MD MS SENIOR ADVISOR	0 60 9 40			X				250,573	0	90,694
(20) PEGGY S NEALE VP - NATIONAL ACCOUNT HEALTH SOLUTIONS	1 00 49 00			X				297,412	0	79,025
(21) RICHARD DAVIS PHYSICIAN	75 00					X		923,297	0	69,012
(22) TIMOTHY KROSHUS PHYSICIAN	60 00					X		1,461,779	0	77,325
(23) STEPHEN R TAN MD PHYSICIAN	44 00					X		993,335	0	94,135
(24) DENNIS W ZHU MD PHYSICIAN	77 00					X		1,133,984	0	110,438

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) MICHAEL J D'AMATO MD PHYSICIAN	50 00					X		922,898	0	87,413

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization GROUP HEALTH PLAN INC	Employer identification number 41-0797853
---	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 behalf						
3 The value of services or facilities 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 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts 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 VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

Part IIISupport 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						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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

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

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

Name of the organization GROUP HEALTH PLAN INC	Employer identification number 41-0797853
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		577,344													
c Total lobbying expenditures (add lines 1a and 1b)		577,344													
d Other exempt purpose expenditures		969,676,003													
e Total exempt purpose expenditures (add lines 1c and 1d)		970,253,347													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a 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	494,000	526,000	593,145	577,344	2,190,489
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e 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 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

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

Name of the organization GROUP HEALTH PLAN INC	Employer identification number 41-0797853
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,647,029		10,647,029
b Buildings		137,508,892	84,847,092	52,661,800
c Leasehold improvements		73,439,157	49,928,194	23,510,963
d Equipment		349,103,540	280,805,385	68,298,155
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				155,117,947

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	1,093,249,083
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,093,249,083
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	323,675,817
c	Add lines 4a and 4b	4c	323,675,817
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,416,924,900

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	1,051,526,873
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,051,526,873
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	323,675,817
c	Add lines 4a and 4b	4c	323,675,817
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,375,202,690

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	GROUP HEALTH PLAN, INC (GHI) IS INCLUDED IN THE HEALTHPARTNERS, INC (HP) CONSOLIDATED AUDITED FINANCIAL STATEMENT HP'S ACCOUNTING POLICY PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS HP RECORDED NO LIABILITIES AT DECEMBER 31, 2014 OR 2013 FOR UNRECOGNIZED TAX BENEFITS
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY ACTIVITY 323,675,817
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY ACTIVITY 323,675,817

[illegible]

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

2014

Open to Public
Inspection

Employer identification number
41-0797853

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

43

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Domestic Individuals. 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 assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHPARTNERS RESEARCH & EDUCATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			3,754,951				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			10,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONS HOSPITAL FOUNDATION8170 33RD AVE S PO BOX 1309 MINNEAPOLIS, MN 554401309			113,365				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA HOSPITAL ASSOCIATION2550 UNIVERSITY AVE SUITE 350-S ST PAUL, MN 551141900			7,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT 8009 34TH AVENUE SOUTH BLOOMINGTON, MN 55425			1,254,800				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE TO MAKE US HEALTHIEST2231 CRYSTAL DR SUITE 450 ARLINGTON,VA 22202			14,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF ST PAUL AND MINNEAPOLIS1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032005			7,589				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST H WILDER FOUNDATION451 LEXINGTON PKWY N ST PAUL, MN 55104			8,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLINA MEDICAL TRANSPORTATIONPO BOX 9382 MINNEAPOLIS, MN 554409382			8,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER TWIN CITIES UNITED WAY404 S 8TH STREET MINNEAPOLIS, MN 554041084			26,910				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION328 GRAND AVE BILLINGS, MT 59101			46,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT HIGH SCHOOL - CIP FUND2924 FOURTH AVENUE SOUTH MINNEAPOLIS,MN 55408			59,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES121 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 55401			15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOLDER OPTIONS2100 STEVENS AVE SOUTH MINNEAPOLIS, MN 55404			6,058				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRACARE HEALTH FOUNDATION1406 SIXTH AVENUE NORTH ST CLOUD,MN 563031901			12,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENEWING THE COUNTRYSIDE2105 1ST AVENUE SO MINNEAPOLIS, MN 55405			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA DENTAL ASSOCIATION1335 INDUSTRIAL BLVD SUITE 200 MINNEAPOLIS, MN 554134801			25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SHARES MINNESOTA1619 DAYTON AVENUE 323 ST PAUL,MN 55104			6,600				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYCLES FOR CHANGE722 UNIVERSITY AVENUE WEST ST PAUL, MN 55404			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ALLIANCE ON MENTAL ILLNESS800 TRANSFER RD SUITE 31 ST PAUL,MN 551141414			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ST PAUL PUBLIC LIBRARY325 CEDAR STREET SUITE 555 ST PAUL,MN 551011055			15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH ENHANCEMENT RESEARCH ORGANIZATION 7400 METRO BOULEVARD SUITE 270 EDINA,MN 55439			8,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEET MINNEAPOLIS250 MARQUETTE AVENUE SUITE 1300 MINNEAPOLIS,MN 55401			50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIND BODY SOLUTIONS 17516 MINNETONKA BOULEVARD MINNETONKA, MN 553451020			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA - NORTHERN STAR COUNCIL393 MARSHALL AVENUE ST PAUL,MN 551021717			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN ENVIRONMENTAL FUND 450 SYNDICATE AVE NORTH STE 320 ST PAUL, MN 55104			7,200				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVE MN55 5TH ST E SUITE 600 ST PAUL,MN 551011797			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION1970 OAKCREST AVE SUITE 208 ST PAUL, MN 55113			20,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL PUBLIC SCHOOLS FOUNDATION INC101 EAST FIFTH STREET SUITE 2400 ST PAUL,MN 55101			20,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF ST PAUL375 SELBY AVENUE ST PAUL, MN 55102			33,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CONFERENCE OF STATE LEGISLATURES 444 NORTH CAPITOL STREET NW SUITE 515 WASHINGTON,DC 20001			7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK NICOLLET FOUNDATION6500 EXCELSIOR BLVD ST LOUIS PARK,MN 55426			28,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO KID HUNGRY CO SHARE OUR STRENGTHPO BOX75475 BALTIMORE, MD 212755475			11,886				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENT AWARE FOR SCHOOL READINESS2021 E HENNEPIN AVE 250 MINNEAPOLIS, MN 554134801			10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY505 W 8TH STREET NEW RICHMOND, WI 54017			7,026				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST CATHERINE UNIVERSITY2004 RANDOLPH AVENUE F-12 ST PAUL,MN 551051789			15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES JAZZ FESTIVAL214 E 4TH STREET SUITE 130 ST PAUL,MN 55101			25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ST THOMAS1000 LASALLE AVENUE TMH 444 MINNEAPOLIS, MN 554032005			7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES HABITAT FOR HUMANITY3001 FOURTH STREET SE MINNEAPOLIS,MN 55414			24,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY - MINNEAPOLISPO BOX 305 STILLWATER,MN 55082			8,900				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA BUSINESS OFFICE321 19TH AVENUE S CSOM 2-212 MINNEAPOLIS, MN 55455			20,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VITAL AGING NETWORK 2365 N MCKNIGHT RD SUITE 4 NORTH ST PAUL, MN 55109			10,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROUP HEALTH PLAN INC

Employer identification number
41-0797853

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>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.</div>	1b	
<div>2</div> <div>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?</div>	2	
<div>3</div> <div>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.</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4a	No
	4b	Yes
	4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5a	No
	5b	No
<div>6</div> <div>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:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6a	Yes
	6b	Yes
<div>7</div> <div>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.</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 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 \$ 116,004 SCOTT A AEBISCHER 12,402 CALVIN U ALLEN 20,641 BABETTE APLAND 9,939 MARY K BRAINERD 136,341 KATHLEEN M COONEY 54,474 ROBERT B CUMMING 21,675 PATRICIA S DENNIS 7,452 DAVID A DZIUK 21,487 CHARLES J FAZIO 18,834 DAVID S GESKO 15,832 KENNETH D HOLMEN 23,831 NANCY A MCCLURE 30,089 BRIAN H RANK 33,856 MEGAN M REMARK 17,628 KATHERINE B SAYRE 28,851 SCOTT A SCHNUCKLE 10,545 DOUGLAS N SMITH 14,171 BARBARA E TRETHEWAY 25,028 ROBERT H VAN WHY 9,585 ANDREA M WALSH 64,291 DONNA J ZIMMERMAN 22,913 ----- TOTAL \$715,869
PART I, LINE 6	OFFICERS AND HIGHEST COMPENSATED EMPLOYEES MAY RECEIVE COMPENSATION BASED ON THE MANAGEMENT INCENTIVE PROGRAM (PROGRAM) OF GROUP HEALTH PLAN INC THE PROGRAM INCENTS AND REWARDS BUSINESS LEADERS WHO HELP THE ORGANIZATION ACHIEVE STATED BUSINESS AND/OR HEALTH IMPROVEMENT GOALS FOR A SPECIFIC FISCAL YEAR THE PROGRAM IS A KEY ELEMENT OF THE PARTICIPANT'S TOTAL COMPENSATION PACKAGE THE PROGRAM REWARDS ARE BASED ON POSITION IN THE ORGANIZATION (E G SENIOR VICE PRESIDENT, VICE PRESIDENT, DIRECTOR, MANAGER, OTHER SPECIFICALLY IDENTIFIED LEADERS) AND THE ACHIEVEMENT OF BUSINESS AND HEALTH IMPROVEMENT GOALS ESTABLISHED IN A VARIETY OF AREAS GOALS WILL BE RELATED TO THE ORGANIZATION'S STRATEGIC PLAN AND WILL BE BALANCED THESE AREAS MAY INCLUDE BUT ARE NOT LIMITED TO PATIENT SATISFACTION, EMPLOYEE SATISFACTION, WORK ENVIRONMENT, EMPLOYEE AND/OR LEADERSHIP DEVELOPMENT, CARE DELIVERY, PATIENT EDUCATION, TRIPLE AIM, MARKET SHARE, STRATEGIC CAPABILITIES, FINANCIAL PERFORMANCE (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 \$ 32,856 DAVID ABELSON, MD \$ 135,325 ALAN V ABRAMSON \$ 50,140 SCOTT A AEBISCHER \$ 15,729 CALVIN U ALLEN \$ 20,703 BABETTE A APLAND \$ 8,716 MARY K BRAINERD \$ 232,710 KATHLEEN M COONEY \$ 48,008 ROBERT B CUMMING \$ 21,728 DAVID A DZIUK \$ 33,340 DAVID GESKO, DDS \$ 14,142 KENNETH D HOLMEN, MD \$ 24,678 NANCY A MCCLURE \$ 125,058 MEGAN M REMARK \$ 10,891 KATIE B SAYRE \$ 64,427 SCOTT A SCHNUCKLE \$ 29,295 DOUG A SMITH \$ 8,290 BARBARA E TRETHEWAY \$ 38,188 ROBERT H VAN WHY \$ 9,106 ANDREA M WALSH \$ 56,719 DONNA J ZIMMERMAN \$ 21,990 ANY ANALYSIS OF EARNINGS FOR THE CURRENT YEAR, FOR THESE PARTICIPANTS OF THE PLAN, SHOULD EXCLUDE THE AMOUNT IN COLUMN F AS PART OF THE ANALYSIS SINCE THOSE EARNINGS WERE ALREADY REPORTED IN COLUMN (C) OF PREVIOUS YEARS' 990'S

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRIAN H RANK MD, DIRECTOR & MEDICAL DIRECTOR	(i) (ii)	563,458 0	170,198 0	56,867 0	182,005 0	43,538 0	1,016,066 0	32,856 0
1 CHARLES J ABRAHAMSON, VP-NETWORK MGMT & PROVIDER RELATIONS	(i) (ii)	244,969 0	48,748 0	0 0	19,500 0	26,694 0	339,911 0	0 0
2 ALAN V ABRAMSON, SRVP & CIO	(i) (ii)	371,615 0	105,600 0	73,495 0	56,298 0	50,750 0	657,758 0	50,140 0
3 SCOTT A AEBISCHER, SR VP CUSTOMER SERV/PRODUCT INNOVATI	(i) (ii)	330,318 0	96,860 0	39,002 0	105,911 0	34,175 0	606,266 0	15,729 0
4 CALVIN U ALLEN, SR VP STRAT PLANNING/HR	(i) (ii)	391,468 0	153,400 0	25,983 0	100,845 0	49,757 0	721,453 0	20,703 0
5 BABETTE A APLAND, SR VP, MELROSE INSTITUTE & BEHAVIORA	(i) (ii)	309,323 0	82,668 0	24,582 0	87,751 0	38,993 0	543,317 0	8,716 0
6 SHANNON B BEAUDIN-KLEIN, VP MARKETING & COMMUNICATIONS	(i) (ii)	225,595 0	50,074 0	0 0	38,947 0	39,014 0	353,630 0	0 0
7 DAVID J BERGH, VP HEALTH/FIN INFO SYSTEMS	(i) (ii)	265,051 0	57,809 0	0 0	77,004 0	24,198 0	424,062 0	0 0
8 MARY K BRAINERD, PRESIDENT & CEO	(i) (ii)	1,004,089 0	510,806 0	246,336 0	427,831 0	80,736 0	2,269,798 0	232,710 0
9 RICK J BRUZEK, VP PHARMACY SERVICES	(i) (ii)	225,585 0	50,777 0	0 0	52,472 0	38,986 0	367,820 0	0 0
10 KATHLEEN M COONEY, EXECUTIVE VP & CAO	(i) (ii)	578,508 0	221,200 0	70,279 0	219,838 0	52,088 0	1,141,913 0	48,008 0
11 STEVEN D BUNDE, VP INTERNAL AUDIT, INTEGRITY & COMPL	(i) (ii)	176,556 0	60,500 0	0 0	45,225 0	36,458 0	318,739 0	0 0
12 ROBERT B CUMMING, SR VP ACTUARIAL/UNDERWRITING	(i) (ii)	374,500 0	185,140 0	35,024 0	108,736 0	42,914 0	746,314 0	21,728 0
13 TRICIA L DEGE, VP FINANCE & PLANNING	(i) (ii)	266,853 0	60,660 0	0 0	39,023 0	43,278 0	409,814 0	0 0
14 DAVID A DZIUK, SR VP & CHIEF FINANCIAL OFFICER	(i) (ii)	431,345 0	125,610 0	45,240 0	139,563 0	42,836 0	784,594 0	33,340 0
15 GREGG DAHLGREN, VP DENTAL PLAN	(i) (ii)	198,563 0	50,493 0	0 0	45,260 0	39,314 0	333,630 0	0 0
16 DAVID S GESKO, SR VP - DENTAL DIRECTOR	(i) (ii)	367,985 0	108,180 0	28,463 0	51,544 0	42,307 0	598,479 0	14,142 0
17 TIM M HALEY, VP BROKER SALES	(i) (ii)	219,875 0	139,488 0	0 0	53,838 0	45,253 0	458,454 0	0 0
18 KENNETH D HOLMEN MD, VP MEDICAL AFFAIRS & CHIEF MEDICAL O	(i) (ii)	465,349 0	125,097 0	40,140 0	69,482 0	49,889 0	749,957 0	24,678 0
19 SUSAN M KNUDSON, VP HEALTH INFORMATICS	(i) (ii)	261,633 0	93,325 0	0 0	49,356 0	37,893 0	442,207 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 PATRICIA S DENNIS, SR VP HEALTH & CARE ENGAGEMENT	(i) (ii)306,462 0	50,000 0	13,006 0	34,187 0	30,369 0	434,024 0	0 0
1 KIM R LAREAU, VP IS&T CARE DELIVERY	(i) (ii)267,049 0	64,557 0	0 0	50,220 0	37,255 0	419,081 0	0 0
2 NANCY A MCCLURE, CHIEF OPERATING OFFICER	(i) (ii)532,589 0	147,256 0	147,553 0	169,454 0	43,708 0	1,040,560 0	125,058 0
3 FRANK P MCQUILLAN, VP - TREASURY & REAL ESTATE	(i) (ii)232,437 0	47,324 0	0 0	67,661 0	37,248 0	384,670 0	0 0
4 KEVIN J PALATTAO, VP CLINIC PATIENT CARE SYSTEMS	(i) (ii)256,609 0	70,968 0	0 0	50,977 0	39,595 0	418,149 0	0 0
5 NICO PRONK PHD, VP & HEALTH SCIENCE OFFICER	(i) (ii)266,311 0	57,267 0	0 0	52,771 0	34,963 0	411,312 0	0 0
6 MEGAN M REMARK, SR VP SYSTEM ALIGNMENT & INTEGRATION	(i) (ii)391,707 0	110,126 0	20,011 0	107,383 0	43,470 0	672,697 0	10,891 0
7 KATIE B SAYRE, SR VP HLTH PLAN OPS & GOV PROGRAMS	(i) (ii)317,636 0	90,000 0	64,427 0	110,243 0	42,993 0	625,299 0	64,427 0
8 SCOTT A SCHNUCKLE, SR VP PHARMACY & BUSINESS DEVELOPMEN	(i) (ii)309,835 0	90,810 0	39,625 0	70,632 0	42,233 0	553,135 0	29,295 0
9 DOUG N SMITH, SR VP SALES	(i) (ii)298,817 0	153,624 0	17,383 0	100,599 0	42,984 0	613,407 0	8,290 0
10 CHARLES J FAZIO MD, HEALTH PLAN MEDICAL DIRECTOR	(i) (ii)237,878 0	30,000 0	0 0	46,455 0	26,316 0	340,649 0	0 0
11 ELIZABETH L SWANSON, VP HUMAN RESOURCES	(i) (ii)199,925 0	44,445 0	0 0	48,214 0	38,878 0	331,462 0	0 0
12 TOBI TANZER, VP CORPORATE INTEGRITY	(i) (ii)264,147 0	80,750 0	0 0	50,421 0	43,875 0	439,193 0	0 0
13 BARBARA E TRETHERWAY, SR VP GENERAL COUNSEL	(i) (ii)466,923 0	140,620 0	53,883 0	131,825 0	35,257 0	828,508 0	38,188 0
14 ROBERT H VAN WHY, SR VP PRIMARY CARE/CLINIC OPERATIONS	(i) (ii)300,865 0	86,065 0	23,331 0	65,921 0	39,501 0	515,683 0	9,106 0
15 ANDREA M WALSH, EXEC VP & CHIEF MARKETING OFFICER	(i) (ii)515,197 0	197,500 0	56,719 0	190,259 0	51,658 0	1,011,333 0	56,719 0
16 BETH A WATERMAN, CHIEF IMPROVEMENT OFFICER	(i) (ii)270,340 0	79,781 0	0 0	62,981 0	40,040 0	453,142 0	0 0
17 DONNA J ZIMMERMAN, SR VP GOVT & COMMUNITY RELATIONS	(i) (ii)257,813 0	69,065 0	21,990 0	85,719 0	19,939 0	454,526 0	21,990 0
18 DAVID ABELSON MD, PRESIDENT - CARE GROUP	(i) (ii)933,438 0	355,500 0	145,485 0	212,674 0	63,157 0	1,710,254 0	135,325 0
19 GEORGE J ISHAM MD MS, SENIOR ADVISOR	(i) (ii)249,600 0	0 0	973 0	73,406 0	17,288 0	341,267 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 PEGGY S NEALE, VP - NATIONAL ACCOUNT HEALTH SOLUTIO	(i) (ii)184,4710	(i) (ii)112,9410	(i) (ii)00	(i) (ii)39,8600	(i) (ii)39,1650	(i) (ii)376,4370	(i) (ii)00
1 RICHARD DAVIS, PHYSICIAN	(i) (ii)919,9240	(i) (ii)00	(i) (ii)3,3730	(i) (ii)19,5000	(i) (ii)49,5120	(i) (ii)992,3090	(i) (ii)00
2 TIMOTHY KROSHUS, PHYSICIAN	(i) (ii)1,448,5110	(i) (ii)00	(i) (ii)13,2680	(i) (ii)19,5000	(i) (ii)57,8250	(i) (ii)1,539,1040	(i) (ii)00
3 STEPHEN R TAN MD, PHYSICIAN	(i) (ii)993,3350	(i) (ii)00	(i) (ii)00	(i) (ii)39,7080	(i) (ii)54,4270	(i) (ii)1,087,4700	(i) (ii)00
4 DENNIS W ZHU MD, PHYSICIAN	(i) (ii)1,130,3470	(i) (ii)00	(i) (ii)3,6370	(i) (ii)49,0590	(i) (ii)61,3790	(i) (ii)1,244,4220	(i) (ii)00
5 MICHAEL J D'AMATO MD, PHYSICIAN	(i) (ii)922,8980	(i) (ii)00	(i) (ii)00	(i) (ii)38,4910	(i) (ii)48,9220	(i) (ii)1,010,3110	(i) (ii)00

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROUP HEALTH PLAN INC

Employer identification number
41-0797853

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HRA OF CITY OF ST PAUL MN - HEALTH CARE REV BONDS - SERIES 2014B	52-1440935	NONE99999	03-18-2014	37,365,000	REFUND BONDS ISSUED 11/30/2003 FUND VARIOUS PROJECTS & EQUIPMENT		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	4,375,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	37,365,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	312,231							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		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?		X						
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
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?	X							
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?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	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

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

Part IV

Arbitrage (Continued)

		A		B		C		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								
c	Term of GIC								
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?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
GROUP HEALTH PLAN INC

Employer identification number

41-0797853

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>CORPORATE STRUCTURE, PURPOSE, GOVERNANCE GROUP HEALTH PLAN, INC (GHI) IS A MINNESOTA NON- PROFIT CORPORATION AND LICENSED HEALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND PART OF T HE FAMILY OF HEALTHPARTNERS ORGANIZATIONS "HEALTHPARTNERS" FOUNDED IN 1957, HEALTHPARTNER S IS AN INTEGRATED SYSTEM OF HEALTH CARE DELIVERY AND HEALTH CARE FINANCING ORGANIZATIONS, AND IS ONE OF THE LARGEST CONSUMER-GOVERNED ORGANIZATIONS IN THE COUNTRY HEALTHPARTNERS' MISSION IS TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY HEALTHPARTNERS SEEKS TO TRANSFORM HEALTHCARE THROUGH A RELENTLESS FOCUS ON THE TRIPLE AIM - PROVIDING EXCEPTIONAL EXPERIENCE FOR THE INDIVIDUAL, IMPROVING THE HEALTH OF THE POPULATION, AND MAINTAINING AFFORDABILITY, ALL AT THE SAME TIME HEALTHPARTNERS INCLU DES AN ARRAY OF TAX-EXEMPT AND TAXABLE ORGANIZATIONS WITH HEALTH CARE ACTIVITIES PRIMARILY OPERATING IN MINNESOTA AND WESTERN WISCONSIN HEALTHPARTNERS PROVIDES A FULL-RANGE OF HEA LTH CARE DELIVERY AND HEALTH PLAN SERVICES INCLUDING INSURANCE, PATIENT CARE, ADMINISTRATI ON AND HEALTH AND WELL-BEING PROGRAMS HEALTHPARTNERS HEALTH PLAN'S SERVE MORE THAN 1 5 MILLION MEDICAL AND DENTAL MEMBERS NATIONWIDE, AND IS THE TOP-RANKED COMMERCIAL PLAN IN MINN ESOTA HEALTHPARTNERS MEDICAL CARE SYSTEM INCLUDES MORE THAN 1,700 PHYSICIANS, SIX HOSPITA LS, 55 PRIMARY CARE CLINICS, 22 URGENT CARE LOCATIONS AND NUMEROUS SPECIALTY PRACTICES IN MINNESOTA AND WESTERN WISCONSIN IN ADDITION, HEALTHPARTNERS DENTAL CARE SYSTEM HAS MORE T HAN 60 DENTISTS AND 22 DENTAL CLINICS HEALTHPARTNERS ALSO PROVIDES MEDICAL EDUCATION AND TRAINING TO MEDICAL PROFESSIONALS AND CONDUCTS RESEARCH AND FUND RAISING ACTIVITIES THAT S UPPORT THE HEALTH CARE DELIVERY SYSTEM A COMPLETE LISTING OF ALL ORGANIZATIONS WITHIN THE HEALTHPARTNERS FAMILY, AND THE RELATIONSHIP BETWEEN THEM, CAN BE FOUND ON SCHEDULE R WITH IN THIS 990 RETURN DETAILED INFORMATION ABOUT THE COMMUNITY BENEFIT ACTIVITIES AND ACCOMP LISHMENTS OF EACH TAX-EXEMPT ORGANIZATION CAN BE FOUND IN THE INDIVIDUAL FORM 990 RETURN F OR THAT ORGANIZATION HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS AND PATIENTS LIVE HEALTHIER LIVES HEALTHPARTNERS COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND OTH ER COMMUNITY AND BUSINESS ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREAS E ACCESS, CREATE AND SHARE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY, AND COLLABORATE IN IMPROVEMENTS THAT SUPPORT THE TRIPLE AIM AMONG HEALTHP ARTNERS' SIGNATURE INITIATIVES CONTINUING IN 2014 ARE TOTAL COST OF CARE MEASUREMENTS (DEV ELOPMENT OF A NATIONALLY RECOGNIZED METRIC, ENDORSED BY THE NATIONAL QUALITY FORUM, ENABLING MEASUREMENT AND INCENTIVES BASED ON COORDINATION AND EVIDENCE-BASED PRACTICES), MENTAL HEALTH (REDUCING STIGMA, AND ASSURING ACCESS TO HIGH QUALITY CARE IN THE MOST APPROPRIATE SETTINGS), CHILDREN'S HEALTH (IMPROVING CHILD HEALTH BY PROMOTING EARLY BRAIN DEVELOPMENT, PROVIDING FAMILY CENTERED CARE, AND STRENGTHENING COMMUNITIES), AND SUSTAINABILITY (ENERGY EFFICIENCY, WASTE REDUCTION, AND RESOURCE MANAGEMENT) HEALTHPARTNERS, INC (HPI) IS THE PARENT ENTITY OF HEALTHPARTNERS AND IS A MINNESOTA NON-PROFIT CORPORATION AND LICENSED HE ALTH MAINTENANCE ORGANIZATION (HMO) RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(4) AND IS THE SOLE CORPORATE MEMBER OF GHI GHI IS THE SOLE CORPORATE MEMB ER OF PHYSICIANS NECK & BACK CLINICS (PNBC), WHICH EMPLOY S PHYSICIANS AND SUPPORT STAFF TO PROVIDE TREATMENT OF CHRONIC NECK AND/OR BACK PAIN PNBC IS A MINNESOTA NOT FOR PROFIT CO RPORATION THAT IS TAX-EXEMPT UNDER IRC SECTION 501(C)(3) GHI IS COMMITTED TO IMPROVING TH E HEALTH OF THE COMMUNITY BY PROVIDING PREPAID MEDICAL AND DENTAL CARE TO ITS ENROLLED MEM BERS, MEDICAL AND DENTAL CARE TO FEE FOR SERVICE PATIENTS, INCREASING ACCESS TO AFFORDABLE MEDICAL AND DENTAL CARE IN THE COMMUNITY AND RAISING THE STANDARDS OF MEDICAL AND DENTAL CARE IN THE COMMUNITY THE GHI STAFF MODEL HMO COMBINES FINANCING AND HEALTH CARE SERVICES FOR THE PURPOSE OF IMPROVING THE HEALTH OF ITS MEMBERS AND PATIENTS GHI OFFERS COMMERCIA L HMO PRODUCTS, INDIVIDUAL/CONVERSION PRODUCTS, AND MEDICARE COST PRODUCTS PEOPLE WHO ENR OLL IN A GHI MANAGED CARE PRODUCT RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, IN CLUDING PROFESSIONAL CARE IN HOSPITALS, PHYSICIAN SERVICES, IMAGING AND LABORATORY SERVICE S, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION AND CERTAIN PRESCRIPTION DRUGS ADDITIONALLY, GHI'S EMPLOYED AND CONTRACTED PHYSICIANS PROVIDE A SUBSTANTIAL AMOUNT OF H EALTH CARE SERVICES TO A WIDE ARRAY OF PATIENTS WHO ARE NOT ENROLLED IN GHI'S MANAGED CARE PRODUCTS, SOME OF WHOM ARE UNINSURED OR UNDERINSURED GHI ALSO OPERATES A MEDICARE-CERTIF IED AND MINNESOTA-LICENSED HOSPICE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS OF SIX M ONTHS OR LESS HEALTHPARTNERS OPERATES A PATIENT C</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A - EXEMPT PURPOSE AND ACHIEVEMENTS	<p>COUNCIL THAT GIVES MEMBERS AND PATIENTS A FORUM TO PROVIDE INPUT TO IMPROVE HEALTHPARTNERS PROGRAMS AND SERVICES. THE PATIENT COUNCIL IS MADE UP OF A GROUP OF 15 HEALTH PLAN MEMBERS WHO MEET TEN TIMES ANNUALLY AND PROVIDE FEEDBACK ON A VARIETY OF HEALTH CARE TOPICS. THIS FEEDBACK IS INCORPORATED IN THE DESIGN AND PLANNING OF PROGRAMS AND SERVICES. GHI PROVIDES COVERAGE TO MEMBERS AND SERVICES TO PATIENTS THROUGH A BROAD NETWORK OF HOSPITALS AND CLINICS INCLUDING THOSE STAFFED BY GHI EMPLOYED PHYSICIANS. GHI'S EMPLOYED "STAFF MODEL" PHYSICIANS AND DENTISTS ARE KNOWN AS HEALTHPARTNERS MEDICAL GROUP (HPMG) AND HEALTHPARTNERS DENTAL GROUP (HPDG) RESPECTIVELY. HPMG IS ONE OF MINNESOTA'S LARGEST MEDICAL GROUPS. HPMG EMPLOYED APPROXIMATELY 599 FULL-TIME EQUIVALENT PHYSICIANS. HPMG PHYSICIANS PRACTICE IN MORE THAN 36 MEDICAL AND SURGICAL SPECIALTIES. HPDG EMPLOYS AN AVERAGE OF 60 DENTISTS AND CONTRACTS WITH AN ADDITIONAL 2,200 PLUS DENTISTS IN THE HEALTHPARTNERS DENTAL NETWORK TO PROVIDE DENTAL CARE. HPDG DENTISTS REPRESENT FIVE DENTAL SPECIALTIES AS WELL AS GENERAL DENTISTRY. HPDG OWNS AND OPERATES 16 DENTAL CLINICS AND A DENTAL SPECIALTY CLINIC. HPDG IS A CRITICAL ACCESS PROVIDER OF DENTAL SERVICES THAT MEANS THAT A SIGNIFICANT NUMBER OF ITS PATIENTS ARE ENROLLED IN A GOVERNMENT PROGRAM. HPDG HAS THE LARGEST NUMBER OF GOVERNMENT PROGRAM-DENTAL PATIENTS IN THE STATE. HPDG 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 LEGISLATURE'S "DENTAL ACCESS ADVISORY COMMITTEE" AND WAS IMPLEMENTED AT OTHER CLINICS IN THE STATE. IN ADDITION TO PROVIDING CARE TO PERSONS ENROLLED IN GHI'S HMO PRODUCTS, HPMG AND HPDG WORKS TOGETHER TO IMPROVE THE HEALTH OF THE COMMUNITY BY PROVIDING MEDICAL AND DENTAL CARE TO A GROWING NUMBER OF PATIENTS WHO ARE MEMBERS OF HPI, HEALTHPARTNERS INSURANCE COMPANY (HPIC), HEALTHPARTNERS ADMINISTRATORS, INC. (HPAI), UNRELATED MANAGED CARE ORGANIZATIONS, INSURED BY COMMERCIAL PAYERS, SELF-PAY PATIENTS AND/OR CHARITY CARE PATIENTS. HPMG AND HPDG FOCUS THEIR EFFORTS ON COMPASSIONATE, PATIENT-CENTERED CARE, RANGING FROM PREVENTIVE CARE TO MANAGEMENT OF PATIENTS WITH ACUTE AND/OR CHRONIC CONDITIONS. HEALTHPARTNERS' CONTRACTED NETWORK INCLUDES HIGHLY SPECIALIZED REFERRAL PHYSICIANS AND HOSPITALS IN THE SERVICE AREA, INCLUDING REGIONS HOSPITAL, WHICH IS PART OF THE HEALTHPARTNERS FAMILY OF ORGANIZATIONS. BESIDES CONTRACTING WITH HOSPITALS IN THE SERVICE AREA, HEALTHPARTNERS ALSO PROVIDES EMERGENCY CARE FOR MEMBERS OUTSIDE THE SERVICE NETWORK. GHI EMPLOYED PROFESSIONALS PROVIDE SERVICES IN OVER 30 UNRELATED ORGANIZATIONS' PRIMARY CARE CLINICS LOCATED THROUGHOUT THE TWIN CITIES REGION, AS WELL AS IN HOSPITALS IN WESTERN WISCONSIN. GHI EMPLOYED PHYSICIANS ARE THE PRIMARY PHYSICIAN GROUP AFFILIATED WITH REGIONS HOSPITAL. REGIONS HOSPITAL IS THE ONLY LEVEL I ADULT AND PEDIATRIC TRAUMA CENTER IN THE EAST METRO OF THE TWIN CITIES. IN 2014, REGIONS HOSPITAL PROVIDED \$62.2 MILLION IN CHARITY CARE CHARGES (\$21.4 MILLION IN CHARITY CARE COSTS) TO CARE FOR 43,237 PATIENTS WHO DID NOT HAVE INSURANCE OR COULD NOT AFFORD CARE.</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	COMMUNITY BENEFIT TO THE COMMUNITY MEMBERSHIP GHI MEMBERS RECEIVE A FULL RANGE OF PREPAID HEALTH CARE SERVICES, INCLUDING PROFESSIONAL CARE IN HOSPITALS AND PHYSICIAN OFFICES, IMAGING AND LABORATORY SERVICES, VARIOUS THERAPIES, PREVENTIVE SERVICES, HEALTH EDUCATION, AND CERTAIN PRESCRIPTION DRUGS GHI PROVIDES THESE SERVICES TO ITS MEMBERS AND PATIENTS THROUGH A BROAD NETWORK OF PHYSICIANS AND HOSPITALS THIS NETWORK INCLUDES CLINICS STAFFED BY GHI AND PARK NICOLLET CLINIC (PNC) EMPLOYED PHYSICIANS AND SIX HEALTHPARTNERS HOSPITALS REGIONS HOSPITAL, A LEVEL I ADULT AND PEDIATRIC CENTER IN ST PAUL, MINNESOTA, WESTFIELDS HOSPITAL, A CRITICAL ACCESS HOSPITAL IN NEW RICHMOND, WISCONSIN, HUDSON HOSPITAL, A CRITICAL ACCESS HOSPITAL IN HUDSON, WISCONSIN, AMERY REGIONAL MEDICAL CENTER, A CRITICAL ACCESS HOSPITAL IN AMERY, WISCONSIN, LAKEVIEW MEMORIAL HOSPITAL, A COMMUNITY HOSPITAL IN STILLWATER, MINNESOTA, AND PARK NICOLLET METHODIST HOSPITAL, A LEADER IN CANCER, CARDIOVASCULAR AND MATERNITY CARE IN ST LOUIS PARK, MINNESOTA IN ADDITION, GHI'S MEMBERS RECEIVE HEALTH CARE SERVICES THROUGH HEALTHPARTNERS' EXTENSIVE NETWORK OF OWNED AND CONTRACTED MEDICAL AND DENTAL PROVIDERS, INCLUDING OVER 81 MULTI-SPECIALTY CLINICS OWNED AND OPERATED BY GHI, KNOWN AS THE HPMG, THE PNC CLINICS, THE STILLWATER MEDICAL GROUP CLINICS, AMERY REGIONAL MEDICAL CENTER & CLINICS, AND PHYSICIANS NECK AND BACK CLINICS HPI, GHI AND HPIC PROVIDE COMMERCIAL GROUP, COMMERCIAL INDIVIDUAL, MEDICARE, AND MEDICAID MANAGED CARE PRODUCTS TO THEIR MEMBERS IN 2014, THESE ORGANIZATIONS PROVIDED COMPREHENSIVE, PREPAID HEALTH CARE SERVICES TO 964,572 FULLY INSURED MEMBERS, ENCOMPASSING BOTH MEDICAL AND DENTAL PRODUCTS THESE MEMBERS FIT WITHIN THE FOLLOWING CATEGORIES 332,030 FULLY INSURED COMMERCIAL GROUP MEDICAL MEMBERS, 26,456 FULLY INSURED INDIVIDUAL MEMBERS, 49,407 MEDICARE (INCLUDES COST, SUPPLEMENT/SELECT, AND MEDICARE ADVANTAGE PLAN, BOTH GROUP AND INDIVIDUAL) MEMBERS, 117,653 PREPAID STATE HEALTHCARE PROGRAM MEMBERS, INCLUDING HMO PRODUCTS FOR MEDICARE/MEDICAID DUAL ELIGIBLE, LOW-INCOME PREGNANT WOMEN, FAMILIES WITH CHILDREN, AND LOW-INCOME ADULTS, AND 439,026 DENTAL MEMBERS IN ADDITION, HEALTHPARTNERS ALSO PROVIDES ADMINISTRATIVE SERVICES, THROUGH HPAI, TO 497,874 SELF INSURED COMMERCIAL MEMBERS IN ADDITION TO PROVIDING DIRECT CARE TO PERSONS ENROLLED IN GHI'S HMO PRODUCTS, HPMG PHYSICIANS SERVE PATIENTS WHO ARE UNINSURED AND UNABLE TO PAY FOR CARE GHI EMPLOYS FINANCIAL COUNSELORS WHO PROVIDE PATIENTS WITH OPTIONS WHEN THEY ARE UNINSURED OR UNDERINSURED FINANCIAL COUNSELORS LINK PATIENTS TO COMMUNITY RESOURCES, PROVIDE INFORMATION AND ASSISTANCE ON HPMG'S FINANCIAL ASSISTANCE PROGRAM AND ASSISTANCE WITH APPLYING FOR MINNESOTA HEALTH CARE PROGRAMS THROUGH THE MINNESOTA DEPARTMENT OF HUMAN SERVICES GHI ALSO HELPS PATIENTS WHO ARE UNABLE TO PAY FOR PRESCRIPTION DRUGS OR DO NOT HAVE PRESCRIPTION INSURANCE COVERAGE BY PROVIDING ASSISTANCE THROUGH THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MDHAP) WHICH PROVIDES MEDICATIONS TO MEDICAL ASSISTANCE PATIENTS VIRTUWELL VIRTUWELL IS A 24/7 ONLINE CLINIC THAT REINVENTS THE DIAGNOSIS AND TREATMENT EXPERIENCE FOR EVERYDAY ILLNESSES THROUGH A REFRESHINGLY SIMPLE ONLINE AND MOBILE PLATFORM, PAIRED WITH BEST-IN-CLASS CUSTOMER SERVICE, VIRTUWELL IS SAVING CONSUMERS, EMPLOYERS AND HEALTH PLANS TIME AND MONEY IT WAS CREATED TO BE SIMPLE, CONVENIENT AND AFFORDABLE AND FIRST LAUNCHED IN 2010 AND AVAILABLE TO RESIDENTS 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 WITHIN MINNESOTA, WISCONSIN, IOWA, NORTH DAKOTA, MICHIGAN, CONNECTICUT, NEW YORK AND VIRGINIA, AND CAN ACCESS ANYTIME FROM A SMART PHONE, TABLET, OR COMPUTER VIRTUWELL PROVIDES OUR MEMBERS WITH UNLIMITED FREE VISITS TO GET THEIR HEALTH QUESTIONS ANSWERED VIRTUWELL HELPS TREATS OVER 50 COMMON EVERYDAY MEDICAL CONDITIONS LIKE COLDS, 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 PRACTITIONERS 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 2014, VIRTUWELL TREATED ITS 100,000TH CASE INDIVIDUALS WHO HAVE TRIED VIRTUWELL COM HAVE FOUND THAT ONE VIRTUWELL VISIT CAN SAVE 2.5 HOURS OR MORE IT IS SIMPLE TO USE AND 98 PERCENT OF CUSTOMERS WOULD HIGHLY RECOMMEND VIRTUWELL TO FRIENDS AND FAMILY HPMG'S CENTER FOR INTERNATIONAL HEALTH (CIH) HEALTHPARTNERS CENTER FOR INTERNATIONAL HEALTH CLINIC (CIH) WELCOMES PATIENTS COVERED BY MOST MAJOR INSURANCE PLANS AS WELL AS SELF-PAY PATIENTS CIH IS THE LARGEST MULTI-DISCIPLINARY HEALTH CARE PROGRAM IN MINNESOTA FOR REFUGEES, IMMIGRANTS AND NON-NATIVE-ENGLISH SPEAKING FAMILIES CIH WAS ESTABLISHED IN 1980 IN RESPONSE TO THE INFLUX OF SOUTHEAST ASIANS TO MINNESOTA	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>AFTER THE END OF THE VIETNAM WAR INITIALLY CALLED THE HMONG CLINIC, OR THE SOUTHEAST ASIAN CLINIC, THE CLINIC NOW SEES MANY MORE RUSSIAN, AFRICAN AND BURMESE PATIENTS AS IMMIGRATION TRENDS CHANGE MINNESOTA'S DEMOGRAPHICS SINCE 1980, THE PROGRAM HAS EXPANDED TO INCLUDE PATIENTS FROM MORE THAN 30 COUNTRIES, WITH A STAFF OF PROVIDERS COMBINING MORE THAN 100 YEARS OF EXPERIENCE IN INTERNATIONAL HEALTH WITH EXTENSIVE EXPERIENCE PRACTICING BOTH INTERNATIONALLY AND IN THE UNITED STATES THE INTERNATIONAL MENTAL HEALTH PROGRAM WAS ESTABLISHED IN 1984 OFFERING PSYCHIATRY, PSYCHOLOGY, AND GROUP THERAPY GHI ALSO EMPLOY A FULL TIME SOCIAL WORKER AND OFFER ONSITE INTERPRETERS FOR OVER 10 LANGUAGES OR LANGUAGE LINE INTERPRETERS VIA PHONE FOR VIRTUALLY ANY LANGUAGE THE BILINGUAL STAFF IS DEDICATED TO PROVIDING CULTURALLY COMPETENT HEALTH CARE TO ALL PATIENTS ADDITIONAL SERVICES AT CIH INCLUDES ADULT INTERNAL MEDICINE PRIMARY CARE FOR NON-ENGLISH SPEAKING AND LIMITED ENGLISH SPEAKING PATIENTS, MEDICAL ISSUES/CHRONIC ILLNESS, REFUGEE & IMMIGRANT HEALTH CARE, MEDICATION EVALUATION & MANAGEMENT, CROSS CULTURAL HEALTH CARE CONSULTS, WORKERS COMPENSATION EXAMS FOR FOREIGN BORN PATIENTS, INS ADJUSTMENT OF STATUS EXAMS FOR FAMILIES (CIVIL SURGEON ON STAFF) IN ADDITION, CIH OFFERS SAME-DAY APPOINTMENTS FOR PRIMARY CARE REMOVING THE NEED FOR MOST REFERRALS TO SPECIALISTS WITH THE HPMG HEALTH PROFESSIONAL EDUCATION HEALTHPARTNERS SEEKS TO BE THE BEST AND MOST TRUSTED PROVIDER OF HEALTH CARE, HEALTH PROMOTION, HEALTH CARE FINANCING AND HEALTH CARE ADMINISTRATION IN THE UNITED STATES HEALTHPARTNERS MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND COMMUNITY IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL, HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH (INSTITUTE) TRAINS MORE THAN 500 RESIDENT PHYSICIANS (130 FTE S) ANNUALLY IN 22 PROGRAMS AT REGIONS HOSPITAL AND THE HPMG THE COST OF RUNNING THE MEDICAL EDUCATION PROGRAMS WAS MORE THAN \$22 MILLION IN 2014 CONTINUING EDUCATION THE INSTITUTE PROVIDES CONTINUING EDUCATION THAT SUPPORTS THE IMPROVEMENT OF THE COMPETENCE OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, HEALTH CARE PRACTICE, AND THE HEALTH OF OUR PATIENTS AND COMMUNITY THE INSTITUTE AND THE PARK NICOLLET INSTITUTE CONTINUING MEDICAL EDUCATION TEAMS COMBINED IN 2014 THE PARK NICOLLET INSTITUTE IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION CONTINUING EDUCATION ACTIVITIES ARE TARGETED TO LOCAL, REGIONAL, AND NATIONAL AUDIENCES IN 2014, THE INSTITUTE PROVIDED THE FOLLOWING CONTINUING EDUCATION SERVICES TO THE COMMUNITY - INFORMATION ABOUT BEST PRACTICES IN EMERGING CLINICAL TOPICS THROUGH OUR WEBSITE, HTTPS / WWW HEALTHPARTNERS COM/INSTITUTE/INDEX HTML COMMUNITY OF PRACTICE EVENT FOR CLINICIAN EDUCATORS WAS HELD IN APRIL, 2014 TO ENGAGE CLINICIAN EDUCATORS IN THE TWIN CITIES PASSIONATE ABOUT MEDICAL EDUCATION TO PROMOTE SHARING OF BEST PRACTICES AND PROVIDE INPUT ON THE FUTURE DIRECTION OF MEDICAL EDUCATION FUNDING FOR PROFESSIONAL EDUCATION AND RESEARCH THE INSTITUTE'S KNOWLEDGE BANK IS A FUND DEVELOPED TO SUPPORT LEARNING AND TEACHING IN ALL HEALTH DISCIPLINES AT EVERY STAGE OF CAREER DEVELOPMENT THROUGH SCHOLARSHIPS AND GRANTS FOR PROFESSIONAL EDUCATION SCHOLARSHIPS AND GRANTS IN 2014 SUPPORTED HEALTH CARE PROFESSIONALS IN ATTENDING CONFERENCES, TRAINING PROGRAMS, AND ROTATIONS FOR GME THE INSTITUTE OFFERS RESEARCH GRANTS TO RESIDENTS IN HEALTHPARTNERS AND CLOSELY AFFILIATED RESIDENCY PROGRAMS THESE GRANTS OF UP TO \$2,000 ARE AVAILABLE ON A ONE-TIME BASIS TO PARTIALLY FUND RESEARCH PROJECTS THAT ENABLE RESIDENTS TO PARTICIPATE IN MENTORED RESEARCH PROGRAMS</p>

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FORM 990, PART III, LINE 4A	EXTERNAL COLLABORATION THE HMO RESEARCH NETWORK (HMORN) THE INSTITUTE IS A MEMBER OF HMORN, A COLLABORATIVE OF 19 RESEARCH CENTERS AFFILIATED WITH INTEGRATED HEALTH CARE SYSTEMS THE RELATIONSHIP UNITES A MUCH BROADER BREADTH OF EXPERTISE AND DATA THAN ANY ONE ORGANIZATION COULD ON ITS OWN INSTITUTE AND HMORN RESEARCHERS HAVE WORKED ON FEDERALLY FUNDED PROJECTS SUCH AS THE HMO CANCER RESEARCH NETWORK, VACCINE SAFETY DATALINK, CENTER FOR EDUCATION AND RESEARCH IN THERAPEUTICS, COORDINATED CLINICAL STUDIES NETWORK, CARDIOVASCULAR RESEARCH NETWORK, DECIDE NETWORK, THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) SENTINEL, AND THE MENTAL HEALTH RESEARCH NETWORK INTERNAL COLLABORATION PARTNERSHIP GRANTS, DISCOVERY GRANTS, AND PROGRAM DEVELOPMENT GRANTS ARE FUNDED BY DONATIONS TO THE INSTITUTE AND MATCHED BY HEALTHPARTNERS THE \$30,000 DISCOVERY GRANTS FUND INTERNAL PROJECTS THAT HAVE PROMISE FOR FUTURE EXTERNAL FUNDING, ADDRESS CLINICAL AND/OR ORGANIZATIONAL CONCERNS, INVEST IN A NEW RESEARCHER, AND/OR SUPPORT ORGANIZATIONAL AND CLINICAL LEARNING TO IMPROVE PATIENT CARE OR ENHANCE THE ABILITY TO CONDUCT MEANINGFUL RESEARCH THE \$30,000 PARTNERSHIP GRANTS FOSTER COLLABORATION BETWEEN RESEARCHERS AND OPERATIONAL LEADERS TO ANSWER CRITICAL QUESTIONS ABOUT EXISTING HEALTH PROGRAMS AND PATIENT CARE PROGRAM DEVELOPMENT GRANTS, NEW IN 2013, OFFER \$60,000 TO SUPPORT A SPECIFIC PROGRAM OF RESEARCH, WHETHER IT EXPANDS AN EXISTING LINE OF RESEARCH OR TAKES IT IN A NEW DIRECTION ALL PROGRAMS SUPPORT SHARING OF RESULTS IN THE PUBLIC DOMAIN THROUGH PUBLICATION OF FINDINGS IN PEER-REVIEWED JOURNALS THREE DISCOVERY GRANTS, ONE PARTNERSHIP GRANT, AND TWO PROGRAM DEVELOPMENT GRANTS WERE AWARDED IN 2014 2014 DISCOVERY GRANTS - EFFECT OF NOREPINEPHRINE ON CEREBRAL OXYGENATION IN A PORCINE MODEL OF PROPRANOLOL TOXICITY AFTER MAXIMIZATION OF HIGH DOSE INSULIN (HDI) THERAPY - AWARDED \$30,000 - DEVELOPING AN ALGORITHM TO IDENTIFY FEBRILE NEUTROPENIA RISK IN PATIENTS WITH CANCER USING THE VDW - AWARDED \$29,437 - BISPECTRAL INDEX AS A PROXY FOR CEREBRAL PERFUSION DURING PRE-HOSPITAL CPR - AWARDED \$29,963 DESIGNING AN APPROACH TO ENCOURAGE PLANNED AL OFFICES TO INTERVENE WITH TOBACCO USERS - AWARDED \$29,507 - COGNITION LINKED TO ENDURANCE & VIGOROUS EXERCISE RESEARCH FOR PATIENTS WITH PARKINSON'S DISEASE (CLEVER - PD) - AWARDED \$28,903 - ASSESSING INTRAOSSEOUS PRESSURE IN HEALTHY HUMAN SUBJECTS PROOF OF CONCEPT - AWARDED \$59,898 2014 PARTNERSHIP GRANTS - INVESTIGATION OF RACIAL/ETHNIC DISPARITIES IN IMMUNIZATION SERIES COMPLETION - AWARDED \$29,496 - ENHANCING CLASSIFICATION OF ADHERENCE BEHAVIORS THROUGH TRAJECTORY MODELS - AWARDED \$59,633 - ENDING THE EMERGENCY DEPARTMENT QUICK FIX A COLLABORATIVE PROGRAM TO IMPROVE PATIENT OUTCOMES AND REDUCE EMERGENCY DEPARTMENT VISITS FOR NON-TRAUMATIC DENTAL COMPLAINTS - AWARDED \$30,000 FOR A FULL REPORT ON THE INSTITUTE'S 2014 ACTIVITIES, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN CLINICAL EDUCATION THE OFFICE OF MEDICAL EDUCATION (OME), A DEPARTMENT IN THE INSTITUTE, MANAGES ALL UNDERGRADUATE AND GRADUATE MEDICAL EDUCATIONAL ACTIVITIES IN THE HEALTHPARTNERS SYSTEM, INCLUDING NEGOTIATING, IMPLEMENTING AND MONITORING MEDICAL EDUCATION TRAINING CONTRACTS AND INSTITUTIONAL AFFILIATION AGREEMENTS THE OME ALSO OVERSEES AND ENSURES COMPLIANCE WITH INSTITUTIONAL AND PROGRAM REQUIREMENTS OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) THE OME FURTHER ENSURES COMPLIANCE WITH POLICIES AND PROCEDURES AND MANAGES ALL OPERATIONAL ASPECTS OF THE UNDERGRADUATE AND GME TRAINING ACTIVITIES AT THE VARIOUS CLINICS AND HOSPITALS IN THE HEALTHPARTNERS SYSTEM THE CUGCE ARRANGES ALL CLINICAL ROTATIONS AND OBSERVATIONS FOR PROSPECTIVE AND CURRENT STUDENTS IN MEDICAL EDUCATION PROGRAMS, PHYSICIAN ASSISTANTS, NURSES, RADIATION TECHNICIANS AND OTHER ALLIED HEALTH PROFESSIONALS CUGCE ACCOMMODATED MORE THAN 200 COMMUNITY OBSERVERS INTERESTED IN A CAREER IN HEALTH CARE, FOR ABOUT 200 HOURS OF COORDINATION EFFORT IN 2014 COMMUNITY HEALTH EDUCATION IN 2014, THE INSTITUTE PARTICIPATED IN THE COMMUNITY GRAND ROUNDS, WHICH BRINGS EDUCATION AND TRAINING TO HOSPITALS, CLINICS, AND OTHER PLACES OF BUSINESS AT NO COST REGIONS HOSPITAL'S MEDICAL AND PROFESSIONAL STAFF GAVE PRESENTATIONS IN THE COMMUNITY ON TOPICS SUCH AS TRAUMA AND BURN CARE, PAIN MANAGEMENT, COMMON ENT PROBLEMS, SLEEP DISORDERS AND URINE DRUG TESTING RESEARCH RESEARCH AREAS OF FOCUS AT THE INSTITUTE ARE CHRONIC DISEASE, CLINICAL RESEARCH, CRITICAL CARE, HEALTH ECONOMICS, MATERNAL AND CHILD HEALTH, HEALTH BEHAVIORS, MENTAL HEALTH, PATIENT-CENTERED OUTCOMES RESEARCH, NEUROSCIENCE AND ALZHEIMER'S DISEASE, AND ORAL AND DENTAL HEALTH IN 2014, THE INSTITUTE WAS INVOLVED IN NEARLY 300 RESEARCH PROJECTS IN THE AREAS OF CHRONIC DISEASE, CRITICAL CARE RESEARCH, HEALTH ECONOMICS, MATERNAL AND CHILD HEALTH, RACIAL AND ETHNIC DISPARITIES, IMMUNIZATION, MENTAL HEALTH, NEUROSCIENCE AND ALZHEIMER'S DISEASE AND ORAL HEALTH AND DENTISTRY FOR	

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	FORM 990, PART III, LINE 4A	<p>A FULL REPORT ON THE INSTITUTE'S 2014 RESEARCH, PLEASE SEE THE INSTITUTE'S FORM 990 RETURN SUBSIDIZED HEALTH SERVICES NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) FOR THE PAST SEVERAL YEARS, HEALTHPARTNERS BEHAVIORAL HEALTH PERSONNEL HAVE BEEN ON THE BOARD OF THE LEADING MINNESOTA MENTAL HEALTH ADVOCACY ORGANIZATION, NATIONAL ALLIANCE ON MENTAL ILLNESS - MINNESOTA (NAMI) AGAIN, HEALTHPARTNERS WAS A GOLD SPONSOR OF MINNESOTA'S NAMI WALK, AN EVENT TO RAISE AWARENESS AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AS AN INTERNAL COMMUNITY EFFORT, HEALTHPARTNERS EMPLOYEES CONTRIBUTED, IN ADDITION TO OUR SPONSORSHIP, NEARLY \$22,000 IN DONATIONS MAKE IT OK CAMPAIGN HEALTHPARTNERS TEAMED WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MINNESOTA AND PRESTON KELLY, A CREATIVE ADVERTISING AGENCY TO CREATE A NEW CAMPAIGN "MAKE IT OK" IS A CAMPAIGN TO REDUCE THE STIGMA OF MENTAL ILLNESSES THE ORGANIZATIONS INVOLVED HAVE COMMITMENT TO CHANGE THE MISPERCEPTIONS OF MENTAL ILLNESSES BY ENCOURAGING OPEN CONVERSATIONS AND EDUCATION ON THE TOPIC THE CAMPAIGN CREATED A TOOLKIT, WEBSITE (WWW.MAKEITOK.ORG) AND MATERIALS FOR PEOPLE TO START TALKING ABOUT MENTAL ILLNESS IN ADDITION, AN ONLINE INTERACTIVE COMPONENT HAS BEEN DEVELOPED DURING 2014 TO BE IMPLEMENTED IN EARLY 2015 THE CONTENT INCLUDES INTERACTIVE QUIZZES REGARDING WHETHER YOU HAVE EVER SENT A CARD TO FRIEND OR NEIGHBOR IN THE HOSPITAL WITH A PHYSICAL HEALTH CONDITION OR TAKEN THEM SUPPER WHEN DISCHARGED FROM THE HOSPITAL AS YOU CLICK DOWN THE LIST OF YES / NO ANSWERS WHEN YOU GET TO THE END, YOU TURN THE PAGE AND THE SAME QUESTIONS ARE ASKED REGARDING A FRIEND OR NEIGHBOR WITH A MENTAL HEALTH CONDITION ANOTHER PART OF THE ONLINE INTERACTIVE PROGRAM SHOWS PICTURES OF FIVE PEOPLE THIS IS THE "ASK ME ANYTHING" SEGMENT AND THERE ARE VARIOUS QUESTIONS UNDER EACH PICTURE ONE MIGHT SAY "WHAT DOES IT FEEL LIKE TO HAVE A MENTAL ILLNESS?" OR "HAVE YOU EVER EXPERIENCED STIGMA?" WHEN YOU CLICK ON THE QUESTION A 2-3 MINUTE VIDEO PLAYS WITH THE PICTURED PERSON ELOQUENTLY DESCRIBING THEIR EXPERIENCE ALL THE PEOPLE ARE VOLUNTEERS WITH MENTAL ILLNESS AND HAVE BEEN IDENTIFIED THROUGH OUR NAMI MINNESOTA PARTNER MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) HEALTHPARTNERS HELPED ESTABLISH THE MENTAL HEALTH DRUG ASSISTANCE PROGRAM (MHDAP) WHICH HELPS TO ALLEVIATE OR AVERT MANY PSYCHIATRIC CRISES IN THE EAST METRO AREA BY COVERING THE FULL COST OR CO-PAYS OF MEDICATIONS FOR UN-INSURED AND UNDER-INSURED PATIENTS WHO CANNOT AFFORD THEIR MEDICATIONS KEY SOCIAL WORKERS AND CARE PROVIDERS IN THE EAST METRO'S THREE LARGEST EMERGENCY ROOMS AND SELECT MENTAL HEALTH CLINICS ARE GIVEN THE ABILITY TO DISTRIBUTE PRESCRIPTIONS TO PATIENTS WITH SEVERE MENTAL ILLNESS WHO LACK IMMEDIATE ACCESS TO AFFORDABLE MEDICATIONS IMPROVING BEHAVIORAL HEALTH OUTCOMES THROUGH SUPPORTS FOR TREATMENT ADHERENCE HEALTHPARTNERS IS HIGHLY EFFECTIVE IN SUPPORTING MEMBERS IN INCREASING TREATMENT ADHERENCE HEALTHPARTNERS SCORED IN THE TOP TEN PERCENT NATIONALLY IN FOLLOWING BEST PRACTICES GUIDELINES FOR TREATMENT OF DEPRESSION INCLUDING MEDICATION MANAGEMENT AND SUPPORT FOR MEMBERS WHO ARE BATTLING DEPRESSION TO SUPPORT MEDICATION ADHERENCE, IN 2014 THERE WERE 184,682 REILL REMINDER LETTERS AND HEALTH EDUCATION NEWSLETTERS SENT TO 22,285 MEMBERS TO HELP SUPPORT MEDICATION ADHERENCE TO BEHAVIORAL HEALTH MEDICATIONS FOR THE CONDITIONS OF DEPRESSION, BIPOLAR DISORDER, SCHIZOPHRENIA AND CHEMICAL DEPENDENCY IN ADDITION, TELEPHONE OUTREACH BY A BEHAVIORAL HEALTH PROFESSIONAL WAS MADE TO MEMBERS WHEN THE PATIENT WAS OVERDUE IN FILLING THEIR BEHAVIORAL HEALTH MEDICATIONS (ANTIDEPRESSANT, ANTIPSYCHOTIC OR MOOD STABILIZER MEDICATION) THE COST OF THIS PROGRAM WAS \$182,976</p>

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	FORM 990, PART III, LINE 4A	<p>REDUCING PSYCHIATRIC HOSPITALIZATIONS HEALTHPARTNERS STAFF PROVIDED BEHAVIORAL HEALTH COACHING AND CARE COORDINATION TO SUPPORT 9,055 NEW HIGH-RISK MEMBERS TO PREVENT CRISES THAT LEAD TO EMERGENCY HOSPITALIZATION HEALTHPARTNERS ALSO HELPS THOSE LEAVING THE HOSPITAL TO GET PROMPT TREATMENT FROM AN OUTPATIENT MENTAL HEALTH PROVIDER BEHAVIORAL HEALTH OUTPATIENT CONDITION MANAGEMENT RESULTED IN OVERALL DECREASES IN COSTS COMPARED TO A CONTROL GROUP, INCLUDING - HEALTHPARTNERS INVESTED A TOTAL \$2,314,733 IN 2014 TO STAFF TELEPHONIC HEALTH COACHING AND CARE COORDINATION SERVICES FOR MEMBERS WITH MENTAL HEALTH AND CHEMICAL HEALTH CONDITIONS AT NO COST TO THE CALLER - THIS INVESTMENT RESULTED IN \$9.5-7.9M IN NET SAVINGS DUE TO FEWER HOSPITALIZATIONS AND A RETURN ON INVESTMENT OF 3.1 TO 2.6 TO 1 IMPROVING PATIENT SAFETY AND REDUCING INPATIENT PSYCHIATRIC READMISSIONS HEALTHPARTNERS STAFF PROVIDES AFTERCARE COORDINATION WHICH CONSISTS OF PHONE CALLS TO MEMBERS AFTER THEY ARE DISCHARGED FROM INPATIENT PSYCHIATRY UNITS TO HELP COORDINATE THEIR CARE AND ENCOURAGE THEM TO ATTEND OUTPATIENT AFTERCARE APPOINTMENTS HEALTHPARTNERS INVESTED \$112,245 IN THIS PROGRAM AND SUPPORTED 1,521 MEMBERS CASE MANAGEMENT CASE MANAGEMENT IS A MULTI-DISCIPLINARY CONTINUUM BASED APPROACH TO HEALTH CARE DELIVERY THAT PROVIDES TAILORED INTERVENTIONS DESIGNED TO IMPROVE HEALTH OUTCOMES, EMPOWER PATIENTS TO SUCCESSFULLY MANAGE THEIR CONDITION(S), AND STRENGTHEN THE RELATIONSHIP WITH THEIR PROVIDER AND CLINIC OVER 82,000 HEALTHPARTNERS MEMBERS RECEIVED PERSONALIZED SUPPORT TO IMPROVE 28 CONDITIONS INCLUDING ASTHMA, HEART DISEASE, DIABETES, AND DEPRESSION AN ADDITIONAL 8,000 MEMBERS CONSIDERED BEING AT HIGH RISK FOR HOSPITALIZATION OR HEALTH CARE COMPLICATIONS RECEIVED ONE-ON-ONE SUPPORT FOR COMPLEX MEDICAL AND DISEASE MANAGEMENT HEALTH CARE NEEDS, HELPING TO REDUCE THE RISK OF AVOIDABLE HOSPITALIZATIONS AND EMERGENCY DEPARTMENT UTILIZATION HOSPICE AND PALLIATIVE CARE (HPC) GHI ALSO OPERATES HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE (HPC), A COMPREHENSIVE CARE PROGRAM FOR PATIENTS WITH A TERMINAL DIAGNOSIS OF SIX MONTHS OR LESS HPC IS MEDICARE-CERTIFIED AND LICENSED BY THE STATE OF MINNESOTA WITH AN EMPHASIS ON ENABLING PATIENTS TO REMAIN IN THEIR HOMES FOR AS LONG AS POSSIBLE, HOSPICE TEAMS INCLUDE SPECIALLY-TRAINED HPMG PHYSICIANS AND NURSES, SOCIAL WORKERS, HOME HEALTH AIDES, VOLUNTEERS, CHAPLAINS AND COUNSELORS WHO TOGETHER PROVIDE, EMOTIONAL, SPIRITUAL, AND MEDICAL SUPPORT HEALTHPARTNERS SPECIALTY CENTER THE HEALTHPARTNERS SPECIALTY CENTER IS COMPRISED OF TWO BUILDINGS - 401 PHALEN BOULEVARD AND 435 PHALEN BOULEVARD - AND CONTAINS HPMG CLINICS AND REGIONS HOSPITAL-BASED 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 SHUTTLE SERVICES FROM REGIONS HOSPITAL TO THE HEALTHPARTNERS SPECIALTY CENTER FOR PATIENTS INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI) DURING 2014, HEALTHPARTNERS PROVIDED \$1,254,800 IN OPERATIONAL SUPPORT TO THE INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT (ICSI) HEALTHPARTNERS IS A FOUNDING MEMBER OF ICSI, WHICH ESTABLISHES BEST PRACTICE HEALTH CARE GUIDELINES FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF NUMEROUS DISEASES AND HEALTH CONDITIONS ICSI ALSO WORKS TO IMPROVE THE QUALITY AND LOWER THE COST OF CARE DELIVERED BY ITS 50 MEDICAL GROUP, HOSPITAL AND INTEGRATED HEALTH CARE DELIVERY SYSTEM MEMBERS IN MINNESOTA AND SURROUNDING AREAS IN 2014, HEALTHPARTNERS CONTINUED TO CONTRIBUTE TIME AND EXPERTISE TO THE FOLLOWING ICSI INITIATIVES - RARE (REDUCING AVOIDABLE READMISSIONS EFFECTIVELY) CAMPAIGN THE RARE CAMPAIGN UNITED ICSI, THE MINNESOTA HOSPITAL ASSOCIATION AND STRATIS HEALTH IN LEADING AN EFFORT TO ENGAGE MINNESOTA HOSPITALS AND OTHER PROVIDERS IN THE CARE CONTINUUM THE INITIAL PHASE OF THE CAMPAIGN ENDED IN JUNE, WITH RARE PREVENTING ALMOST 8,000 AVOIDABLE HOSPITAL READMISSION, EQUATING TO ALMOST 32,000 MORE NIGHTS FOR CITIZENS IN THEIR OWN BEDS, AND ESTIMATED SAVINGS OF \$70 MILLION IN MINNESOTA THROUGH DEC. 31, 2013 THE CAMPAIGN HAS EVOLVED INTO A 12-MEMBER COLLABORATIVE WHERE HOSPITALS WITH INPATIENT MENTAL HEALTH UNITS WORKING TO IMPROVE CARE TRANSITIONS TO POST-ACUTE CARE FOR PATIENTS WITH MENTAL HEALTH ISSUES TO FURTHER REDUCE AVOIDABLE READMISSIONS - SBIRT (SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT) ICSI CONTINUES TO WORK ON A MINNESOTA DEPARTMENT OF PUBLIC SAFETY-FUNDED INITIATIVE TO INTRODUCE THE SBIRT MODEL THAT REDUCES RISKY SUBSTANCE USE TO DWI OFFENDERS IN THE MINNESOTA SIXTH DISTRICT JUDICIAL SYSTEM ICSI'S EXPERTISE IN SBIRT WAS ALSO CALLED UPON TO EVALUATE THE IMPLEMENTATION OF THE MODEL BY CENTRA CARE HEALTH, ANOTHER ICSI MEMBER - COMPASS (CARE OF MENTAL, PHYSICAL AND SUBSTANCE-USE SYNDROMES) INITIATIVE THE CENTER FOR MEDICARE AND MEDICAID INNOVATION AWARDED ICSI (AS THE LEA</p>

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FORM 990, PART III, LINE 4A		<p>D ORGANIZATION) AND NINE OTHER HEALTH CARE ORGANIZATIONS - INCLUDING THE HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH - A COLLABORATIVE AGREEMENT TO DESIGN AND IMPLEMENT A COLLABORATIVE CARE MANAGEMENT MODEL ACROSS EIGHT STATES THE THREE-YEAR INITIATIVE IS FOCUSED ON DEVELOPING A SUSTAINABLE MODEL TO MANAGE PATIENTS WITH DIABETES AND/OR CARDIOVASCULAR DISEASE WHO ALSO SUFFER FROM DEPRESSION AND POSSIBLY SUBSTANCE ABUSE THE COMPASS MODEL IS NOW BEING OFFERED IN ALMOST 200 PRIMARY CARE CLINICS IN EIGHT STATES, INCLUDING FIVE ICSI MEMBERS PRELIMINARY PATIENT OUTCOMES SHOW THE MODEL IS ACHIEVING IMPROVEMENT GOALS FOR DEPRESSION AND HEART DISEASE, AND TRENDING FAVORABLY FOR TREATING DIABETES - CHOOSING WISELY MINNESOTA 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 AMERICAN BOARD OF INTERNAL MEDICINE FOUNDATION GRANTEE-ICSI, MINNESOTA MEDICAL ASSOCIATION AND MINNESOTA HEALTH ACTION GROUP TO FORM CHOOSING WISELY MINNESOTA CHOOSING WISELY MINNESOTA IS A CAMPAIGN THAT SEEKS TO ENCOURAGE DISCUSSION BETWEEN CLINICIANS AND PATIENTS ON TESTS AND PROCEDURES THAT SPECIALTY MEDICAL SOCIETIES INDICATE ARE OVERUSED, UNNECESSARY OR IN SOME CASES HARMFUL AT THE END OF THE YEAR, ICSI'S EFFORTS INCREASED AWARENESS OF THE CAMPAIGN AMONG HEALTH CARE PROVIDERS BY 11 PERCENT, AND ALSO SHOWED INITIAL POSITIVE INFLUENCE ON PROVIDERS RECOMMENDING AGAINST SOME TESTS AND PROCEDURES - GOING BEYOND CLINICAL WALLS THROUGH FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION, ICSI IS CURRENTLY PRODUCING A SERIES OF COMMUNICATION UNDER THE BANNER OF "GOING BEYOND CLINICAL WALLS " THE SERIES INCLUDES WHITE PAPERS, VIDEOS, AND PRACTICAL TOOLS TO HELP CLINICIANS, CLINICAL STAFF AND ADMINISTRATORS INTEGRATE WITH PUBLIC HEALTH AND OTHER COMMUNITY RESOURCES TO COLLABORATIVELY PROBLEM SOLVE TO IMPROVE HEALTH - ICSI'S EVIDENCE-BASED HEALTH CARE GUIDELINES ICSI REDESIGNED ITS FOUNDATIONAL GUIDELINE PROGRAM IN ORDER TO MEET NEW NATIONAL GUIDELINE CLEARINGHOUSE (NGC) AND INSTITUTE OF MEDICINE STANDARDS IN 2014, ICSI'S DIAGNOSIS AND MANAGEMENT OF TYPE 2 DIABETES MELLITUS IN ADULTS GUIDELINE BECAME THE FIRST TO MEET THE NGC INCLUSION CRITERIA FINANCIAL CONTRIBUTIONS HEALTHPARTNERS GIVES PRIORITY TO FUNDING PARTNERSHIPS AND PROJECTS THAT ARE CONSISTENT WITH HEALTHPARTNERS' STRATEGIC HEALTH PROMOTION INITIATIVES, FOCUS ON ACTIVITIES THAT PREVENT HEALTH PROBLEMS, ADDRESS THE NEEDS OF PEOPLE IN OUR SERVICE AREA, AND/OR DISPLAY UNDERSTANDING OF THE DIVERSE NEEDS OF OUR POPULATION AND INDICATE HOW THEY WILL REDUCE DISPARITIES IN HEALTH OUTCOMES ADDITIONALLY, HEALTHPARTNERS PARTICIPATED IN COMMUNITY FESTIVALS AND EVENTS PROVIDING OUTREACH AND EDUCATION RESOURCES TO THE COMMUNITY ON A VARIETY OF HEALTH TOPICS INCLUDING BODY MASS INDEX, HEALTHY EATING, SMOKING CESSATION, CHOLESTEROL, BLOOD PRESSURE, IMMUNIZATIONS AND MORE</p>

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FORM 990, PART III, LINE 4A	<p>- AMERICAN HEART ASSOCIATION - \$45,242 RAISED BY HEALTHPARTNERS EMPLOYEES FOR THE 2014 TWIN CITIES HEAT WALK - AMERICAN RED CROSS BLOOD DONATION - 5 BLOOD DRIVES AND 245 HEALTHPARTNERS EMPLOYEES DONATED BLOOD - AMERICAN STROKE ASSOCIATION - POWER TO END STROKE GOSPEL EVENT - AMERICAN INDIAN WELLNESS FAIR - THE FOOD GROUP - 1,826 POUNDS OF FOOD DONATED IN 2014 - HEALTHPARTNERS HOSPICE AND PALLIATIVE CARE - HOLIDAY PROJECTS THROUGH HANDS ON TWIN CITIES - JUMP JAM DOUBLE DUTCH CHALLENGE - YWCA, CITY OF SAINT PAUL AND HEALTHPARTNERS - MINNESOTA BRAIN INJURY ASSOCIATION - NAMI WALKS - \$21,000 RAISED BY HEALTHPARTNERS EMPLOYEES TO BENEFIT THE NAMI WALKS - TWIN CITIES HABITAT FOR HUMANITY - 291 COLLEAGUES VOLUNTEERED TO BUILD HOMES THROUGH TWIN CITIES HABITAT FOR HUMANITY - MN STATE FAIR - LOCAL HEALTHY FOODS EXHIBIT - ST PAUL PROMISE NEIGHBORHOODS FREEDOM FAIR - ST PAUL PRIDE FESTIVAL EMPLOYEE GIVING</p> <p>HEALTHPARTNERS COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY EXTENDS BEYOND ITS DOORS ADDRESSING DISPARITIES IS ONE OF THE REASONS HEALTHPARTNERS HAS A COMMITMENT TO WORKPLACE GIVING A COMPREHENSIVE EMPLOYEE GIVING CAMPAIGN IS A KEY WAY TO PROVIDE A SAFETY NET OF SERVICES AND SUPPORT TO IMPROVE THE HEALTH OF THE COMMUNITY TWICE A YEAR, HEALTHPARTNERS EMPLOYEES HAVE THE OPPORTUNITY TO MAKE DONATIONS THAT BENEFIT HEALTHPARTNERS PROGRAMS INTERNALLY AND THEIR OVERALL COMMUNITIES EXTERNALLY THESE OPPORTUNITIES ARE THE SHARING AT WORK CAMPAIGN WHICH OCCURS DURING THE SPRING TIME AND THE COMMUNITY GIVING CAMPAIGN WHICH OCCURS DURING THE FALL THE FUNDS RAISED THROUGH THE SHARING AT WORK CAMPAIGN DIRECTLY BENEFITS THOSE SERVED BY HEALTHPARTNERS THE CAMPAIGN IS ORGANIZED BY THE REGIONS HOSPITAL FOUNDATION AND THE INSTITUTE FUNDS RAISED THROUGH SHARING AT WORK ARE USED TO IMPROVE PATIENT CARE, PROVIDE EDUCATION AND PROFESSIONAL DEVELOPMENT AND CONDUCT CUTTING EDGE RESEARCH HEALTHPARTNERS MATCHES 100 PERCENT OF ALL SHARING AT WORK DONATIONS IN 2014, HEALTHPARTNERS SYSTEM WIDE EMPLOYEES DONATED \$470,083 TOTALING \$940,166 WITH THE HEALTHPARTNERS MATCH THE FUNDS RAISED THROUGH THE COMMUNITY GIVING CAMPAIGN THAT SUPPORTS SEVEN LOCAL FEDERATIONS GREATER TWIN CITIES UNITED WAY, UNITED WAY OF WASHINGTON COUNTY-EAST, ST CROIX VALLEY UNITED WAY, AND UNITED WAY OF CENTRAL MINNESOTA, COMMUNITY SHARES MINNESOTA, COMMUNITY HEALTH CHARITIES-MINNESOTA AND THE MINNESOTA ENVIRONMENTAL FUND IN 2014, HEALTH PARTNERS' EMPLOYEES PLEDGED TO GIVE THE COMMUNITY GIVING CAMPAIGN OVER \$289,756 THROUGH AUTOMATIC PAYROLL DEDUCTIONS, PLUS \$60,000 FROM HEALTHPARTNERS THAT WAS DISTRIBUTED TO ALL FEDERATIONS ADDITIONALLY, EMPLOYEES DONATED \$31,091 THROUGH SPECIAL EVENTS ACROSS THE ORGANIZATION IN-KIND DONATIONS HEALTHPARTNERS SUPPORTS AND CONTRIBUTES TO NUMEROUS NON-PROFIT ORGANIZATIONS THROUGHOUT THE YEAR BY PROVIDING MEETING SPACE AND DONATING USED EQUIPMENT IN 2014, HEALTHPARTNERS DONATED OFFICE SUPPLIES AND FURNITURE TO LOCAL ORGANIZATIONS INCLUDING COMPANIES TO CLASSROOMS, FURNISH OFFICE AND HOME IN ADDITION, HEALTHPARTNERS PROVIDES TIME AND OPPORTUNITIES FOR EMPLOYEES TO COORDINATE DRIVES FOR FOOD, CLOTHING, BOOKS AND TOYS ON LOCATION AT THE WORK PLACE THE SALVATION ARMY RECEIVED BOXES OF TOYS FROM OUR ANNUAL TOY DRIVE COMMUNITY BUILDING ACTIVITIES TRIPLE AIM HEALTHPARTNERS IS WORKING TO TRANSFORM HEALTH CARE BY DELIVERING OUTSTANDING CARE AND SERVICE THAT IS CONSISTENT WITH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "TRIPLE AIM" INITIATIVE HEALTHPARTNERS IS ONE OF 12 ORGANIZATIONS PARTICIPATING IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM PROJECT, AN INTERNATIONAL INITIATIVE TO DEVELOP MODELS OF CARE THAT SIMULTANEOUSLY OPTIMIZE THE HEALTH OF THE POPULATION, THE EXPERIENCE OF EACH INDIVIDUAL AND REDUCE PER CAPITA HEALTH CARE COSTS THE INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) SELECTED HEALTHPARTNERS IN 2007 FOR THIS MULTI-YEAR PROJECT BASED ON CURRENT INITIATIVES HEALTHPARTNERS HAD IN PLACE THAT SUPPORT THE TRIPLE AIM BEING PART OF AN INTEGRATED ORGANIZATION ALLOWS ENTITIES TO ADOPT AND SHARE IMPROVEMENTS SUCH AS BEST PRACTICES AND PATIENT EDUCATION MATERIALS ACROSS THE SYSTEM HEALTHPARTNERS CONTINUES TO WORK WITH THE TRIPLE AIM AS WE WORK TOWARDS EXCELLENCE IN HEALTHCARE HEALTHPARTNERS IS DRIVING CHANGE THAT HELPS OUR MEMBERS LIVE HEALTHIER LIVES AND LOWERS COSTS THROUGH OUR UNIQUE WELLNESS PROGRAMS, ADVOCACY EFFORTS AND INNOVATIVE PAYMENT APPROACHES WHICH INCENT AND REWARD QUALITY, WE ARE ABLE TO PROVIDE BETTER VALUE FOR OUR CUSTOMERS WE COLLABORATE WITH OTHER PLANS, CARE PROVIDERS AND NON-PROFIT ORGANIZATIONS IN THE REGION AND THROUGHOUT THE NATION TO INCREASE ACCESS, CREATE AND DISSEMINATE QUALITY MEASURES AND INITIATIVES, PARTICIPATE IN DEVELOPMENT OF PUBLIC POLICY AND COLLABORATE ON SYSTEM IMPROVEMENTS BY PARTNERING WITH PROVIDERS, MEMBERS, PURCHASERS, AND THE COMMUNITY, WE ARE LEVERAGING OUR PLAN CAPABILITIES TO DEVELOP INITIATIVES, WHICH IMPROVE HEALTH, MEMBER EXPERIENCE AND AFFORDABILITY TOTAL CO</p>	

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	FORM 990, PART III, LINE 4A	<p>ST OF CARE. TOTAL COST OF CARE, OR TCOC, IS A METHOD OF MEASURING HEALTH CARE AFFORDABILITY. TCOC MEASURES ARE POWERFUL ANALYTICAL TOOLS FOR HEALTH PLANS, PROVIDERS, MEDICAL GROUPS, GOVERNMENT AGENCIES, EMPLOYERS AND OTHERS WITH A STAKE IN REDUCING HEALTH CARE COST TRENDS. THEY CAN HELP PINPOINT WAYS TO MAKE HEALTH CARE MORE AFFORDABLE WITHOUT SACRIFICING QUALITY OR EXPERIENCE. MANY ORGANIZATIONS HAVE EXPERIMENTED WITH TCOC MODELS IN RECENT YEARS. HEALTHPARTNERS HAS DEVELOPED A TCOC MODEL THAT IS UNIQUE IN A SIGNIFICANT WAY. IN ADDITION TO CONSIDERATION OF COST OF CARE PROVIDED TO A PATIENT (OR "TOTAL COST INDEX"), IT ALSO INCORPORATES AN INNOVATIVE APPROACH TO MEASURING RESOURCES USED IN PROVIDING THAT CARE (OR "TOTAL RESOURCE USE INDEX"). WHEN USED IN COMBINATION, THESE MEASURES YIELD MORE COMPREHENSIVE, REVEALING AND ACTIONABLE RESULTS THAN COST MEASURES ALONE. USING THIS SYSTEM, WHICH HAS BEEN MORE THAN A DECADE IN DEVELOPMENT AND STAGED-IN USE, HEALTHPARTNERS HAS OUTPERFORMED MINNESOTA, REGIONAL AND NATIONAL RISK-ADJUSTED COST OF CARE BENCHMARKS FOR THREE STRAIGHT YEARS. HEALTHPARTNERS FINANCIALLY INCENTS PROVIDERS THROUGH ITS TCOC PROGRAM TO ACHIEVE THE INSTITUTE FOR HEALTHCARE IMPROVEMENTS TRIPE AIM: IMPROVING THE HEALTH OF THE POPULATION, ENHANCING THE PATIENTS EXPERIENCE AND MAKING HEALTH CARE MORE AFFORDABLE. AFFORDABLE CARE ACT. THROUGHOUT 2014, GHI WORKED ALONGSIDE OUR MEMBERS, PATIENTS AND EMPLOYER GROUPS, WORKING TOGETHER TO NAVIGATE THE COMPLEXITIES OF REFORM. HEALTH CARE REFORM TOUCHES EVERYONE, REGARDLESS OF HEALTH, AGE OR EMPLOYMENT STATUS. WITH WEBINARS, TRAINING SESSIONS, INFORMATIONAL ALERTS AND A REFORM-SPECIFIC WEBSITE, HEALTHPARTNERS BROUGHT REFORM INTO SIMPLE, PRACTICAL CLARITY. OVER-THE-PHONE, ONLINE AND FACE-TO-FACE IN OUR HOSPITALS AND CLINICS, WE CONTINUE TO HAVE HAD HUNDREDS OF ONE-ON-ONE DISCUSSIONS TO HELP INDIVIDUALS UNDERSTAND THEIR OPTIONS AND MAKE THE CHOICES THAT ARE BEST FOR THEM. HEALTH CARE REFORM IS A TEST OF ANY ORGANIZATION'S COMMITMENT TO PARTNERSHIP. WE CONTINUE TO HELP COLLEAGUES TO UNDERSTAND HEALTH REFORM AND INSURE, WHILE EQUIPPING COLLEAGUES TO ADDRESS MEMBER AND PATIENT QUESTIONS. HEALTH REFORM WILL CONTINUE TO EVOLVE AND CHANGE, AND OUR MISSION TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH THOSE WE SERVE WILL BE IMPORTANT AS EVER. WE HAVE BEEN A TRUSTED PARTNER FOR MORE THAN 55 YEARS AND OUR COMMITMENT WILL NEVER CHANGE. EQUITABLE CARE. HEALTHPARTNERS HAS A LONGSTANDING COMMITMENT TO IMPROVING THE HEALTH OF THE DIVERSE COMMUNITIES WE SERVE. HEALTHPARTNERS CREATED A CROSS CULTURAL CARE AND SERVICE TASK FORCE IN 2001 TO LAY THE FOUNDATION FOR DELIVERING EQUITABLE CARE AND REDUCING DISPARITIES. ENTERPRISE-WIDE PROGRAMMING FOR EQUITABLE CARE AND SERVICE ENCOMPASSES THE HEALTHPARTNERS HEALTH PLANS, HPMG AND HPDG CLINICS AND REGIONS HOSPITAL. IN 2014, PROGRAMMING INCLUDED THE FOLLOWING DATA COLLECTION. HEALTHPARTNERS SYSTEMATICALLY COLLECTS DATA ON RACE, ETHNICITY AND LANGUAGE PREFERENCES DIRECTLY FROM PATIENTS AND MEMBERS IN A VARIETY OF WAYS, ALL OF THEM VOLUNTARY. DATA IS COLLECTED THROUGH HEALTHPARTNERS.COM, TELEPHONE CONTACTS WITH DEPARTMENTS SUCH AS MEMBER SERVICES AND CASE MANAGEMENT AND ONLINE THROUGH HEALTH ASSESSMENTS. HEALTHPARTNERS USES THE ELECTRONIC MEDICAL RECORDS IN OUR CARE DELIVERY SYSTEM TO CAPTURE THIS DATA. FACE-TO-FACE WITH PATIENTS. THE DATA IS USED TO CONTINUALLY MONITOR THE QUALITY OF CARE DELIVERED AND PATIENT EXPERIENCE BY RACE AND LANGUAGE, AS WELL AS IDENTIFY STRATEGIES TO REDUCE HEALTH DISPARITIES IN TREATMENT, OUTCOMES AND SERVICE.</p>

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FORM 990, PART III, LINE 4A	<p>EQUITABLE CARE FELLOWS PROGRAM THE HEALTHPARTNERS EQUITABLE CARE FELLOWS PROGRAMS CONTINU ED IN 2014 THE 120 FELLOWS ARE STAFF MEMBERS AND PROVIDERS WHO RECEIVE EXPERT TRAINING SO THEY CAN BECOME ADVOCATES AND SERVE AS LOCAL RESOURCES FOR THEIR COLLEAGUES IN CARING FOR PATIENTS FROM DIVERSE CULTURES AND THOSE WITH LIMITED ENGLISH PROFICIENCY (LEP) FELLOWS ARE EXPECTED TO BE ROLE MODELS, SHARING IDEAS WITH COWORKERS AND ACTIVELY PARTICIPATING IN RAISING OVERALL CULTURE AWARENESS THEY CONTRIBUTE ARTICLES, REPRESENT HEALTHPARTNERS IN COMMUNITY CULTURAL EVENTS AND PARTICIPATE IN OR PLAN SEMINARS ON EQUITABLE CARE IN 2014, HEALTHPARTNERS OFFERED THE FOLLOWING EQUITABLE CARE ACTIVITIES - PERIODIC "CULTURE ROOTS" ARTICLES CONTINUED TO BE AN ORGANIZATION-WIDE EDUCATIONAL TOOL - ONGOING MESSAGING AND N OTIFICATIONS TO FELLOWS ON COMMUNITY EVENTS, OPPORTUNITIES AND ARTICLES RELATED TO CROSS-C ULTURAL HEALTH CARE AND HEALTH DISPARITIES - A TEAM OF REGIONS HOSPITAL LEADERS CONTINUES TO MONITOR DISPARITIES BASED ON RACE AND LANGUAGE FOR SELECTED DIAGNOSES AND PATIENT SATI SFICATION SCORES FINDINGS ARE GENERALLY SHARED WITH KEY LEADERS WHO ARE RESPONSIBLE FOR AD DRESSING ANY ISSUES ONE EXAMPLE OF SUCH AN ACTION WAS TO CONDUCT PHY SICIAN AND STAFF SHAD OWING TO IMPROVE INTERACTIONS AND COMMUNICATION WITH PATIENTS - THE REGIONS HOSPITAL PATI ENT & FAMILY ADVISORY COUNCIL CONTINUED ITS EFFORTS TO DIVERSIFY - THE FILM "AMERICAN HEA RT" WAS SHOWN IN MULTIPLE VENUES TO STAFF WITHIN REGIONS HOSPITAL AND HEALTHPARTNERS, AS W ELL AS IN COMMUNITY AND EDUCATIONAL SETTINGS - THE HEALTHPARTNERS EQUITABLE CARE FELLOWS ANNUAL EVENT FOCUSED ON FACILITATED DISCUSSIONS REGARDING 3 FILM CLIPS FROM "AMERICAN HEAR T" - EQUITABLE CARE FELLOWS PARTICIPATED IN COMMUNITY EVENTS, PROVIDING BLOOD PRESSURE AN D BLOOD GLUCOSE READINGS TO THE PUBLIC AT NO CHARGE LANGUAGE ASSISTANCE HEALTHPARTNERS O FFERED TRAINING AND LANGUAGE ASSISTANCE THROUGHOUT THE ORGANIZATION, PROVIDING INTERPRETER SERVICES IN ALL KEY LANGUAGES SPOKEN BY MEMBERS AND PATIENTS MORE THAN 150 OTHER LANGUAG ES WERE AVAILABLE THROUGH TELEPHONE AND VIDEO REMOTE INTERPRETER SERVICES HEALTHPARTNERS CONTINUES TO USE AN INTERNAL TRANSLATION WORKGROU P TO SY STEMATIZE THE TRANSLATION PROCESS AND CREATED TOOLS TO SUPPORT CONSISTENT AND EFFICIENT TRANSLATIONS FOR MEMBERS AND THE COM MUNITY HEALTH PLAN OPEN ENROLLMENT MATERIALS WERE PRODUCED BOTH IN ENGLISH AND SPANISH AN D A SPANISH MICRO WEBSITE WAS CREATED TO BETTER SERVE OUR SPANISH-SPEAKING MEMBERS HEALTH PARTNERS ALSO LICENSED WEBSITE CONTENT FROM THE HEALTHWISE ONLINE SPANISH HEALTH GUIDE AND OFFERED OPEN ENROLLMENT MEETINGS IN SPANISH MINNESOTA HEALTH LITERACY PARTNERSHIP HEALT HPARTNERS IS A MEMBER OF THE MINNESOTA HEALTH LITERACY PARTNERSHIP (THE PARTNERSHIP), A CO LLABORATIVE OF HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS AND COMMUNITY AGENCIES THAT SHARE I NFORMATION AND ENGAGE IN JOINT PLANNING ON HEALTH LITERACY ISSUES RESEARCH SHOWS THAT NEA RLY HALF OF AMERICANS HAVE TROUBLE UNDERSTANDING AND USING HEALTH INFORMATION, WHICH HAS H UGE IMPLICATIONS FOR HEALTH OUTCOMES, QUALITY, PATIENT SAFETY, AND COST-EFFECTIVENESS OF C ARE MULTILINGUAL HEALTH RESOURCES EXCHANGE (EXCHANGE) THE EXCHANGE IS A COLLABORATION AM ONG MANY MINNESOTA ORGANIZATIONS (INCLUDING HOSPITALS, CLINIC SYSTEMS, HEALTH PLANS, PUBLI C HEALTH AGENCIES, AND COMMUNITY GROUPS) TO SHARE TRANSLATED HEALTH MATERIALS AND INFORMAT ION TO MEET THE HEALTH EDUCATION AND INFORMATION NEEDS OF PEOPLE WITH LIMITED ENGLISH PROF ICIENCY (LEP) HEALTHPARTNERS WAS INSTRUMENTAL IN STARTING THE EXCHANGE IN 2001 EACH MEMB ER OF THE EXCHANGE CONTRIBUTES MATERIALS TRANSLATED BY THEIR ORGANIZATION TO THE EXCHANGE WEBSITE WHERE ALL PARTNER ORGANIZATIONS CAN DOWNLOAD IT FOR USE WITH THEIR CLIENTS AND PAT IENTS THIS GREATLY INCREASES THE AMOUNT OF HEALTH EDUCATION AVAILABLE IN LANGUAGES OTHER THAN ENGLISH FOR ALL PARTICIPATING ORGANIZATIONS HEALTHPARTNERS CONTRIBUTE \$2,500 ANNUALL Y TO THE EXCHANGE THE EBAN EXPERIENCE THE EBAN EXPERIENCE IS AN INNOVATIVE APPROACH TO L INK QUALITY IMPROVEMENT WITH THE HEALTH OF POPULATIONS AS PART OF THE EBAN EXPERIENCE, HE ALTHPARTNERS WORKS TO TEST AND IMPLEMENT STRATEGIES TO REDUCE DISPARITIES USING LANGUAGE, RACE AND OTHER DATA HEALTHPARTNERS CONTINUED ITS SECOND ITERATION OF THE EBAN EXPERIENCE, CALLED THE 3D COLLABORATIVE, TO IMPROVE DIABETES OUTCOMES IN AFRICAN AMERICAN AND EAST AF RICAN POPULATIONS IT BRINGS HEALTH CARE PROFESSIONALS, PATIENTS AND COMMUNITY MEMBERS TOG ETHER TO REDUCE DIABETES DISPARITIES FIVE TEAMS WILL IDENTIFY CULTURALLY SPECIFIC BEST PR ACTICES TO IMPROVE DIABETES HEALTH EDUCATION, EXPLORE HEALTHY LIFE STYLE CHOICES, AND ELIM INATE BARRIERS TO CARE FOR AFRICAN AMERICAN AND EAST AFRICAN POPULATIONS THE TEAMS WILL L EARN AND APPLY BASIC QUALITY IMPROVEMENT PROCESSES TO IMPROVE HEALTH OUTCOMES THEY WILL R EVIEW CURRENT KNOWLEDGE, LEARN FROM PEER ORGANIZATIONS, ASSESS CURRENT DIABETES EDUCATION TOOLS, AND DESIGN CULTURALLY SPECIFIC INTERVENTION</p>	

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FORM 990, PART III, LINE 4A		<p>S THEY WILL IMPLEMENT AND EVALUATE THE SUCCESS OF THEIR RECOMMENDATIONS OUTCOMES DATA WILL BE ANALYZED TO DETERMINE WHETHER IMPROVEMENTS ARE OCCURRING FOR EACH POPULATION ONCE BEST PRACTICES ARE IDENTIFIED, THEY WILL BE SPREAD ACROSS THE HEALTH SYSTEM AND COMMUNITIES</p> <p>LUNCHTIME LEARNING SESSION THESE EDUCATIONAL FORUMS FOR HEALTHPARTNERS EMPLOYEES ADDRESSES THE SOCIAL FACTORS THAT IMPACT HEALTH SUCH AS CULTURE, INCOME, HOUSING AND DISCRIMINATION FORUMS WERE HELD THROUGHOUT THE YEAR AT VARIOUS HEALTHPARTNERS LOCATIONS AND OPEN TO ALL EMPLOYEES</p> <p>SPEED VOLUNTEERING HEALTHPARTNERS OFFERS A VARIETY OF VOLUNTEER OPPORTUNITIES FOR ITS EMPLOYEES AS A WAY TO CONNECT WITH OUR COMMUNITIES, HEALTHPARTNERS BRING IN VOLUNTEER OPPORTUNITIES TO OUR ORGANIZATION SITES AND ORGANIZE SPEED VOLUNTEERING EVENTS FOR OUR EMPLOYEES HEALTHPARTNERS EMPLOYEES CAN DROP IN FOR AS LONG AS THEY'D LIKE DURING THE 11AM -1PM LUNCH HOUR AND LEARN ABOUT THE PARTICULAR ORGANIZATION</p> <p>IN 2014, SPEED VOLUNTEERING PROJECTS INCLUDED, - MARTIN LUTHER KING, JR DAY OF SERVICE FOLDING AND STRINGING CRANES FOR THE MINNESOTA BRAIN INJURY ALLIANCE - SEED PACKING WITH GARDENING MATTERS - FILLING DRAWSTRING BACKPACKS WITH GOODIES AND COUPONS FOR THE TWIN CITIES ALS SUPER HERO 5K/10K DASH WORKPLACE DIVERSITY</p> <p>IN 2014, THE HEALTHPARTNERS RECRUITMENT TEAM VOLUNTEERED WITH WAND (WOMEN ACHIEVING NEW DIRECTIONS), A DIVISION OF RESOURCE, AN ORGANIZATION THAT IS HELPING TO IMPROVE THE WORK LIVES OF LOW-INCOME, SINGLE, WORKING MOTHERS FOR OVER TWENTY YEARS</p> <p>HEALTHPARTNERS EMPLOYEES CONTRIBUTED TO A MOCK INTERVIEW DAY AND CONDUCTED FIVE MOCK INTERVIEWS WITH INDIVIDUALS FROM THE ORGANIZATION AS WELL AS GIVING A PRESENTATION ON RESUME AND INTERVIEW TIPS</p> <p>MLK CAREER FAIR HEALTHPARTNERS ACTIVELY SEEKS TO HIRE A DIVERSE STAFF AND OUR RECRUITMENT TEAM PARTICIPATED IN THE MARTIN LUTHER KING JR DIVERSITY CAREER FAIR THIS EVENT WAS SPONSORED BY THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT AND THE NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, WHICH OFFERED CAREER DEVELOPMENT OPPORTUNITIES FOR WOMEN, MINORITIES, VETERANS, PEOPLE WITH DISABILITIES AND MEMBERS OF THE LGBT COMMUNITY</p> <p>OVER 250 DIVERSE CANDIDATES PARTICIPATED AT THIS CAREER FAIR</p> <p>STEP-UP PROGRAM HEALTHPARTNERS HIRED TWENTY STEP-UP INTERNS IN 2014 HP INVESTED \$25,172 IN THE STEP UP PROGRAM FOR 2014</p> <p>THE STEP-UP PROGRAM, SPONSORED BY ACHIEVE MINNEAPOLIS, IS FOR STUDENTS AGED 14 TO 21 THE PROGRAM PROVIDES PARTICIPANTS WITH AN OPPORTUNITY TO EXPERIENCE DIFFERENT CAREER OPTIONS IN VARIOUS ORGANIZATIONAL CULTURES</p> <p>HONORING CHOICES HEALTHPARTNERS CONTINUE TO SUPPORT HONORING CHOICES, A COMMUNITY INITIATIVE LED BY THE TWIN CITIES MEDICAL SOCIETY THIS INITIATIVE PROMOTES COMMUNITY-BASED CONVERSATIONS REGARDING END-OF-LIFE CARE PLANNING OUTSIDE THE TRADITIONAL HEALTH CARE SYSTEM</p> <p>THE PROGRAM USES VIDEOS, TEXT AND WEB RESOURCES TO SUPPORT COMMUNITY DISCUSSIONS</p> <p>HEALTHPARTNERS IS AN ONGOING SPONSOR OF THIS INITIATIVE, ALONG WITH TWIN CITIES PUBLIC TELEVISION AND THE CITIZENS LEAGUE</p> <p>HEALTHPARTNERS ALSO PROVIDED EDUCATION AND INFORMATIONAL RESOURCES ABOUT HONORING CHOICES AT HEALTH FAIR EVENTS</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	<p>BARAZA - A BLACK WOMAN'S HEALTH GATHERING HEALTHPARTNERS COLLABORATED WITH THE AFRICAN AMERICAN LEADERSHIP FORUM IN BRINGING AN EVENT TARGETING THE AFRICAN AMERICAN COMMUNITY THE CONFERENCE GOALS WERE TO INCREASE THE COMMUNITY'S KNOWLEDGE AND AWARENESS OF HEALTH ISSUES AFFECTING AFRICAN AMERICAN WOMEN AND TO CONTINUE AN ONGOING DIALOGUE AND EXCHANGE BETWEEN AFRICAN/AFRICAN AMERICAN WOMEN AND SUPPORTING ORGANIZATIONS WORKING TOGETHER TO IMPROVE HEALTH OUTCOMES FOR AFRICAN/AFRICAN AMERICAN WOMEN PHYSICAL ACTIVITY AND WELLNESS HEALTH PARTNERS OFFERED INCENTIVES IN 2014 FOR GETTING PHYSICALLY ACTIVE AND STAYING FIT THROUGH HEALTHPARTNERS FREQUENT FITNESS AND FREQUENT FITNESS CHALLENGE PROGRAMS THE FREQUENT FITNESS PROGRAM PROVIDES FULLY INSURED MEMBERS THE OPPORTUNITY TO EARN A REIMBURSEMENT OF UP TO \$20 ON THEIR MONTHLY FITNESS CLUB DUES AT OVER 5000 HEALTH CLUB LOCATIONS IF THEY ACHIEVE AT LEAST 12 WORKOUTS IN THE MONTH (SELF-INSURED MEMBERS HAD ACCESS TO THE FREQUENT FITNESS PROGRAM IF THEIR EMPLOYER ELECTED TO OFFER THE PROGRAM) MORE THAN ONE OUT OF THREE MEMBERS ENROLLED IN THE PROGRAM MET THE MONTHLY WORKOUT GOAL IN 2014 AND GOT REIMBURSED THE FREQUENT FITNESS CHALLENGE OFFERS MEMBERS AN ADDITIONAL INCENTIVE BY AWARDING THEM FOR MEETING THEIR VISIT CRITERIA AND GETTING REIMBURSED FOR 8 OUT OF 12 MONTHS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012, IN PARTNERSHIP WITH THE HEALTHPARTNERS HOSPITAL DIVISION (THE HOSPITAL), HEALTHPARTNERS ENGAGED THE RESOURCES OF COMMUNITY HOSPITAL CONSULTING (CHC CONSULTING) TO CONDUCT A COMPREHENSIVE, SIX-STEP COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE CHNA UTILIZED RELEVANT HEALTH DATA, FINDINGS FROM THE HEALTHIER TOGETHER - ST CROIX COUNTY, WHICH WAS A 2009 QUALITATIVE, AND QUANTITATIVE CHNA CONDUCTED IN PARTNERSHIP WITH THE ST CROIX COUNTY HEALTH IMPROVEMENT PROCESS (CHIP) STEERING COMMITTEE IT IS A STRATEGIC, COUNTYWIDE, COMMUNITY-BASED APPROACH FOR CREATING AND MAINTAINING HEALTHY COMMUNITIES ADDITIONALLY, THE HOSPITAL'S 2012 CHNA WORKED WITH STAKEHOLDERS BY WAY OF IN-DEPTH INTERVIEWS, ELECTRONIC SURVEY RESULTS, A FOCUS GROUP, AND A TOWN HALL MEETING TO IDENTIFY THE MAIN COMMUNITY HEALTH PRIORITIES THAT HEALTHPARTNERS WILL ADDRESS IN ITS CHNA IMPLEMENTATION PLAN TO FURTHER IDENTIFY AND ADDRESS SPECIFIC NEEDS IN OUR MARKET AREAS, THE HOSPITAL'S ENGAGEMENT WITH CHC CONSULTING COORDINATED AND COMPLETED THE COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT FOR OUR MARKET AREA SERVING A POPULATION OF MORE THAN 250,000 RESIDENTS IN THE EASTERN TWIN CITIES' METRO AREA AND WESTERN WISCONSIN IN 2012 THE HEALTHPARTNERS CHNA UTILIZED RELEVANT HEALTH DATA, FINDINGS FROM THE ST CROIX COMMUNITY HEALTH NEEDS ASSESSMENT, AND STAKEHOLDER INPUT (IN DEPTH INTERVIEWS, ELECTRONIC SURVEY RESULTS, A FOCUS GROUP, AND A TOWN HALL MEETING) TO IDENTIFY THE MAIN COMMUNITY HEALTH PRIORITIES THAT HEALTHPARTNERS AND ITS RESPECTIVE HOSPITALS SHOULD SEEK TO ADDRESS THIS PROCESS CULMINATED WITH FIVE MAIN FINDINGS 1 MANY LEADING CAUSES OF DEATH CAN BE LINKED TO UNHEALTHY LIFESTYLES POOR EATING HABITS, LACK OF EXERCISE, TOBACCO USE AND ALCOHOL AND DRUG USE ARE LARGE CONTRIBUTORS TO UNHEALTHY LIFESTYLES SOME OF THESE CONDITIONS INCLUDE CANCER, HEART DISEASE, STROKE, DIABETES, AND CHRONIC LOWER RESPIRATORY DISEASE 2 OBESITY, POOR NUTRITION AND LACK OF PHYSICAL EXERCISE ARE GROWING CONCERNS IN THE COMMUNITY SERVED BY HEALTHPARTNERS 3 ACCESS TO PRIMARY AND PREVENTIVE HEALTH CARE IS LIMITED FOR SPECIAL POPULATIONS, SUCH AS THE UN-INSURED OR UNDERINSURED, ETHNICALLY DIVERSE, ELDERLY, AND CHEMICALLY DEPENDENT 4 ACCESS TO SPECIFIC HEALTH SERVICES IS ALSO LIMITED BARRIERS TO ACCESSING MENTAL HEALTH CARE INCLUDE LITTLE AVAILABILITY, LONG WAIT TIMES, AND A SHORTAGE OF PROVIDERS BARRIERS TO ACCESSING DENTAL CARE INCLUDE LACK OF INSURANCE, PARTICULARLY BECAUSE MANY PEOPLE, EVEN THOSE WITH MEDICAL INSURANCE, EITHER CANNOT AFFORD IT OR OPT OUT 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 TOP FIVE PRIORITIES WERE IDENTIFIED TO ADDRESS THESE COMMUNITY HEALTH NEEDS PRIORITY 1 INCREASE ACCESS TO MENTAL HEALTH PRIORITY 2 PROMOTE POSITIVE BEHAVIORS TO REDUCE OBESITY (NUTRITION / PHYSICAL ACTIVITY) PRIORITY 3 INCREASE ACCESS TO PRIMARY AND PREVENTIVE CARE PRIORITY 4 IMPROVE SERVICE INTEGRATION PRIORITY 5 PROMOTE CHANGE IN UNHEALTHY LIFESTYLES (TOBACCO / ALCOHOL / SUBSTANCE ABUSE) A FULL REPORT OF THE HEALTHPARTNERS CHNA AND IMPLEMENTATION PLAN IS POSTED ONLINE AT WWW.HEALTHPARTNERS.COM/PUBLIC/ABOUT/COMMUNITY-BENEFIT CENTER FOR COMMUNITY HEALTH (CCH) CCH IS A COLLABORATIVE WITH HEALTH PLANS, HOSPITALS AND LOCAL PUBLIC HEALTH AGENCIES IN THE SEVEN-COUNTY METRO AREA IN MINNESOTA CCH WAS FORMED FOR TWO PURPOSES 1) TO ALIGN THE PROCESSES OF THE COMMUNITY HEALTH NEEDS ASSESSM</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>ENTS (CHINA) THAT ARE REQUIRED OF LOCAL PUBLIC HEALTH AGENCIES AND HOSPITALS, AND 2) TO COLLECTIVELY ACT TO IMPACT A SHARED PUBLIC HEALTH PRIORITY CCH HAS TWO WORK GROUPS TO ACCOMPLISH THOSE OBJECTIVES THE COLLECTIVE ACTION WORKGROUP WAS TASKED WITH DEVELOPING AND IMPLEMENTING ACTIVITIES THAT ADDRESS A SHARED PUBLIC HEALTH PRIORITY AREA BASED ON CHNAS THE COLLECTIVE ACTION WORKGROUP MEETS ONCE EACH MONTH AT THE MINNESOTA COUNCIL OF HEALTH PLANS ITS MEMBERS INCLUDE REPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH S ECTORS THE ASSESSMENT ALIGNMENT WORKGROUP WAS TASKED WITH ASSESSING AND DEVELOPING A FRAM EWORK WITH COMMON LANGUAGE AND PROCESSES TO GUIDE MEMBERS IN CONDUCTING FUTURE COMMUNITY H EALTH NEEDS ASSESSMENTS AND ALLOWS FOR AGGREGATE ANALYSIS OF COMMUNITY HEALTH NEEDS ACROSS THE TWIN CITIES SEVEN-COUNTY METRO AREA ADDITIONALLY, THE GROUP WILL ALSO DETERMINE MORE EFFECTIVE USE OF DATA BY IDENTIFYING OPPORTUNITIES FOR COLLABORATIVE DATA COLLECTION AND ANALYSIS AND ELIMINATING BARRIERS TO DATA SHARING AMONG CCH MEMBERS ITS MEMBERS INCLUDE R EPRESENTATIVES FROM THE HOSPITALS, HEALTH PLAN, AND PUBLIC HEALTH SECTORS ORGANIZATION AW ARDS AND ACHIEVEMENTS IN 2014, HEALTHPARTNERS RECEIVED A NUMBER OF AWARDS THAT RECOGNIZE OUR COMMITMENT TO PROVIDING HIGH-QUALITY CARE, COVERAGE AND SERVICE FOR OUR MEMBERS AND PA TIENTS THE RANGE OF AWARDS IS ASTOUNDING, FROM THOSE THAT RECOGNIZED TOP-NOTCH CUSTOMER S ERVICE TO THOSE THAT HONOR INNOVATION, HEALTH OUTCOMES AND PATIENT SAFETY WE RECEIVED APP ROXIMATELY 40 DIFFERENT AWARDS AND RECOGNITION FROM THIRD-PARTY ORGANIZATIONS IN 2014 THR OUGH SUCH RECOGNITION, WE KNOW THAT WE ARE LEADING THE WAY AND MAKING PROGRESS TOWARD OUR MISSION - TO IMPROVE HEALTH AND WELL-BEING IN PARTNERSHIP WITH OUR MEMBERS, PATIENTS AND C OMMUNITY SEVERAL AWARDS AND HONORS FROM THE LAST YEAR ARE OUTLINED BELOW</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>- J D POWER NAMED HEALTHPARTNERS A 2014 CUSTOMER CHAMPION HEALTHPARTNERS WAS ONE OF 50 COMPANIES IN THE NATION TO RECEIVE THE HONOR, WHICH REFLECTS EXCELLENCE IN CUSTOMER SERVICE - THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) RANKED HEALTHPARTNERS THE NO. 1 HEALTH PLAN IN MINNESOTA FOR THE 10TH CONSECUTIVE YEAR, ACCORDING TO THE NCQA PRIVATE HEALTH INSURANCE PLAN RANKINGS 2014-2015-PRIVATE NATIONALLY, HEALTHPARTNERS RANKED 26TH OUT OF 507 PLANS THAT WERE EVALUATED HEALTH PREVENTION AND TREATMENT MEASURES MAKE UP 60 PERCENT OF A PLAN'S TOTAL SCORE, CONSUMER SATISFACTION REPRESENTS 25 PERCENT, WHILE NCQA ACCREDITATION ACCOUNTS FOR THE REMAINING 15 PERCENT - NCQA ALSO RECOGNIZED HEALTHPARTNERS FREEDOM (COST) AS THE TOP-RANKED MEDICARE PLAN IN MINNESOTA FOR 2014-2015, ACCORDING TO ITS HEALTH INSURANCE PLAN RANKINGS-MEDICARE. THE FREEDOM (COST) PLAN RANKED 11TH NATIONALLY, WHICH PLACES IT IN THE TOP 2 PERCENT OF 408 PLANS THAT WERE EVALUATED - MINNEAPOLIS/ST. PAUL BUSINESS JOURNAL RECOGNIZED HEALTHPARTNERS AS THE NO. 1 BEST PLACE TO WORK AMONG LARGE COMPANIES IN MINNESOTA, BASED ON THE RESULT OF AN EMPLOYEE SATISFACTION SURVEY THAT WAS ADMINISTERED BY QUANTUM WORKPLACE AND DISTRIBUTED TO 22,500 COLLEAGUES THROUGHOUT THE ORGANIZATION - HEALTHPARTNERS WAS NAMED ONE OF THE 'MOST WIRED' HEALTH CARE ORGANIZATIONS IN THE COUNTRY BY HOSPITALS AND HEALTH NETWORKS MAGAZINE. THE HONOR RECOGNIZES USE OF ELECTRONIC MEDICAL RECORDS AND TECHNOLOGY AT FIVE HEALTHPARTNERS HOSPITALS (AMERY REGIONAL MEDICAL CENTER, HUDSON HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL, REGIONS HOSPITAL AND WESTFIELDS HOSPITAL), AND AT HEALTHPARTNERS CLINIC LOCATIONS, WHICH INCLUDED STILLWATER MEDICAL GROUP CLINICS - HEALTHPARTNERS ONLINE CLINIC, VIRTUWELL.COM, WAS RECOGNIZED BY MINNEAPOLIS/ST. PAUL BUSINESS JOURNAL THROUGH ITS INAUGURAL EUREKA! AWARDS PROGRAM, WHICH HONORS ORGANIZATIONS THAT INTRODUCE GROUND-BREAKING IDEAS, PRODUCTS AND SERVICES ACROSS MULTIPLE INDUSTRIES - VIRTUWELL.COM WAS ALSO RECOGNIZED BY MINNESOTA BUSINESS MAGAZINE WITH ITS ANNUAL LEADERS IN HEALTH CARE AWARDS, RECEIVING THE TOP HONOR IN THE SOFTWARE/WEB APPLICATION CATEGORY. THE AWARD IS BASED ON SIGNIFICANT CONTRIBUTIONS TO IMPROVED HEALTH CARE IN MINNESOTA - FOR THE 10TH STRAIGHT YEAR, HEALTHPARTNERS COMMERCIAL HEALTH PLAN SCORED IN THE NATION'S TOP 10 PERCENT IN MORE HEDIS MEASURES THAN OUR REGIONAL COMPETITORS. HEDIS, OR THE HEALTHCARE EFFECTIVENESS AND DATA INFORMATION SET, IS A TOOL CREATED AND USED BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE TO MEASURE HOW EFFECTIVELY HEALTH PLANS ACROSS THE NATION ARE PROVIDING CARE AND SERVICE TO MEMBERS - PRACTICE GREENHEALTH RECOGNIZED HEALTHPARTNERS WITH SEVEN ENVIRONMENTAL EXCELLENCE AWARDS, WHICH RECOGNIZE ORGANIZATIONS THAT ACHIEVE HIGH BENCHMARKS IN RECYCLING, MERCURY POLLUTION REDUCTION, POLLUTION PREVENTION AND ENERGY CONSERVATION. FOUR HOSPITALS IN TOTAL WERE HONORED, INCLUDING HUDSON HOSPITAL, LAKEVIEW MEMORIAL HOSPITAL, REGIONS HOSPITAL AND WESTFIELDS HOSPITAL. ADDITIONAL MISCELLANEOUS AWARD AND RECOGNITION HIGHLIGHTS FROM 2014 INCLUDE - FORTY-FOUR HEALTHPARTNERS, HEALTHPARTNERS CENTRAL MINNESOTA, PARK NICOLLET AND STILLWATER MEDICAL GROUP CLINICS WERE RECOGNIZED BY THE MINNESOTA HEALTH ACTION GROUP AS PART OF THE MINNESOTA BRIDGES TO EXCELLENCE PROGRAM AND THE MINNESOTA QUALITY INCENTIVE PAYMENT SYSTEM. THE CLINICS FOCUSED ON MAKING IMPROVEMENTS IN DIABETES, VASCULAR AND DEPRESSION CARE, WHICH ARE KNOWN TO BE PRIMARY DRIVERS OF HEALTH CARE COSTS - HEALTHPARTNERS MEDICAL GROUP AND PARK NICOLLET HEALTH SERVICES WERE TWO OF THE TOP FIVE HIGHEST PERFORMING MEDICAL GROUPS FOR PRIMARY CARE IN THE MINNESOTA COMMUNITY MEASUREMENT 2014 HEALTH CARE QUALITY REPORT - MINNESOTA MONTHLY'S "BEST DOCTORS" RECOGNIZED 131 PHYSICIANS SPANNING 38 SPECIALTIES ACROSS HEALTHPARTNERS, PARK NICOLLET, TRIA ORTHOPEDIC CENTER AND LAKEVIEW HOSPITAL FOR THEIR PROFESSIONAL EXPERTISE - THE FIVE-PART 'MAKE IT OK: STIGMA & MENTAL ILLNESS' DOCUMENTARY SERIES, PRODUCED IN PARTNERSHIP BY HEALTHPARTNERS, TWIN CITIES PUBLIC TELEVISION AND THE NATIONAL ALLIANCE OF MENTAL ILLNESS (NAMI), WAS AWARDED A BOARD OF GOVERNOR'S EMMY AWARD - AMERICAN HEART, A DOCUMENTARY FILM THAT HIGHLIGHTS THE RESILIENCE, STRENGTH AND COURAGE OF THREE IMMIGRANT PATIENTS WHO SEEK MEDICAL CARE AT THE HEALTHPARTNERS CENTER FOR INTERNATIONAL HEALTH AND REGIONS HOSPITAL, RECEIVED A 2014 UPPER MIDWEST REGIONAL EMMY AWARD.</p>

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 BYLAWS OF GHI AND ANY MERGER WHEREBY GHI IS MERGED INTO AND SURVIVED BY A DIFFERENT CORPORATION. THE SOLE CORPORATE MEMBER MUST APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS AS FOLLOWS: ANNUAL OPERATING AND CAPITAL BUDGETS AND LONG RANGE PLANS, INDEBTEDNESS IN EXCESS OF AMOUNTS DETERMINED FROM TIME TO TIME, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, DISPOSAL OF ASSETS IN EXCESS OF AMOUNTS DETERMINED FROM TIME TO TIME, APPOINTMENT OR REMOVAL OF THE CHIEF EXECUTIVE OFFICER, AMENDMENT OF ARTICLES OR BYLAWS, VOLUNTARY DISSOLUTION, VENDOR AGREEMENT INVOLVING 20% OR MORE OF OPERATING EXPENSES, ANY ACTION TAKEN BY THE VOTE OF THE FULL BOARD OF DIRECTORS. BYLAWS, ARTS IV, XIII, XIV

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AS REQUIRED BY THE BYLAWS 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	<p>GHI HAS AN ANNUAL PROCESS TO REVIEW THE MARKET COMPARABILITY OF THE TOTAL COMPENSATION OF ITS CEO AND ITS OTHER OFFICERS EVERY THREE YEARS, UNDER THE DIRECTION OF THE GHI BOARD OF DIRECTORS' COMPENSATION 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 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 ANY EXCEPTIONS NEED TO BE APPROVED BY THE COMPENSATION COMMITTEE TOTAL COMPENSATION IS APPROPRIATELY DOCUMENTED ON THE FORM 990 AND W2 STATEMENTS</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER TO PARK NICOLLET FOUNDATION -515,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
GROUP HEALTH PLAN INC

Employer identification number
41-0797853

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C				Yes	
(2) HEALTHPARTNERS ASSOCIATES INC 8170 33RD AVE S PO BOX 1309 MPM, MN 554401309 52-2365151	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
(3) HEALTHPARTNERS SERVICES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683568	MEDICAL CLINIC STAFFING AND ASSET MANAGEMENT	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
(4) HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
(5) DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
(6) HEALTHPARTNERS CENTRAL MINNESOTA CLINICS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1236798	MEDICAL CLINIC STAFFING	MN	HEALTHPARTNERS ADMINISTRATORS INC	C				Yes	
(7) PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C				Yes	

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEALTHPARTNERS INC - MANAGEMENT AND HEALTHCARE SUPPORT SERVICES	L	157,038,000	CASH AMOUNT
(2) HEALTHPARTNERS INC - HEALTHCARE SERVICES	L	69,576,619	CASH AMOUNT
(3) PHYSICIANS NECK & BACK CLINICS - OPERATIONAL SERVICES	Q	4,571,707	CASH AMOUNT
(4) PHYSICIANS NECK & BACK CLINICS - HEALTHCARE SERVICES	P	553,232	CASH AMOUNT

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 41-0797853

Name: GROUP HEALTH PLAN INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) HEALTHPARTNERS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1693838	HYBRID STAFF MODEL/NETWORK MODEL HEALTH MAINTENANCE ORGANIZATION	MN	501(C)(4)		N/A	Yes	
(1) HPI - RAMSEY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1793333	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE I	HEALTHPARTNERS INC	Yes	
(2) HEALTHPARTNERS INSTITUTE FOR EDUCATION AND RESEARCH 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1670163	HEALTHCARE EDUCATION AND RESEARCH	MN	501(C)(3)	509(A)(3) TYPE II	N/A	Yes	
(3) REGIONS HOSPITAL 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0956618	HOSPITAL	MN	501(C)(3)	170(B)(1) (A) (III)	HPI - RAMSEY	Yes	
(4) REGIONS HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1888902	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	170(B)(1) (A)(VI)	HPI - RAMSEY	Yes	
(5) RHSC INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1891928	HEALTHCARE STAFFING	MN	501(C)(3)	509(A)(3) TYPE II	HEALTHPARTNERS INC	Yes	
(6) RH-WISCONSIN 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 20-2287016	CORPORATE PLANNING AND OVERSIGHT	WI	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(7) PHYSICIANS NECK AND BACK CLINICS 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 27-0684883	SPECIALTY PATIENT CARE	MN	501(C)(3)	509(A)(3) TYPE II	N/A	Yes	
(8) HUDSON HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0804125	HOSPITAL	WI	501(C)(3)	170(B)1) (A)(III)	RH-WISCONSIN & GROUP HEALTH PLAN INC	Yes	
(9) HUDSON HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1279567	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	HUDSON HOSPITAL INC	Yes	
(10) WESTERN WISCONSIN EMERGENCY MEDICAL SERVICES COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 26-3616590	PROVIDE MEDICAL TRANSPORT SERVICES	WI	501(C)(3)	509(A)(3) TYPE II	RH-WISCONSIN	Yes	
(11) LAKEVIEW MEMORIAL HOSPITAL FOUNDATION 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1386635	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	MN	501(C)(3)	509(A)(3) TYPE II	STILLWATER HEALTH SYSTEM	Yes	
(12) LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-0811697	HOSPITAL	MN	501(C)(3)	170(B)1) (A)(III)	STILLWATER HEALTH SYSTEM	Yes	
(13) WESTFIELDS HOSPITAL FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1770913	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	509(A)(3) TYPE I	WESTFIELDS HOSPITAL INC	Yes	
(14) RAMSEY INTEGRATED HEALTH SERVICES 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1503090	IN-HOME PATIENT CARE	MN	501(C)(3)	509(A)(2)	HPI - RAMSEY	Yes	
(15) CAPITOL VIEW TRANSITIONAL CARE CENTER 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-2011453	POST HOSPITALIZATION PATIENT CARE	MN	501(C)(3)	170(B)(1) (A) (III)	HPI - RAMSEY	Yes	
(16) STILLWATER MEDICAL GROUP 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 83-0379473	PHYSICIANS GROUP	MN	501(C)(3)	509(A)(2)	STILLWATER HEALTH SYSTEM	Yes	
(17) STILLWATER HEALTH SYSTEM 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 30-0221189	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(3) TYPE II	HPI - RAMSEY	Yes	
(18) WESTFIELDS HOSPITAL INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0808442	HOSPITAL	WI	501(C)(3)	170(B)(1) (A) (III)	RH-WISCONSIN & GROUP HEALTH PLAN INC	Yes	
(19) PARK NICOLLET HEALTH SERVICES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 36-3465840	CORPORATE PLANNING AND OVERSIGHT	MN	501(C)(3)	509(A)(2) TYPE III	HEALTHPARTNERS INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(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) PNMIC 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	
(6) AMERY REGIONAL MEDICAL CENTER INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-0908320	HOSPITAL	WI	501(C)(3)	170(B)(1) (A)(III)	RH-WISCONSIN	Yes	
(7) AMERY REGIONAL MEDICAL CENTER FOUNDATION INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 39-1726539	PROVIDE HOSPITAL PROGRAM FINANCIAL SUPPORT	WI	501(C)(3)	170(B)(1) (A)(VI)	AMERY REGIONAL MEDICAL CENTER INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
HEALTHPARTNERS ADMINISTRATORS INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1629390	THIRD PARTY ADMINISTRATOR	MN	HEALTHPARTNERS INC	C			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	C			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	C			Yes	
HEALTHPARTNERS INSURANCE COMPANY 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 41-1683523	MEDICAL AND DENTAL INSURANCE	MN	HEALTHPARTNERS ADMINISTRATORS INC	C			Yes	
DENTAL SPECIALTIES INC 8170 33RD AVE S PO BOX 1309 MPLS, MN 554401309 45-1297583	PROFESSIONAL DENTAL SERVICES	MN	HEALTHPARTNERS ADMINISTRATORS INC	C			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	C			Yes	
PARK NICOLLET ENTERPRISES 6500 EXCELSIOR BLVD ST LOUIS PARK, MN 55426 41-1656735	REAL ESTATE FOR RELATED ORGANIZATIONS	MN	PARK NICOLLET HEALTH SERVICES	C			Yes	